Request for Approval under the "DOL Departmental Generic Clearance for the Collection of Routine Customer Feedback"

(OMB Control Number: 1225-0088)

TITLE OF INFORMATION COLLECTION:

2019 FedCASIC Post-Workshops Survey

PURPOSE:

The purpose of this information collection is to obtain feedback from the Federal Computer Assisted Survey Information Collection (FedCASIC) Workshops community about their experience attending the conference and to collection suggestions for improvements to future conferences.

DESCRIPTION OF RESPONDENTS:

Respondents are individuals considered part of the FedCASIC community, including registrants for the current year conference, registrants from previous years, and individuals who signed up for email announcements about FedCASIC. Respondents are primarily federal employees and also include non-federal employees such as contractors and individuals who work for statistical agencies of other countries.

TYPE OF COLLECTION: (Check one)	
[] Customer Comment Card/Complaint Form	[x] Customer Satisfaction Survey
[] Usability Testing (e.g., Website or Software)	[] Small Discussion Group
[] Focus Group	[] 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 <u>not</u> raise issues of concern to other federal agencies.
- 4. The results are <u>not</u> intended to be disseminated to the public.
- 5. Information gathered will not be used for the purpose of <u>substantially</u> informing <u>influential</u> 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: Erica Yu

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

 Personally Identifiable Information: Is personally identifiable information (PII) collected? [] Yes [x] No 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 be	en published? [] Yes [] No		
Gifts or Payments: Is an incentive (e.g., money or reimbursement of exparticipants? [] Yes [x] No BURDEN HOURS	enses, token of a	appreciation) prov	vided to	
Category of Respondent	No. of	Participation	Burden	
	Respondents	Time		
Non-federal employees including contractors and international conference attendees	50	5 minutes	4.2 hours	
Totals	50		4.2 hours	
based on a GS-14/2 salary rate of \$58.02 and an estimated 10 hours to write the survey, send it, receive the responses, and analyze the responses) 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? The frame is a list of email addresses of individuals who have registered for previous conferences, individuals who registered for the current year conference, and individuals who requested information about the conference.				
Administration of the Instrument 1. How will you collect the information? (Check all [x] Web-based or other forms of Social Medical [additional collection of the Instrument collection of th				

[] 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.