# Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback" (NPPD Generic Clearance Number 1670-0027) TITLE OF INFORMATION COLLECTION: ISCD Feedback Questionnaire

### **PURPOSE:**

The Department of Homeland Security (DHS) National Protection and Programs Directorate (NPPD) Infrastructure Security Compliance Division (ISCD) would like to submit the ISCD Feedback Questionnaire for approval under NPPD Generic Clearance Number 1670-0027 as a "Fast Track" submission. We need to implement our proposed ISCD Feedback Questionnaire in direct response to a Government Accountability Office (GAO) audit. In April of 2013, the GAO issued a report entitled "CRITICAL INFRASTRUCTURE PROTECTION DHS Efforts to Assess Chemical Security Risk and Gather Feedback on Facility Outreach Can Be Strengthened." In the GAO's "Recommendations for Executive Action" section, the GAO stated that "To enhance ISCD efforts to communicate and work with facilities, we recommend that the Secretary of Homeland Security direct the Under Secretary for NPPD, the Assistant Secretary for IP, and the Director of ISCD to explore opportunities and take action to systematically solicit and document feedback on facility outreach consistent with ISCD efforts to develop a strategic communication plan." (pg. 36). ISCD will be able to close out the recommendation by establishing the feedback mechanism and implementing the questionnaire and does not intend to provide results to GAO.

The GAO report also indicated that "...customer service efforts in the government, systematic feedback from regulated facility owners and operators to among other things, determine the kind and quality of services they want and also determine their level of satisfaction with existing services including outreach may benefit to organizations like ISCD that service the public." (pgs. 33-34). In addition, the GAO report reminded us, that the NIPP states that "...when the government is provided with an understanding of private sector information needs, it can adjust its information collection, analysis, synthesis, and dissemination activities accordingly." Through the Fast Track process, ISCD would be able to use the ISCD Feedback Questionnaire (attached).

## Reference-

GAO April 2013 Report "CRITICAL INFRASTRUCTURE PROTECTION DHS Efforts to Assess Chemical Security Risk and Gather Feedback on Facility Outreach Can Be Strengthened."

http://www.gao.gov/products/GAO-13-353

### **DESCRIPTION OF RESPONDENTS:**

ISCD's communication's plan currently addresses both internal and external communication needs to include industry outreach efforts. One of our plan goals is to maintain robust communication and outreach with the chemical community. ISCD desires informal and honest feedback on all of our outreach and other efforts. As such, our respondents should be comprised of industry and other participants who attend our outreach activities. These individuals will be requested to either voluntarily complete our on-line ISCD Feedback Questionnaire (located on our CSAT Website) or to voluntarily fill out a hard copy of the ISCD Feedback Questionnaire while still on-site. For respondents who choose to fill out the hard copy, these questionnaires should be collected at the outreach activity. In addition, all industry and other covered chemical

facility businesses, who in the course of complying with CFATS statutory directed requirements, will be offered the opportunity to complete the ISCD Feedback Questionnaire, while on the CSAT Website.

| TYPE OF COLLECTION: (Check one)  |   |                              |  |  |  |
|--|---|------------------------------|--|--|--|
| [ ] Customer Comment Card/Complaint Form<br>[ ] Usability Testing (e.g., Website or Software<br>[ ] Focus Group  | <del></del>   |                              |  |  |  |
| CERTIFICATION:   |   |                              |  |  |  |
| <ol> <li>I certify the following to be true:</li> <li>The collection is voluntary.</li> <li>The collection is low-burden for respondents and</li> <li>The collection is non-controversial and does not agencies.</li> <li>The results are not intended to be disseminated for the purpolicy decisions.</li> <li>The collection is targeted to the solicitation of o experience with the program or may have experience with the progra</li></ol> | to the public.  Irpose of substantially informing pinions from respondents who rience with the program in the fine printed Name | r federal g influential have |  |  |  |
| <ol> <li>Personally Identifiable Information:</li> <li>Is personally identifiable information (PII) colled</li> <li>If Yes, will any information that is collected be Privacy Act of 1974? [ ] Yes [ ] No</li> <li>If Yes, has an up-to-date System of Records No</li> </ol>   | included in records that are sub  |                              |  |  |  |
| Gifts or Payments:<br>Is an incentive (e.g., money or reimbursement of exparticipants? [] Yes [X] No   | penses, token of appreciation)  | provided to                  |  |  |  |

## **BURDEN HOURS**

| Category of Respondent                        | No. of<br>Respondents | Participation<br>Time | Burden (hours) |  |
|---|-----------------------|-----------------------|----------------|--|
| Presentation/meetings/conferences             | 4,360                 | 5 minutes             | 363.3          |  |
| Knowledge Center                              | 12,003                | 5 minutes             | 1,000.2        |  |
| Compliance Assistance visits                  | 254                   | 5 minutes             | 21.2           |  |
| DHS.Gov unique page views (Chemical Security) | 17,676                | 5 minutes             | 1,473          |  |
| Totals  | 34,293                |                       | 2,858          |  |

**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 s | selection | of | your | targeted | res | ponden | ts |
|--|-------|-----------|----|------|----------|-----|--------|----|
|--|-------|-----------|----|------|----------|-----|--------|----|

| 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?

HQ DHS/NPPD/IP/ISCD plans to place our ISCD Feedback Questionnaire on our public facing Internet CSAT Website. This will allow industry and others, who are using CSAT in the course of complying with CFATS requirements, to voluntarily complete the questionnaire. In addition, we intend to inform those who attend our ISCD sponsored chemical security events about our questionnaire. They, in turn, can later voluntarily access the CSAT Website and fill out the ISCD Feedback Questionnaire.

The total estimated cost, to the Government, is \$4,500.

| This cost is broken down as follows:                            |
|---|
| 2000 copies, full color = \$4,200                               |
| One year subscription to Survey Monkey = \$300                  |
| 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   |
| [X] In-person   |
| [ ] Mail  |
| [ ] Other, Explain  |
|   |

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"

**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. Note: Agencies should only collect PII to the extent necessary, and they should only retain PII for the period of time that is necessary to achieve a specific objective.

**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 per row. No. of Respondents: Provide an estimate of the Number of Respondents.

**Participation Time:** Provide an estimate of the amount of time (in minutes) 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 Respondents and the Participation Time then 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.

Submit all instruments, instructions, and scripts are submitted with the request.

# DEPARTMENT OF HOMELAND SECURITY FORMS REQUEST

**INSTRUCTIONS** – Complete required information and click Submit to email to the DHS National Forms Program Office. For NEW Form, attach a draft of proposed form or list of items requested. For ADOPT and/or REVISE Form, attach a copy of form to be adopted/revised with your annotations, if any.

| I. FORM IDENTIFICATION   |            |                 |  |   |                                |                |         |                   |            |               |  |
|--|------------|-----------------|--|---|--------------------------------|----------------|---------|-------------------|------------|---------------|--|
| Title  |            |                 |  | ***************************************                                       |                                |                |         |                   |            |               |  |
| ISCD Feedback  | Questi     | onnaire         |  |   |                                |                |         |                   |            |               |  |
| Form (Check One and provide attachment below) OMB Numbe  |            |                 |  |   |                                | Expiration     | Date    | DHS Numbe         | r (if any) | Edition Date  |  |
| ⊠ Public ☐ Inter   | rnal       |                 |  |   |                                |                |         |                   |            |               |  |
| Form Action (Check   | k One a    | nd also provi   | de attacl                              | hment)  | Date of R                      | equest:        | Sco     | pe of Form        |            | <u> </u>      |  |
| New  Ado   | pt         | Revise [        | ] Cance                                | I/Remove  | 01/05/2016 NPPD                |                |         |                   |            |               |  |
| Authorization (Desc  | ribes the  | use of this for | m or cont                              | ains instructio   | ns for it's u                  | se.) (i.e. CFF | R, Reg  | ulation, Directiv | e, Handbo  | ook etc.)     |  |
| Directive  |            |                 | Reco                                   | mmendatio   | n in GAG                       | 0-13-353       |         |                   |            |               |  |
| Use Fo   | orm inst   | ructions        |  |   | Automa                         | ated Systen    | n Usa   | ge                | •          | Act Statement |  |
| Repetitive   | Contai     | ined in form    | In le                                  | tter or Memo  |                                | (If YES pro    | vide na | ame of system)    | is in the  | form          |  |
| One-Time   | ] In Offic | ce Manual       | Direc                                  | ctive   | ☐ No                           | Survey         | Monk    | ey                | Yes        | ☐ No          |  |
| II.  | ******     |                 | ······································ | ORIGINAT  | ING OFF                        | ICE            |         |                   |            |               |  |
| Contact Person: (La  | ast, Firs  | t, Middle Initi | al)                                    | ONIONIA   | Title:                         | 101            |         |                   |            |               |  |
| Samuels, Yanin   | a, G       |                 | ,                                      |   | Govern                         | nment and      | l Ind   | ustry Affa        | irs Sec    | ction Chief   |  |
| Email address: Telephone Number:   |            |                 |  |   |                                |                |         |                   |            |               |  |
| yanina.samuels@hq.dhs.gov  |            |                 |  |   | +1 (703) 603-4681 <b>Ext</b> . |                |         |                   |            |               |  |
| Component:   |            | Office:         |  |   |                                |                |         |                   | Room       | Number:       |  |
| NPPD IP/ISCD   |            |                 |  |   |                                |                |         |                   |            |               |  |
| Name Who is Authorizing This Request (Program Manager or higher)   |            |                 |  | Title of Official Who is Authorizing This Request (Program Manager or higher) |                                |                |         |                   |            |               |  |
| Amy Graydon  |            |                 |  | Policy and Rule Making Branch Chief   |                                |                |         |                   |            |               |  |
| Signature of Authorizing Official (Print and Date)   |            |                 |  |   |                                |                |         |                   |            |               |  |
| x Amy f. Graydu Date 1/5/2016  |            |                 |  |   |                                | 12016          |         |                   |            |               |  |
| Click the Add Attachments button. A Browse window will open allowing you to select the document on your computer (or network drive) you would like to attach. Once you have selected the document you would like to attach, click the Open button. You will return to this Attachments page. Repeat this process until you have attached all of the necessary documents. To view your attachments, click paperclip on the left side of this panel. |            |                 |  |   |                                |                |         |                   |            |               |  |

Submit