(Rev. 09/2018)
U.S. Department of the Interior

OMB Control. No. 1090-0008
Expiration Date 09/30/2021

REQUEST FOR APPROVAL UNDER THE "E-GOVERNMENT WEBSITE CUSTOMER SATISFACTION SURVEYS"

See Page 4 for Instructions on Completing This Form

Title of Information Collection

Smithsonian Institution (SI) Survey IA 30610 Amend 4

Purpose

To measure website and mobile visitor satisfaction to SI.edu and SI.edu subdomains.

Description of Respondents

Web and mobile visitors to SI.edu

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
Luciana Adams		

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*
(Select One)	29344	1	29,344	4 min per response	1956

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

The estimated annual cost to the Federal government is $ $45,447.50 , based on: *(provide details below)*

***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.*

Survey respondents that meet sampling criteria for desktop and mobile, ie: 15% of visitors who click through to 3 or more pages could be eligible to participate in the survey.

***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.

Instructions for completing Request for Approval under the "E-Government Website Customer Satisfaction Surveys"

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 and how you will use this information collection. 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, OMB will return the collection as improperly submitted or they will disapprove your request.

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 Hour Calculation:

- *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. You may select only one category.
- *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 in minutes 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:

Selection of 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 you will collect the information. 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.

Submission of the Survey Instrument, Instructions and Scripts: You must submit a copy of the survey instrument, including all associated instructions and scripts. The survey instrument document must show the OMB Control Number 1090-0011 and Expiration Date 08/31/2018, along with the following Statements:

> **Paperwork Reduction Act Statement:** We are collecting this information subject to the Paperwork Reduction Act (44 U.S.C. 3501) to [insert brief justification for collection of information]. Your response is voluntary and we will not share the results publicly. We may not conduct or sponsor and you are not required to respond to a collection of information unless it displays a currently valid OMB Control Number. OMB has reviewed and approved this survey and assigned OMB Control Number 1090-0008, which expires 09/30/2021.
>
> **Estimated Burden Statement:** We estimate the survey will take you ## minutes to complete, including time to read instructions, gather information, and complete and submit the survey. You may submit comments on any aspect of this information collection to the Information Collection Clearance Officer, DOI/OSEOD/FCG, 1849 C Street NW Room 4043 Washington DC 20240 or fcg@ios.doi.gov.