Requested Item



U.S. Department of State

	Draft		Closed	
Number	RITM1798460	State	Closed	
Requested By	Jazavac, Benjamin	Stage	Completed	
Requested For	Jazavac, Benjamin	Created	10-24-2019 11:23:50	
Assignment Group		Assigned To	Watkins, Pamela	
Short Description		DS-4183: Request for	DS-4183: Request for Approval Under the "Generic Clearance for the Coll	
Notes:				
PLEASE UPDATE:				

Routing Instructions

The structure of forms in myData has been standardized. Refer to the instructions below for how to submit a request, or, if action from another user is required, how to route your request. Please be advised that some of the standard fields will not be applicable on every request and require no action.

- If you are the only user filling out the form, click 'Close' after providing your information to close and complete the request.
- If additional users need access to the form, or you need to edit the form later, click 'Save'. This will keep the request in a draft, writable status and allow additional updates to be made.
- To route your request to another user, enter the user's name in the 'Assigned To' field at the top of the form and then click 'Save.' Use the 'Notes' field to provide any additional information or instructions.
- When a request is routed, the system will send an email notification to the assignee informing them of the request for further action. When all users have completed their updates, the request can be closed by the last person to take action on the request by clicking the 'Close' button.
- Only one user can access the request at a time. If the form requires input from more than one additional user, repeat the steps above to route the request to each respective user by including their name(s) in the 'Assigned To' field and updating the 'Notes' accordingly.

Notes	Assigned To
	Watkins, Pamela
	Note: This form is routed to the person listed above and will <u>not</u>
	automatically route to your supervisor. If needed, update the individual listed in the above field for this form to be routed correctly.
	Add Users to Watch List - [Provides access to view this request, and receive email updates]

Instructions

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.

Number of Respondents: Provide an estimate of the number of respondents.

Participation Time: Provide an estimate of the number of respondents.

Burden: Provide the Annual burden hours: Multiply the Number of responses by the participation time, and then 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 wheather 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.

Title of Information Collection

Customer Feedback Kiosk

Purpose

The Department of State, Office of Passport Services is conducting a customer survey for customers who apply for their passport in person at passport agency

Description of Respondents

Passport applicants who wish to provide feedback about their experience while visiting passport agencies

Type of Collection:

Small Discussion Group

(if other)

Feedback Kiosk Survey

Certification

I certify the following to be true:

The collection is voluntary.

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

The collection is non-controversial and does <u>not</u> raise issues of concern to other Federal agencies.

The results are <u>not</u> intended to be disseminated to the public.

Information gathered will not be used for the purpose of <u>substantially</u> informing <u>influential</u> policy decisions.

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 (Last, First, MI)	Title
Benjamin Jazavac	Program Analyst

Jazavac, Benjamin certified this section of the form on 10-24-2019.

Signature

Jazavac, Benjamin

Date

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10-24-2019

To Assist Review, Please Provide Answers to the Following Questions.

Personally Identifiable Information

Is personally identifiable information (PII) collected?

No

If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974?

If Applicable, has a System of Records Notice been published?					
No					
Gifts or Payments					
Is an incentive (e.g., money or reimbursement of expenses, token of	appreciation) provided to participants?				
No					
Burden Hours					
ds_4183_burdenhours					
[{"hdr":"", "forElement":"", "preFields":[], "postFields":[], "rows": [[["field":"remove", "label":"Delete", "mandatory":false, "type":"button", "givel 35px', "labelCSS":null, "show:"always", "imageSrc":"", "value":"", "display":"", "r {"field":"number_of_respondents", "label":"Number of Respondents", "mande [], "refQual":"", "cellCSS":"", "labelCSS":"", "show": "always", "imageSrc":"", "value ["field":"category_of_respondent", "label":"Category of Respondent", "mande	elatedTable":"","disabled":false}, htory":false,"type":"number","giveFocus":false,"reference":"","choiceOptions": "":"650000","display":"650000","relatedTable":"","disabled":false},				
[], "refQual":"", "cellCSS":"", "labelCSS":"", "show": "always", "imageSrc":"", "value	":"","display":"","relatedTable":"","disabled":false},				
{"field":"participation_timeminutes_","label":"Participation Time (Minutes)","mandatory":false,"type":"number","giveFocus":false,"reference'	':"", "choiceOptions":				
[], "refQual": "", "cellCSS": "", "labelCSS": "", "show": "always", "imageSrc": "", "value	e":".10","display":".10","relatedTable":"","disabled":false},				
{"field":"burden_hours","label":"Burden Hours","mandatory":false,"type":"nu [],"refQual":"","cellCSS":"","labelCSS":"","show":"always","imageSrc":"","value	iniber, giverocus :raise, reference : , choice-uptions": ":"1083.33","display":"1083.33","relatedTable":"","disabled":false}]]}]				
Totals - Number of Respondents					
650000					
Totals - Participation Time (Minutes)					
.10					
.10					
Totals - Burden Hours					
1083.33					
Federal Cost					
The estimated annual cost to the Federal government is					
\$120,000					
If You Are Conducting a Focus Group, Survey, or Plan to Employ Statis	stical Methods, Provide Answers to the Following Questions				
The selection of your targeted respondents	Do you have a customer list or something similar that defines the				
	universe of potential respondents and do you have a sampling plan for				
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	selecting from this universe?				
description of how you plan to identify your potential group of	No				
respondents and how you will select them.					
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Administration of the Instrument					
Administration of the instrument					
How will you collect the information (Check all that apply)					
riow will you collect the information (check all that apply)					
Web-based or other forms of Social Media					
☐ Telephone					
☑ In-person ☐ Mail					
☐ Other, Explain					
(if other) Explanation					
Will interviewers or facilitators be used?					
No					

Please Make sure that all Instruments, Instructions, and Scripts are Submitted with the Request.

IRMOPSENM Final Task	other
OSDBU Analyst Final Task	other
Archive Flag	\checkmark
More Info 1910	
Approval	Requested
2nd_1910_Co_Chk	
Migrated	