OMB Control No.: 3095-0070 Expiration date: 10-31-2017

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

TITLE OF INFORMATION COLLECTION: National Archives and Records Administration's Research Services Online Tutorial Survey

PURPOSE: To provide training materials, in the form of "how-to" guides, to answer frequently asked questions about tools used by staff to perform their day-to-day work.

DESCRIPTION OF RESPONDENTS: Any NARA employee who uses NARA tools to perform their work--this includes Federal and non-federal employees. The respondents included for the purposes of this form are non-federal employees.

TYPE OF COLLECTION: (Check one

Customer Comment Card/Complaint Form	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: Cathy Lumi

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

Personally Identifiable Information:

2.	Is personally identifiable information (PII) collected If Yes, will any information that is collected be incomprivacy Act of 1974? Yes No If Yes, has an up-to-date System of Records Notice	luded in records t	hat are subject to	10-31-2017 the
Is a	fts or Payments: In incentive (e.g., money or reimbursement of expenticipants? Yes No	nses, token of app	reciation) provide	ed to
раı	incipalits: Tes \(\sqrt{10}\)			
ВU	RDEN HOURS			
C	ategory of Respondent	No. of Respondents	Participation Time	Burden
(1) Individuals or Households	300	10	50
(3) State, local, or tribal governments			
T	otals			
If y pro Th 1.	DERAL COST: The estimated annual cost to the avou are conducting a focus group, survey, or plan by ovide answers to the following questions: e selection of your targeted respondents Do you have a customer list or something similar the respondents and do you have a sampling plan for something yes No	n to employ statis that defines the un electing from this	itical methods, p iverse of potentia universe?	l
the	he answer is yes, please provide a description of bor answer is no, please provide a description of how y pondents and how you will select them?			
	ministration of the Instrument How will you collect the information? (Check all the collect the information?) Web-based or other forms of Social Media Telephone In-person Mail	nat apply)		

Other, Explain _____

2. Will interviewers or facilitators be used? Yes No

OMB Control No.: 3095-0070 Expiration date: 10-31-2017

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 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.

OMB Control No.: 3095-0070 Expiration date: 10-31-2017

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.