VA OSDBU Survey Request Form

Basic Information:

The information is necessary to determine your survey requirements, ensure accuracy of the collected data, and to estimate completion date. Submit the completed form via email to OSDBUStratComm@va.gov. Enter Survey Request Form in the subject line. Requests are prioritized by Strategic Outreach and communications (SOC) based on urgency and submission date.

Requestor Name: Click here to enter text.	Title: Click here to enter text.
OSDBU Directorate:	
Email: Click here to enter text. Pho	ne: Click here to enter text.
Submission Date: Click here to enter a dat	re.
-	nent and Budget (OMB) clearance process for data restricted le of VA is subject to a sixty-day OMB clearance process.
Anticipated Survey Launch Date: Click here to Please consider the appropriate OMB clearant survey launch date.	to enter a date. nce process timeline when determining the anticipated
Requested Survey Details:	
Survey Purpose: Click here to enter text.	
Survey Objectives – specific areas for resear	rch: Click here to enter text.
Target Audience – define who will be surve	yed: Click here to enter text.
Survey Delivery Method:	
Please provide additional information if Deliv Click here to enter text.	very Method - Other is selected.
Respondent Contact Information: Attach a licentract information (e.g., First Name, Last Name, Las	ist in Microsoft Excel format of applicable respondent ame, Email Address, Phone Number, etc.).
Respondent Contact Information Source: (e Click here to enter text.	.g., VIP, AST, DAP, NVSBE Registration, SAM Database, etc.)
Do you have recommended survey question ☐ No ☐ Yes* *Please attach recommended questions in M	

Please provide any additional in	nformation:		
Click here to enter text.			