

**Request for Approval under the “Generic Clearance for the Collection of  
Routine Customer Feedback” (OMB Control Number: 1670-0027)**

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**TITLE OF INFORMATION COLLECTION:**

NPPD IT Operations and Services Management Division Customer Satisfaction Survey

**PURPOSE:**

To gather feedback on respondents' experiences when they obtain support from the IT Operations and Services Management (ITOSM) team. The survey will be used to help determine the level of customer satisfaction, gauge the perceived quality of the team's support, and identify areas for improvement.

**DESCRIPTION OF RESPONDENTS:**

NPPD Federal and contractor employees who receive support services from the ITOSM team in areas that include project management, operations and maintenance, customer advocacy, and enterprise services. We intend to host the survey on Survey Monkey, which will ensure that respondents remain anonymous. NPPD/ITOSM will ensure that respondents IP addresses are not collected by ensuring that the Survey Monkey settings are updated to opt out of collecting this information. Respondents may choose to provide their names in a text field for follow-up purposes.

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

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

**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: **Michael Steele**

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

**Personally Identifiable Information:**

- 1. Is personally identifiable information (PII) collected?  Yes  No  
*Names of the ITOSM employees providing service is the only PII collected*
- 2. If yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974?  Yes  No
- 3. If Applicable, has a System or Records Notice been published?  Yes  No  
*SORN coverage is provided by the OPM/GOVT-2 Employee Performance File System Records SORN, which covers performance-related material that may be maintained in an employee’s work folder to assist in accurately assessing the employee’s performance.*

**Gifts or Payments:**

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

**BURDEN HOURS**

Category of Respondent	No. of Respondents	No. of Responses per Respondent	No. of Responses	Participation Time	Burden	Annual Burden Cost
Federal contract employees	500	1	500	.05 hours (3 minutes)	25 hours	\$813
<b>Totals</b>	<b>500</b>	<b>1</b>	<b>500</b>	<b>.05 hours (3 minutes)</b>	<b>25 hours</b>	<b>\$813</b>

*The above Average Hourly Wage Rate is the [May 2015 Bureau of Labor Statistics](#) average wage for “All Occupations” of \$23.23 times the wage rate benefit multiplier of 1.4 (to account for fringe benefits) equaling \$32.52. The selection of “All Occupations” (for example) was chosen as the expected respondents for this collection could be expected to be from any occupation.*

**FEDERAL COST:** The estimated annual cost to the Federal government is \$ 18,447.52

*It is estimated that 1 manager at a GS level 15, Step 1 will spending approximately 10% of their time (2080 annual working hours x 10% = 208 hours) annually to review, analyze, and assimilate survey responses.*

*Using the FY17 (Washington-Baltimore-Northern Virginia) GS pay scale, the fully-loaded wage rate for a GS15, Step 1 is \$ 88.69 (\$ 131,767 annual salary/2080 = \$63.35 base wage rate x 1.4 benefit multiplier = \$ 88.69 fully-loaded wage rate).*

*The annual government cost is estimated to be \$ 18,447.52 (208 hours annually x \$88.69 = \$18,447.52).*

**STATISTICAL METHOD:**

**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?  
[x] Yes [ ] 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?

*Potential respondents are NPPD Federal and contractor employees who obtain support from the ITOSM team, the majority of whom have active DHS A-LAN accounts and are therefore listed in the Department's Global Address List (GAL). We intend to provide a link to the survey in the signature block of team members' email messages.*

**Recipients are determined by standard distribution lists dependent upon product type.**

**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 (email response)

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

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

## **Instructions for completing Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback”**

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**TITLE OF INFORMATION COLLECTION:** Provide the name of the collection that is the subject of the request. (e.g. Comment card for soliciting feedback on xxxx)

**PURPOSE:** Provide a brief description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

**DESCRIPTION OF RESPONDENTS:** Provide a brief description of the targeted group or groups for this collection of information. These groups must have experience with the program.

**TYPE OF COLLECTION:** Check one box. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

**CERTIFICATION:** Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

**Personally Identifiable Information:** Provide answers to the questions.

**Gifts or Payments:** If you answer yes to the question, please describe the incentive and provide a justification for the amount.

### **BURDEN HOURS:**

**Category of Respondents:** Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households; (2) Private Sector; (3) State, local, or tribal governments; or (4) Federal Government. Only one type of respondent can be selected.

**No. of Respondents:** Provide an estimate of the Number of respondents.

**Participation Time:** Provide an estimate of the amount of time required for a respondent to participate (e.g. fill out a survey or participate in a focus group)

**Burden:** Provide the Annual burden hours: Multiply the Number of responses and the participation time and divide by 60.

**FEDERAL COST:** Provide an estimate of the annual cost to the Federal government.

**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.** Please provide a description of how you plan to identify your potential group of respondents and how you will select them. If the answer is yes, to the first question, you may provide the sampling plan in an attachment.

**Administration of the Instrument:** Identify how the information will be collected. More than one box may be checked. Indicate whether there will be interviewers (e.g. for surveys) or facilitators (e.g., for focus groups) used.

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