U.S. Department of State

REQUEST FOR APPROVAL UNDER THE "GENERIC CLEARANCE FOR THE COLLECTION OF ROUTINE CUSTOMER FEEDBACK" OMB CONTROL NUMBER: 1405-0193

Title of Information Collection					
Purpose					
To build a 'Contact Us' webpage for Embassy Nairobi's inquiries in order to offer more prompt service.	Nonimmigrant	Visa section. The	his will help us to categorize our inbound		
Description of Respondents					
All inquirers from the general public, visa applicants, s email template, to contact the Nonimmigrant visa section		ys, etc. will use t	this form, which essentially is a structured		
Type of Collection: (Check one)					
Customer Comment Card/Complaint Form		Customer Satisfa	ction Survey		
Usability Testing (e.g., Web site or Software)		Small Discussion	Group		
Focus Group	$\overline{\mathbf{X}}$	Other	'Contact Us' webpage		
Certification					
I certify the following to be true:					
The collection is voluntary.					
2. The collection is low-burden for respondents and low-cost	for the Federal go	overnment.			
The collection is non-controversial and does <u>not</u> raise issues of concern to other Federal agencies.					
The results are <u>not</u> intended to be disseminated to the public.					
5. Information gathered will not be used for the purpose of si		ing influential polic	v 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 (Last, First, MI)		Title			
Moore Fore	st	C	Vice Consul		
Signer Email Address	~		Date (mm-dd-yyyy)		
moorefel state, gov	eSigned by Eforms PKI		08-17-2016		

TO ASSIST REVIEW, PLEASE PROVI	DE ANSWERS TO THE FO	LLOWING QUESTIONS.				
Personally Identifiable Information						
Is personally identifiable information (PII) collected?		X Yes	☐ No			
a. If Yes, is the information that will be collected included in rec	a. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974? Yes X No					
2. If Applicable, has a System of Records Notice been published?	2. If Applicable, has a System of Records Notice been published?					
Gifts or Payments						
Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants?						
	IRDEN HOURS		TO SOME THE THE			
Category of Respondent	Number of Respondents	Participation Time (Minutes)	Burden Hours			
Individuals or Households	15,600	1	260.00			
Totals	15,600	1	260.00			
FE	DERAL COST					
The estimated annual cost to the Federal government is		\$0.00				
IF YOU ARE CONDUCTING A FOC STATISTICAL METHODS, PROVIDE	US GROUP, SURVEY, OR ANSWERS TO THE FOLL	PLAN TO EMPLOY LOWING QUESTIONS				
The selection of your targeted respondents						
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						
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.						
or now you plan to identify your potential group of respondents a	and now you will select then	1.				
Administration of the Instrument						
How will you collect the information? (Check all that apply)						
Web-based or other forms of Social Media						
Telephone						
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.						

DS-4183