

**Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 2900-0770)**

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**TITLE OF INFORMATION COLLECTION:**

**National Center on Homelessness Among Veterans - Customer Feedback Survey**

Website-based stakeholder engagement

**PURPOSE:** To provide a web-based mechanism for researchers to contact us regarding our existing research or potential research activities they would like to see us pursue. For community providers of homeless services, this will provide them with a mechanism to share what they consider strong practices that have the potential to be adopted within VHA. This will assist us in achieving one of our legislative mandates to serve as a resource center for and promote and seek to coordinate the exchange of information regarding, all research and training activities carried out by the Department and by other Federal and non-Federal entities with respect to Veteran homelessness.

**DESCRIPTION OF RESPONDENTS:**

Researchers involved in homeless research.  
Community providers serving homeless populations.

**TYPE OF COLLECTION:** (Check one)

<input 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 checked="" type="checkbox"/> Other: <a href="#">website link to e-mail us</a>

**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.  
(note: We would like to be able to post the strong practices being conducted by community providers that they submit to us on our website. This is the goal of having a way for providers to submit this information to us.)
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, Position Title and Credentials:**

Dina Hooshyar, M.D.  
Director, National Center on Homelessness among Veterans

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

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected? [ ] Yes [X] No
2. If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974? [ ] Yes [ X ] 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 [ X ] No

**BURDEN HOURS**

Category of Respondent	No. of Respondents*	Participation Time (min. per survey)	Total Minutes (Respond. x min. per survey)	Burden Hours (total min. ÷ 60 = hours)
Researchers	~400	5 minutes	2000	33.33 hours
Community Providers	~400	5 minutes	2000	33.33 hours
<b>Totals</b>	<b>~800</b>	5 minutes	<b>4000</b>	<b>66.67 Hours</b> <b>~ 67 Hours</b>

\*Because the respondents will be limited to researchers and community providers, we reduced the number of potential responders.

**FEDERAL COST:** The estimated annual cost to the Federal government is limited to the one-time cost of the contractor to establish the website links, which is minimal.

**If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:** N/A

**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?  
[X] 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?

Researchers and community providers who visit <https://www.va.gov/homeless/nchav/index.asp> will be encouraged to complete our online survey form. An average of 12,000 unique users visit <https://www.va.gov/homeless/nchav/index.asp> each year. However, this includes all stakeholder groups which extends beyond the targeted groups of researchers and community providers. Our estimate for those target groups is approximately 8,000.

The response rate on external surveys administered by organizations of all sizes is generally between 10 and 15%. We, therefore, project approximately 800 researchers and community provider users will complete our survey form.

### **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, Explain
2. Will interviewers or facilitators be used?  Yes  No

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

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### **Instructions for completing Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback”**

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**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.

**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 are submitted with the request.**