

Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 3135-0130)

TITLE OF INFORMATION COLLECTION: Survey for Blue Star Museums of Online Activities

PURPOSE:

The purpose of this information collection is to solicit opinions from museum administrators who have signed up to participate in the Blue Star Museums (BSM) program during the summer of 2020. BSM is a program that offers free admission to museums for all active duty military personnel and their families, and typically runs from Armed Forces Day through Labor Day each year. These include children's museums, fine art museums, history and science museums, and nature centers.

In-person programming for Blue Star Museums participating institutions is on hold as a result of COVID-19. The Agency is exploring postponing the start date of official onsite activities and in the interim would like to offer the program in an online capacity. This survey will help us understand who is offering virtual programming and whether or not they would like us to promote that as part of interim offerings. This feedback will be used to improve customer service and to plan for the 2020 launch. See Attachment 1 for the Survey.

More detail regarding the BSM program can be found here: <http://arts.gov/national/blue-star-museums>

DESCRIPTION OF RESPONDENTS:

The survey will be sent to museum administrators from non-profit museums, historic houses, zoos, aquariums and botanical gardens who have signed up to participate in the Blue Star Museums program for the summer of 2020. The survey can be completed by any member of agency staff but there will be only one respondent per agency.

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: Melissa Menzer

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 (minutes)	Burden (hours)
Non Profit Institutions	520	Five minutes	0.08 hours
Totals	520	2,600 minutes	43.33 hours

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?

The entire population of Blue Star Museum participants who have registered for the 2020 program ($n =$ approximately 1,300) will be invited to respond to the survey. Response rate is estimated to be approximately 40%, based on previous years of surveys administered to Blue Star Museums (see IC ‘Blue Star Museums Participant Survey Summer 2018’ under OMB generic clearance 3135-0130). The surveys will be administered online, using SurveyMonkey, and an email invitation will be sent to all participating Blue Star Museums. Follow-up reminder emails will be sent to non-respondents on a periodic basis prior to the closing date of the survey. This survey will be open for respondents to complete for approximately two weeks.

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.

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)

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.