

**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: Controlled Unclassified Information (CUI)
Program Implementation Assessment

DATE OF REQUEST: 3/22/2019

PURPOSE: To collect information from Executive branch departments and agencies related to implementation efforts for the Controlled Unclassified information (CUI) Program (under Executive Order 13556 and 32 CFR Part 2002).

DESCRIPTION OF RESPONDENTS: Persons external to agency.

TYPE OF COLLECTION: (Check one)

- | | |
|--|---|
| <input checked="" type="checkbox"/> Customer Comment Card/Complaint Form | <input 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: Mark Riddle

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 | Annual Burden Hours |
|---|--------------------|--------------------|---------------------|
| (1) Individuals or Households | 100 | 5 minutes | 8.3 |
| (3) State, local, or tribal governments | | | |
| Totals | 100 | 5 | 8.3 |

FEDERAL COST: The estimated annual cost to the Federal Government is \$0.

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?

Members of the general public who visit the website in question and are randomly prompted to review and comment on proposed agency records control schedules.

Administration of the Instrument

1. How will you collect the information? (Check all that apply)
 Web-based or other forms of Social Media (if applicable, please add url)
 Telephone
 In-person
 Mail
 Other, Explain _____

2. Will interviewers or facilitators be used? Yes No

3. Length of Collection: From: 3/29/2019 To: [Click here to enter a date.](#)

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