

IDENTIFICATION OF REPORTING OR RECORDKEEPING REQUIREMENT			ANNUAL BURDEN					RECORDS		
SECTION OF REGS.	DESCRIPTION	FORMS NO (S) (If "none" so state)	NO. OF RESPONDENTS	NO OF RESPONSES PER RESPONDENT	TOTAL ANNUAL RESPONSES (Col. D x E)	HOURS PER RESPONSE	TOTAL HOURS (Col. F x G)	NO. OF RECORD-KEEPERS	ANNUAL HOURS PER RECORD-KEEPER	TOTAL RECORD-KEEPING HOURS (Col. I x J)
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)
	Customer/Stakeholder Feedback (Businesses)		45,000	1.00	45,000.00	0.2500	11,250.00			0.00
	State/Local/Tribal Government		10,000	1.00	10,000.00	0.2500	2,500.00			0.00
	Individuals/Households		15,000	1.00	15,000.00	0.2500	3,750.00			0.00
					0.00		0.00			0.00
					0.00		0.00			0.00
					0.00		0.00			0.00
	<b>SUBTOTAL</b>		70,000		70,000.00		17,500.00	0.00		0.00
	<b>TOTAL OF ALL PAGES</b>				70,000.00		17,500.00	0.00		0.00
	<b>TOTAL - COLUMNS "F" AND "I" = OMB 831, 13 b; COLUMNS "H" AND "K" = OMB 831, 13c</b>				<b>70,000.00</b>		<b>17,500.00</b>			

**TITLE OF INFORMATION COLLECTION DOCUMENT**  
Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery

**OMB NO.**  
0579-0377

**DATE PREPARED**