REQUEST FOR APPROVAL UNDER THE
"AMERICAN CUSTOMER SATISFACTION INDEX
"CUSTOMER SATISFACTION SURVEYS""

See Page 4 for Instructions on Completing This Form

Title of Information Collection
HRSA BPHC 2018 Stakeholder Satisfaction Survey (SSS)

Purpose
To provide the HRSA BPHC team with feedback from their Stakeholders to support their continuous quality improvement efforts.

Description of Respondents

Type of Collection *(Check One)*

☐ Customer Comment Card/Complaint Form ☒ Customer Satisfaction Survey ☐ Focus Group

☐ Usability Testing (e.g., Website or Software ☐ Small Discussion Group ☐ 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.

Typed Name of Requester	**Signature**	**Date**
Theresa Spriggs	*Theresa Spriggs*	9/18/2018

FOR USE BY ICC PROGRAM STAFF ONLY		

Bureau ICCO	**Signature**	**Date**
☐ Recommend ☐ Not Recommended		

DOI PRA Program Lead	**DOI Tracking Number**	**Signature**	**Date**
☐ Approved ☐ Not Approved			

TO ASSIST REVIEW, PLEASE PROVIDE ANSWERS TO THE FOLLOWING QUESTIONS:

Personally Identifiable Information *(Please consult with your Bureau/Office Privacy Act Officer)*

1. Will you collect any personally identifiable information (see OMB Circular No. A-130 for an explanation of this term)?
   ■ No ☐ Yes If "Yes," please consult with your Bureau/Office Privacy Act Officer.
2. If "Yes", is the information to be collected included in records that are subject to the Privacy Act of 1974?
   ☐ No ☐ Yes
3. If applicable, has a System or Records Notice (SORN) been published?
   ☐ No ☐ Yes If "Yes," please provide the title and FR citation below:
   Title of SORN: FR Citation for SORN

Gifts or Payments *(Please refer to OMB guidance "Questions and Answers When Designing Surveys for Information Collections")*

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? ■ No ☐ Yes *If "Yes", please describe the incentive and provide a justification for the amount:*

Federal Enterprise Architecture (FEA) Business Reference Model *(Check only one "Line of Business" and one "Subfunction." Refer to OMB guidance "FEA Consolidated Reference Model Document Version 2.3")*

Line of Business	Subfunction	Line of Business	Subfunction
☐ Community and Social Services	(Select One)	☐ Correctional Activities	(Select One)
☐ Defense and National Security	(Select One)	☐ Disaster Management	(Select One)
☐ Economic Development	(Select One)	☐ Education	(Select One)
☐ Energy	(Select One)	☐ Environmental Management	(Select One)
☐ General Science and Innovation	(Select One)	☐ Health	(Select One)
☐ Homeland Security	(Select One)	☐ Income Security	(Select One)
☐ Intelligence Operations	(Select One)	☐ International Affairs and Commerce	(Select One)
☐ Law Enforcement	(Select One)	☐ Litigation and Judicial Activities	(Select One)
☐ Natural Resources	(Select One)	☐ Transportation	(Select One)
☐ Workforce Management	(Select One)		

Burden Hour Calculation

Category of Respondent	Number of Annual Respondents	Number of Responses Each	Total Annual Responses	Participation Time	Total Burden Hours
State, Local, or Tribal Government	450	1	450	15 minutes	112.5

Federal Cost: *(Consult your Bureau/Office Information Collection Clearance Officer for assistance, if necessary)*

The estimated annual cost to the Federal government is $ 64,166.00 , based on: *(provide details below)*

Cost of the survey: $64,166.00

Sample Response to Federal Cost Question:
"If we receive 20 submissions and it takes 30 minutes to process and implement each one, then the total burden is $322.40 assuming a GS-7 step 5 is processing the submissions. Please note, however, that this custom form is a tool meant to accept submissions in a standard format rather than through the freeform submissions that would otherwise come in by personal email. Thus the existence of this form actually saves the government money by standardizing submissions and decreasing the workload of processing each one."

If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:
Selection of 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? ☐ No ■ Yes *If "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.*
Sample list provided by HRSA BPHC team--list of program participant email addresses which will receive survey invitation via email.
Sample Response to Question 1 Above: "Participants will self-select by choosing to follow the link to submit a resource. This is really no different than any website's "Contact Us" type of link; this submission form is only used by those who want to contribute to the toolkit. The "Submit a resource" link will be located on the bottom of the toolkit homepage."
Administration of the Instrument:
2. How will you collect the information? *(Check all that apply)*
■ Web-based or other forms of Social Media ☐ Telephone ☐ In-person
☐ Mail ☐ Other:
Use of Interviewers or Facilitators:
3. Will you use interviewers or facilitators? ■ No ☐ Yes
PLEASE SUBMIT SURVEY INSTRUMENT, INSTRUCTIONS, AND SCRIPTS WITH YOUR REQUEST.