

**Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 3090-0297)**

(Req-5)

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**TITLE OF INFORMATION COLLECTION:** Acquisition Gateway Industry Survey

**PURPOSE:** To solicit feedback from industry professionals that can inform Acquisition Gateway planning and development

**DESCRIPTION OF RESPONDENTS:** Private sector

**TYPE OF COLLECTION:** (Check one)

- |   |  |
|---|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form                   | <input type="checkbox"/> Customer Satisfaction Survey                  |
| <input type="checkbox"/> Usability Testing ( <i>e.g.</i> , Website or Software) | <input type="checkbox"/> Small Discussion Group                        |
| <input type="checkbox"/> Focus Group  | <input checked="" type="checkbox"/> Other: Needs/preference assessment |

**CERTIFICATION:**

I certify the following to be true:

1. The collection is voluntary.
2. The collection is low-burden for respondents and low-cost for the Federal Government.
3. The collection is non-controversial and does not raise issues of concern to other federal agencies.
4. The results are not intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of substantially informing influential policy decisions.
6. The collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the future.

**Name:** Andrea Azarcon Heller    **Phone:** 703-336-3705

To assist review, please provide answers to the following question:

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected?  Yes  No
2. If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974?  Yes  No
3. If Yes, has an up-to-date System of Records Notice (SORN) been published?  Yes  No

**If PII is collected, please provide a brief statement regarding why PII is necessary, how it will be stored and for how long, and how it will be destroyed once the collection is over.**

**Gifts or Payments:**

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? [ ] Yes [ X ] No

### BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden
Private sector	150	[6 minutes, .10 hours]	900 minutes, 15 hours
<b>Totals</b>	150	6 minutes, .10 hours	900 minutes, 15 hours

**FEDERAL COST:** The estimated annual cost to the Federal government is \$300.

**If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:**

#### **The selection of your targeted respondents**

1. Do you have a customer list or something similar that defines the universe of potential respondents and do you have a sampling plan for selecting from this universe?

[ ] Yes [ X ] No

If the answer is yes, please provide a description of both below (or attach the sampling plan)?

If the answer is no, please provide a description of how you plan to identify your potential group of respondents and how you will select them?

*We are reaching out to various industry associations to seek their help in distributing the survey to their members. We will send the survey to all members of these industry associations' email lists.*

#### **Administration of the Instrument**

1. How will you collect the information? (Check all that apply)

[ X ] Web-based or other forms of Social Media

[ ] Telephone

[ ] In-person

[ ] Mail

[ ] Other, Explain

The survey will be distributed via emails containing a link to the survey, a description of its contents, and its associated PRA Statement.

2. Will interviewers or facilitators be used? [ ] Yes [X ] No

**Please make sure that all instruments, instructions, and scripts are submitted with the request.**