Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback" (OMB Control Number: 1559-0041)

TITLE OF INFORMATION COLLECTION:

BEP 2017 Science and Technology Week Visitor Survey

PURPOSE:

During the week of October 30 – November 3, 2017, the Bureau of Engraving and Printing (BEP) will hold its annual Science and Technology Week event in the BEP Tour and Visitor Center in Washington, DC, which includes a number of science related exhibits and activities for the general public, university students, and professionals.

This brief Voice of the Customer survey will allow the BEP to evaluate the effectiveness of the activities and gauge satisfaction levels of individuals who participated.

DESCRIPTION OF RESPONDENTS:

The Voice of the Customer survey will be conducted with university students and professionals who registered to attend the event.

[] Customer Comment Card/Complaint Form [] Usability Testing (e.g., Website or Software [] Focus Group [] Other:	TYPE OF COLLECTION: (Check one)	
[] 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 <u>not</u> raise issues of concern to other federal agencies.
- 4. The results are <u>not</u> 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>Michael Ramirez, Manager, Analytical and Method Development Division, Office of Quality Operations</u>

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, is the information that will be collected included in records that are subject to the Privacy Act of 1974? [] Yes [] No
- 3. If Applicable, has a System or Records Notice been published? [] Yes [X] No

Gifts or Pay	ments:
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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	Participation	Burden
	Respondents	Time	
Individuals	30	10 min.	5 hrs.
Federal Government	0	0 min.	0 hrs.
Totals			5 hrs.

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 p	otential
	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?

The sample will include individuals (College students/professionals) who preregistered to attend BEP's Science and Technology Week activities (i.e. tours and technical talks) on Friday, November 3.

Administration of the Instrument

1.	How will you collect the information? (Check all that apply)
	[] Web-based or other forms of Social Media
	[] Telephone (At the request of the customer only)
	[X] In-person
	[X] E-Mail
	[] Other, Explain

2. Will interviewers or facilitators be used? $[\]$ Yes $[\ X\]$ 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.

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.

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.

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