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: Archives.gov Survey

DATE OF REQUEST: 4/16/2020

PURPOSE: To collect information about how the user perceives information, layout, content, architecture, on the site and if they found/find it useful.

**DESCRIPTION OF RESPONDENTS**: Average end user who comes to our site.

THE OF COLLECTION. (Check one)	
Customer comment card/Complaint form	Customer satisfaction survey
Usability testing (e.g., website or software)	☐ Small discussion group

#### **CERTIFICATION:**

Focus group

I certify the following to be true:

TVPF OF COLLECTION: (Check one)

- 1. The collection is voluntary.
- 2. The collection is low-burden for respondents and low-cost for the Federal government.

Other:

- 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: Rebecca L Goodman (RLG)

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

<ol> <li>Personally Identifiable Information:</li> <li>Is personally identifiable information (PII) collected be Privacy Act of 1974? ☐ Yes ☐ No</li> <li>If yes, has an up-to-date System of Records No</li> </ol>	included in records to	hat are subject to	
Gifts or Payments: Is an incentive (e.g., money or reimbursement of exparticipants?  Yes No	xpenses, token of app	preciation) provide	ed to
BURDEN HOURS			
Category of respondents	No. of respondents	Participation time	Burden
(1) Individuals or Households	10,000	5	833
(3) State, local, or tribal governments			
Totals	10,000	5	833
If you are conducting a focus group, survey, or provide answers to the following questions:  The selection of your targeted respondents  1. Do you have a customer list or something simil respondents and do you have a sampling plan for Yes No	lar that defines the un or selecting from this	niverse of potentia s universe?	1
If the answer is yes, please provide a description of the answer is no, please provide a description of hor respondents and how you will select them	*		
Administration of the instrument  1. How will you collect the information? (Check a Web-based or other forms of social med Telephone    In-person   Mail   Other, explain  2. Will interviewers or facilitators be used?   Y 3. Length of collection: From: 4/28/2020 To: 6.	lia (if applicable, pleas es 🗵 No	e add url)	

request.

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

## 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)

**DATE OF REQUEST:** Enter the date the request is made.

**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 respondents 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. Enter the date span "from" and "to" that this survey will be administered.

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