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



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

See Page 4 for Instructions on Completing This Form

Title of Information Collection					
National Science Foundation NSF Survey IA 30	633 Amend 4				
Purpose					
1					
Measure website visitors					
satisfaction to Research.gov					
Description of Respondents					
Website visitors to Research.gov					
Type of Collection (Check One)					
	Z Customer Satisfaction Survey	☐ Focus Group			
Usability Testing (e.g., Website or Software	☐ Small Discussion Group	Other:			
Certification					
I certify the following to be true:					
<ol> <li>The collection is voluntary.</li> </ol>					
2. The collection is low-burden for respondents and low-cost for the Federal Government.					
<ol> <li>The collection is non-controversial and does not raise issues of concern to other federal agencies.</li> <li>The results are not intended to be disseminated to the public.</li> </ol>					
<ol> <li>Information gathered will not be used for the purpose of substantially informing influential policy decisions.</li> </ol>					
<ol><li>The collection is targeted to the solicitation of</li></ol>					
experience with the program in the future.	1-1				
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	r Signature		Date		
☐ Approved	3				
☐ Not Approved					

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TO ASSIST REVIEW, PL	EASE PROVIDE	ANSWERS TO THE	FOLLOWING QUE	STIONS:			
Personally Identifiable I	Information (Plea	ase consult with your	Bureau/Office Priva	acy Act Officer)			
<ol> <li>Will you collect any personally identifiable information (see OMB Circular No. A-130 for an explanation of this term)?</li></ol>							
Title of SORN: FR Citation for SORN						N	
Gifts or Payments (Plea	ase refer to OMB o	guidance "Questions	and Answers When	Designing Surv	eys 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 "		<u>Reference Model Do</u> ofunction	Line of Busi		Subfunctio	n e	
Community and Social Services	(Select One)		Correctiona Activities	1	ct One)		
Defense and National Security	(Select One)		Disaster Manageme	nt (Sele	ct One)		
☐ Economic Development	(Select One)		☑ Education		ct One)		
☐ Energy	(Select One)		☐ Environmer Manageme	/80/0	ct One)		
General Science and Innovation	(Select One)		☐ Health	☐ Health (Select			
☐ Homeland Security	(Select One)		☐ Income Sec		ct One)		
☐ Intelligence Operations	(Select One)		International and Comme	erce (Sele	ct One)		
Law Enforcement	(Select One)		Litigation ar Judicial Act	ivities (Sele	ct One)		
☐ Natural Resources ☐ Workforce	(Select One)		Transportat	ion (Sele	ct One)	-	
Management	(Select One)						
Burden Hour Calculatio	n	Al ad a section of	N	TrialArrant	Dedictoria	T. G. D. G.	
Category of Res	pondent	Number of Annual Respondents	Number of Responses Each	Total Annual Responses	Participation Time	Total Burden Hours	
(Select One)	,	1360	1	1360	4 min per responde		
Federal Cost: (Consult	your Bureau/Office	Information Collection	on Clearance Office		if necessary)		
The estimated annual cos	st to the Federal g	overnment is \$ \$29,	750.00 , based on	: (provide detai	ls below)		
Sample Response to Fe "If we receive 20 submiss assuming a GS-7 step 5 submissions in a standar. Thus the existence of this processing each one."	sions and it takes 3 is processing the s d format rather tha	30 minutes to process submissions. Please on through the freefor	note, however, that m submissions that	this custom forn would otherwise	n is a tool meant to e come in by persor	accept nal email.	

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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.
web visitors have the option to decline or accept the survey once invited.
Sample Response to Overtion 4 Above
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?
☑ <mark>No</mark> □ Yes
PLEASE SUBMIT SURVEY INSTRUMENT, INSTRUCTIONS, AND SCRIPTS WITH YOUR REQUEST.

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## 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.