

DOCUMENTATION FOR THE GENERIC CLEARANCE OF CUSTOMER SERVICE SATISFACTION COLLECTIONS

TITLE OF INFORMATION COLLECTION: Salesforce Contact Information
(the name of the collection that is the subject of the 10-day review request)

SURVEY **FOCUS GROUP** **SOFTWARE USABILITY TESTING**

DESCRIPTION OF THIS SPECIFIC COLLECTION

Specify all relevant information, including

1. intended purpose - *The purpose of this survey is to gather contact information from partners who want to be added to our address book in the data warehouse Salesforce*
2. need for the collection - *This survey is needed to add more partner information into our database for those who are interested in receiving updates from FSA outreach team*
3. planned use of the data - *We plan to use the data to add to Salesforce*
4. date(s) and location(s) - *The survey will be sent electronically after we gather emails from willing participants after events, webinars, and we will also distribute through existing members of Salesforce*
5. collection procedures - *We will distribute the surveys and collect the responses electronically through Survey Monkey.*
6. number of focus groups, surveys, usability testing sessions - *There will only be one survey sent per participant*
7. description of respondents/participants - *The participants are all college access providers or partners that are interested in receiving updates from FSA outreach team*

Attach a copy of the proposed collection instrument, e.g., survey questions, focus group script, usability testing plan. If a focus group also includes a survey, include both.

AMOUNT OF ANY PROPOSED STIPEND OR INCENTIVE

No payments, stipends or incentives are planned.

BURDEN HOUR COMPUTATION (Number of responses (X) estimated response or participation time in minutes (/60) = annual burden hours):

Category of Respondent	No. of Respondents	Participation Time	Burden
	1000	5 minutes	83
Totals	1000	5	83

BURDEN COST COMPUTATION (this is only required when a stipend is being offered)

Category of Respondent	No. of Respondents	Hourly Rate	Response Time	Total
Totals				

STATISTICAL INFORMATION

If statistical methods are to be used, fully describe the methodology, sample selection, expected response rates, and any other concepts needed to provide a full understanding of those methods.

No statistical methods will be used.

REQUESTED APPROVAL DATE:

NAME OF CONTACT PERSON: Claire Fluker

TELEPHONE NUMBER: 202-377-4580

MAILING LOCATION: 830 First Street NE 32C2 Washington DC, 20202

ED DEPARTMENT, OFFICE: FSA