

**Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 1670-0027)**

**TITLE OF INFORMATION COLLECTION:** NPPD Analysis Customer Feedback Survey

**PURPOSE:** NPPD produces analysis to inform cyber, physical, and infrastructure security, resiliency decisions, policies, and strategies. To ensure the products, meetings, customer service and webinars are actionable, effective, relevant, and timely, NPPD would like to obtain feedback from its customers by using a brief, optional survey for each of these types of products that customers may utilize. NPPD will then analyze the data from the customer feedback surveys to improve its analysis and to inform other production and dissemination process improvements.

**DESCRIPTION OF RESPONDENTS:** Survey participants will include Federal, State, local, tribal, territorial, and private sector community partners who consume NPPD analytic products.

**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: /s/ Molly Stasko

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, 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 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	Annual Burden Cost
State, local, tribal, territorial, and private sector community partners	2100	0.1 hours (6 minutes)	210 hours/year	\$7,014
<b>Totals</b>			<b>210 hours/year</b>	<b>\$7,014</b>

The above Average Hourly Wage Rate is the [May 2016 Bureau of Labor Statistics](#) average wage for “All Occupations” of \$23.86 times the wage rate benefit multiplier of 1.4 (to account for fringe benefits) equaling \$33.40. The selection of “All Occupations” (for example) was chosen as the expected respondents for this collection could be expected to be from any occupation.

**FEDERAL COST:** The estimated annual cost to the Federal government is \$1,126.86

It is estimated that 1 government employee at a GS level 12, Step 1 will spending approximately 1% of their time (2080 annual working hours x 1% = 21 hours) annually to review, analyze, and assimilate survey responses.

Using the FY17 (Washington-Baltimore-Northern Virginia) GS pay scale, the fully-loaded wage rate for a GS12, Step 1 is \$ 53.66 (\$ 79,720 annual salary/2080 = \$38.33 base wage rate x 1.4 benefit multiplier = \$ 53.66 fully-loaded wage rate).

The annual government cost is estimated to be \$ 1,126.86 (21 hours annually x \$53.66 = \$ 1,126.86).

**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?

**Recipients are determined by standard distribution lists dependent upon product type.**

**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 (email response)

For use of Survey Monkey, NPPD will ensure that respondents IP addresses are not collected by ensuring that the Survey Monkey settings are updated to opt out of collecting this information.

2. Will interviewers or facilitators be used? [] Yes, for telephone or in-person distribution []  
No

**Please make sure that all instruments, instructions, and scripts are submitted with the request.**