OMB Control No.: 3095-0070 Expiration date: 12-31-2020

## Request for Approval under the

## "Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery" (OMB Control Number: 3095-0070)

TITLE OF INFORMATION COLLECTION: Televisions in the A2 Cafeteria Survey

DATE OF REQUEST: 4/10/2018

**PURPOSE:** To gauge respondent preference on what TV channels should be displayed on each of the three TVs in the A2 cafeteria.

**DESCRIPTION OF RESPONDENTS**: Employees (including contractors, volunteers, interns—i.e. non-federal employees, as well federal employees) stationed at the National Archives at College Park, Md.

☐ Customer Comment Card/Complaint Form	<b>Customer Satisfaction Survey</b>
Usability Testing (e.g., Website or Software)	Small Discussion Group
Focus Group	Other:

## **CERTIFICATION:**

I certify the following to be true:

TYPE OF COLLECTION: (Check one)

- 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 not 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: <u>Dawn Powers</u>

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

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Personally Identifiable Information:  1. Is personally identifiable information (PII) collected  2. If Yes, will any information that is collected be incl			the
Privacy Act of 1974? Yes No		<u> </u>	
3. If Yes, has an up-to-date System of Records Notice	(SORN) been pu	ıblished?	s ∐ No
Gifts or Payments: Is an incentive (e.g., money or reimbursement of expendent participants? Yes No	ses, token of app	reciation) provide	ed to
BURDEN HOURS			
Category of Respondent	No. of Respondents	Participation Time	Burder
(1) Individuals or Households	1,000	2 minutes	33
(3) State, local, or tribal governments			
Totals			
<ul> <li>The selection of your targeted respondents</li> <li>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?</li> <li>Yes No</li> </ul>			
If the answer is yes, please provide a description of both the answer is no, please provide a description of how you respondents and how you will select them?			
Yes. We will filter email addresses to those employees identified as being stationed at the National Archives at College Park, Md.			
Administration of the Instrument  1. How will you collect the information? (Check all th  Web-based or other forms of Social Media (in Telephone  In-person  Mail  Other, Explain SurveyMonkey online survey  2. Will interviewers or facilitators be used? Yes	if applicable, pleas	e add url)	
3. Length of Collection: From/To: Collection will be approval.	<mark>one week</mark> in dur		
Please make sure that all instruments, instructions, a	and scripts are s	submitted with the	ne

request.

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