

## **Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 3095-0070)**

**TITLE OF INFORMATION COLLECTION:** Master Survey for National Outreach Program Initiative for developing site specific feedback on public outreach customer satisfaction.

**PURPOSE:** The master survey provides a standard buffet of questions upon which staff can create customized surveys to receive feedback from those members of the public who visit our exhibits, participate in our education programs, and attend our public programs. The public outreach lines of business for the Legislative Archives, Presidential Libraries and Museum Services, currently uses an ad hoc approach to collecting customer feedback, which is not comparable within the Office. The National Outreach Program Initiative (2.1.3) requires a performance measure that mandates a more integrated survey tool across the HQ museum, all nine field offices, and thirteen Presidential Libraries where public outreach staff prepare exhibits, education programs and public programs. The master survey will employ a user guide with strict instructions on how to create a appropriate survey for local products, services and programs. It will also operate within the broader requirements of survey guidance to ensure compliance with all Agency and Executive Directives.

**DESCRIPTION OF RESPONDENTS:** The respondents are the members of the public who are over the age of eighteen years old who voluntarily fill out surveys made available to receive feedback on the particular product, service, or program they utilized or interacted with.

**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 Annen

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

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected?  Yes  No
2. If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974?  Yes  No
3. If Yes, has an up-to-date System of Records Notice (SORN) been published?  Yes  No

**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	Participation Time	Burden
(1) Individuals or Households	no more than 13,000 individuals spread across the twenty-four locations or external venues over the course of the program in a given fiscal year.	5-12 minutes	minimal
(3) State, local, or tribal governments			
<b>Totals</b>	<b>no more than 13,000</b>	Final time dependent on finalized local survey but all	<b>minimal</b>

		surveys are equal or less than two pages.	
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**FEDERAL COST:** The estimated annual cost to the Federal Government is \$1000 or less for printing cost as it's a negligible cost as materials for surveying are Microsoft Word document printouts and printing costs will be absorbed within the operating expenses of the office or presidential library conducting the survey.

**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?  
 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 groups that will make up our population are those visitors to exhibits, attendees to public programs, and participants to education programs who arrive to our locations within the determine business hours of these types of programming who are then given an opportunity as part of their experience to provide feedback. Thus, for museum exhibits the eligible population would be any visitor above the age of consent who voluntarily fills out an exhibit survey; for a public program a member of the public who attend the lecture and has a survey included in the handout materials accessible to them at the program; finally, for the education program the participants to the program who registered and participated in the workshop.

**Administration of the Instrument**

1. 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  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. 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 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.

**Submit all instruments, instructions, and scripts with the request.**