OMB Control. No. 1090-0008 Expiration Date ##/##/####



Not Approved

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

See Page 4 for Instructions on Completing This Form **Title of Information Collection** Social Security Administration -Disability **Purpose** Measure satisfaction with online users of SSA's Disability application. **Description of Respondents** Applicants for disability benefits 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** Date Paulette M. Dashiell 8-19-2019 FOR USE BY ICC PROGRAM STAFF ONLY **Bureau ICCO** Signature Date Recommend Not Recommended DOI PRA Program Lead **DOI Tracking Number** Signature Date Approved

TO ASSIST REVIEW, F	PLEASE PROVIDE ANSWERS TO THE F	OLLOWING QUESTIONS:				
Personally Identifiable	Information (Please consult with your E	Bureau/Office Privacy Act O	Officer)			
 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. 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						
	102-10					
Gifts or Payments (Ple	ease refer to OMB guidance "Questions ar	nd Answers When Designin	g Surveys for Information			
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 Line of Business	"FEA Consolidated Reference Model Doc. Subfunction	ument Version 2.3") Line of Business	Subfuncti			
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 ☐ Workforce	_ (Select One)	☐ Transportation	(Select One)			
Management	(Select One)					
Burden Hour Calculation						
Category of Res		Number of Total Ar Responses Each Respon	nses Time	Total Burden Hours		
	3000	1 3000		250		
	your Bureau/Office Information Collection st to the Federal government is \$	Clearance Officer for assist , based on: (provide				

Selection of Targeted Respondents			
 Do you have a customer list (or something si sampling plan for selecting from this universe 	6.7		
No Yes If "Yes," please provide a provide a description of how you plan to iden	description of both below (or ntify your potential group of re	r attach the sampling plan). If the answer is espondents and how you will select them.	s no, please
Sample Response to Question 1 Above: "Participants will self-select by choosing to follow Us" type of link; this submission form is only used located on the bottom of the toolkit homepage."	the link to submit a resource by those who want to contril	. This is really no different than any website bute to the toolkit. The "Submit a resource"	s's "Contact link will be
"Participants will self-select by choosing to follow Us" type of link; this submission form is only used located on the bottom of the toolkit homepage." Administration of the Instrument:	t by those who want to contrib	. This is really no different than any website bute to the toolkit. The "Submit a resource"	e's "Contact link will be
"Participants will self-select by choosing to follow Us" type of link; this submission form is only used located on the bottom of the toolkit homepage." Administration of the Instrument:	t by those who want to contrib	. This is really no different than any website bute to the toolkit. The "Submit a resource"	e's "Contact link will be
"Participants will self-select by choosing to follow Us" type of link; this submission form is only used located on the bottom of the toolkit homepage." Administration of the Instrument:	t by those who want to contrib	. This is really no different than any website bute to the toolkit. The "Submit a resource" In-person	s's "Contact link will be
Participants will self-select by choosing to follow Js" type of link; this submission form is only used ocated on the bottom of the toolkit homepage." Administration of the Instrument: 2. How will you collect the information? (Check Web-based or other forms of Social Media	all that apply)	bute to the toolkit. The "Submit a resource"	s's "Contact link will be
'Participants will self-select by choosing to follow Us" type of link; this submission form is only used ocated on the bottom of the toolkit homepage." Administration of the Instrument: How will you collect the information? (Check Web-based or other forms of Social Media Mail	all that apply) Telephone	bute to the toolkit. The "Submit a resource"	s's "Contact link will be
"Participants will self-select by choosing to follow Us" type of link; this submission form is only used located on the bottom of the toolkit homepage." Administration of the Instrument: 2. How will you collect the information? (Check Web-based or other forms of Social Media Mail Jse of Interviewers or Facilitators:	all that apply) Telephone	bute to the toolkit. The "Submit a resource"	s's "Contact link will be
Participants will self-select by choosing to follow Js" type of link; this submission form is only used ocated on the bottom of the toolkit homepage." Administration of the Instrument: How will you collect the information? (Check Web-based or other forms of Social Media Mail	all that apply) Telephone	bute to the toolkit. The "Submit a resource"	s's "Contact link will be

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 1090-0011, which expires ##/######.



Not Approved

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

See Page 4 for Instructions on Completing This Form **Title of Information Collection** Social Security Administration -Extra Help **Purpose** Measure satisfaction with online users of SSA's Extra Help application. **Description of Respondents** Applicants for extra help for Medicare Prescription Plan Costs 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 Paulette M. Dashiell 8-19-2019 FOR USE BY ICC PROGRAM STAFF ONLY **Bureau ICCO** Signature Date ☐ Recommend Not Recommended DOI PRA Program Lead **DOI Tracking Number** Signature Date □ Approved

TO ASSIST REVIEW, P	LEASE PROVIDE	ANSWERS TO THE	E FOLLOWING QU	ESTIONS:		
Personally Identifiable	Information (Ple	ase consult with you	r Bureau/Office Pri	vacy Act Office	er)	V 1 220 U 1 2 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. If "Yes", is the information to be collected included in records that are subject to the Privacy Act of 1974? No Yes 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 (Ple	ase refer to OMB	guidance " <u>Questions</u>	and Answers Whe	n Designing S	urveys for Informa	tion Collections")
Is an incentive (e.g., mor "Yes", please describe the Federal Enterprise Arcl Refer to OMB guidance	nitecture (FEA) B	rovide a justification f	for the amount: Model (Check only	v one "Line of I		
Line of Business		bfunction	Line of Bus		Subfur	ection
Community and Social Services	(Select One)		☐ Correction Activities	al (S	elect One)	
Defense and National Security	(Select One)		☐ Disaster Manageme	ent (Se	elect One)	
☐ Economic Development	(Select One)		☐ Education	(001001 0110)		
☐ Energy	(Select One)			Environmental Management (Select One)		
General Science and Innovation	(Select One)		☐ Health	(Se	elect One)	
☐ Homeland Security	(Select One)		☐ Income Se		elect One)	
☐ Intelligence Operations	(Select One)		Internation and Comm	erce (Se	elect One)	
Law Enforcement	(Select One)		Litigation a Judicial Ac		elect One)	
Natural Resources	(Select One)		☐ Transporta	tion (Se	elect One)	
☐ Workforce Management	(Select One)					
Burden Hour Calculatio	n III.					
Category of Res	pondent	Number of Annual Respondents	Number of Responses Each	Total Annua Responses		Total Burden Hours
ndividuals/Households		2500	1	2500	4	166.66
Federal Cost: (Consult your Bureau/Office Information Collection Clearance Officer for assistance, if necessary) The estimated annual cost to the Federal government is \$, based on: (provide details below)						
	- 12 m. 2 . Oddraf gt		, Maseu OI	(piovide del	una <i>be</i> rowj	

OMB Control. No. 1090-0008 Expiration Date ##/##/###

If you are conducting a focus group, survey, o following questions:	r plan to employ statis	tical methods, please provide answers to the			
Selection of Targeted Respondents					
sampling plan for selecting from this universe	?	iverse of potential respondents and do you have a			
■ 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 Response to Question 1 Above: "Participants will self-select by choosing to follow to	he link to submit a resou	rce. This is really no different than any website's "Contact			
Us" type of link; this submission form is only used located on the bottom of the toolkit homepage."	by those who want to co	ntribute to the toolkit. The "Submit a resource" link will be			
Administration of the Instrument:					
2. How will you collect the information? (Check a	all that apply)				
Web-based or other forms of Social Media	☐ Telephone	☐ In-person			
☐ Mail	Other:				
Use of Interviewers or Facilitators:	Mary and Mary and a	全规范外是以下,实现在是实现的是是不够			
3. Will you use interviewers or facilitators?					
■ No ☐ Yes					
PLEASE SUBMIT SURVEY INSTRU	JMENT, INSTRUCTION	S, AND SCRIPTS WITH YOUR REQUEST.			

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 1090-0011, which expires ##/##/####.

OMB Control. No. 1090-0008 Expiration Date ##/#####



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

See Page 4 for Instructions on Completing This Form

Title of Information Collection							
Social Security Administrati	Social Security Administration -iClaim						
Purpose							
Measure satisfaction with o	nline users of SSA's iClair	n application.					
Description of Responder Individuals applying for SSA							
Type of Collection (Check	One)						
☐ Customer Comment Ca	rd/Complaint Form 🔳	Customer Satisfaction Survey	☐ Focus Group				
☐ Usability Testing (e.g., V	Vebsite 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	1.11	Date			
Paulette M. Dashiell		Paulith M. Du	nur				
	FOR USE	BY ICC PROGRAM STAFF ONL	Υ				
Bureau ICCO Recommend Not Recommended		Signature		Date			
DOI PRA Program Lead Approved Not Approved	DOI Tracking Number	Signature		Date			

_	ASSIST REVIEW, P						AND ENDA	
	Personally Identifiable Information (Please consult with your Bureau/Office Privacy Act Officer)							
	 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. If "Yes", is the information to be collected included in records that are subject to the Privacy Act of 1974? No Yes 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							
	fts or Payments (Ple						Collections")	
Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? In 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."								
Re	fer to OMB guidance "	FEA Consolidated	l Reference Model D	ocument Version 2.	3")		MI - Calendar	
	Line of Business	Sul	bfunction	Line of Bus		Subfuncti	on	
	Community and Social Services	(Select One)		Correction Activities	^{a/} (Selec	t One)		
Ш	Defense and National Security	(Select One)		☐ Disaster Manageme	ent (Selec	t One)		
	Economic Development	(Select One)		☐ Education	(Selec	t One)		
	Energy	(Select One)			Environmental Management (Select One)			
	General Science and Innovation	(Select One)		☐ 'Health	(Select	t One)		
	Homeland Security	(Select One)		☐ Income Se	curity (Select	t One)		
	Intelligence Operations	(Select One)		☐ International	al Affairs (Soloci	,		
	Law Enforcement	(Select One)		Litigation a Judicial Ac	nd (Salasi	t One)		
	Natural Resources	(Select One)		☐ Transporta		One)		
	Workforce Management	(Select One)						
Bu	rden Hour Calculatio	n						
	Category of Res	nondent	Number of Annual Respondents	Number of Responses Each	Total Annual Responses	Participation Time	Total Burden Hours	
Indiv	viduals/Households	Sondon	7500	1	7500	5	625	
Fed	deral Cost: (Consult y	our Bureau/Office	Information Collection	on Clearance Office	er for assistance, if	necessary)		
The	e estimated annual cos	at to the Federal go	overnment is \$, based or	n: (provide details	below)		

OMB Control. No. 1090-0008 Expiration Date ##/##/###

If you are conducting a focus group, survey, o following questions:	r plan to employ statist	ical methods, please provide answers to the
Selection of Targeted Respondents	SUR PORT OF A PART OF A PA	
Do you have a customer list (or something sir sampling plan for selecting from this universe	?	verse of potential respondents and do you have a
■ No ☐ Yes If "Yes," please provide a control of how you plan to ident	lescription of both below ify your potential group o	(or attach the sampling plan). If the answer is no, please frespondents and how you will select them.
Sample Response to Question 1 Above: "Participants will self-select by choosing to follow t Us" type of link; this submission form is only used located on the bottom of the toolkit homepage."	he link to submit a resour by those who want to cor	rce. This is really no different than any website's "Contact atribute to the toolkit. The "Submit a resource" link will be
Administration of the Instrument:		
2. How will you collect the information? (Check a	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 INSTRI	JMENT, INSTRUCTIONS	S, AND SCRIPTS WITH YOUR REQUEST.

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 1090-0011, which expires ##/##/####.

OMB Control. No. 1090-0008 Expiration Date ##/#####



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

See Page 4 for Instructions on Completing This Form

Purpose Measure satisfaction with online users of SSA's Busine		
	ess Services Online application.	
Measure satisfaction with online users of SSA's Busine	ess Services Online application.	
	·	
David Control of the		
Description of Respondents		
Businesses, representative payee, administrative		
Type of Collection (Check One)		
	Customer Satisfaction Survey	
	Small Discussion Group	
Certification		
I certify the following to be true:		
 The collection is voluntary. The collection is low-burden for respondents an 	ad low cost for the Foderal Covernment	
The collection is non-controversial and does not also also also also also also also also	t raise issues of concern to other federal agencies.	
The results are not intended to be disseminated	d to the public.	
 Information gathered will not be used for the pu The collection is targeted to the solicitation of or 	rpose of substantially informing influential policy de pinions from respondents who have experience wit	cisions. h the program or may have
experience with the program in the future.		
Typed Name of Requester	Signature 1	Date
Paulette M. Dashiell	faulttu M. Kashill	8-19-2019
	BY ICC PROGRAM STAFF ONLY	
	Signature	Date
	Signature	Date
☐ Approved ☐ Not Approved		
Typed Name of Requester Paulette M. Dashiell FOR USE E Bureau ICCO Recommend Not Recommended	Signature M. Kushill Signature	8-19-2019

TO A	TO ASSIST REVIEW, PLEASE PROVIDE ANSWERS TO THE FOLLOWING QUESTIONS:						
	sonally Identifiable I						
2.	 Will you collect any personally identifiable information (see OMB Circular No. A-130 for an explanation of this term)? No						
-	Title of SORN: FR Citation for SORN						
	or Payments (Plea						
"Yes	incentive (e.g., mon ", please describe the eral Enterprise Arch	e incentive and pr	ovide a justification f	or the amount:		1,300	☐ Yes If
	r to OMB guidance "						
	ine of Business Community and		ofunction	Line of Bus		Subfuncti	on
5	Social Services	(Select One)		Activities	(Selec	t One)	
	Defense and Vational Security	(Select One)		☐ Disaster Manageme	ent (Selec	t One)	
_	Economic Development	(Select One)		☐ Education	(Selec	t One)	
	Energy	(Select One)		☐ Environme Manageme	/5:0100	t One)	
	General Science and Innovation	(Select One)		☐ Health	(Selec	t One)	
	Homeland Security	(Select One)		☐ Income Se		t One)	
	ntelligence Operations	(Select One)		International and Comm	erce (Selec	t One)	
	aw Enforcement	(Select One)		Litigation a Judicial Ac		t One)	
	Natural Resources	(Select One)		☐ Transporta	tion (Selec	t One)	
^	Norkforce Management	(Select One)					
Burd	en Hour Calculation	1					
	Category of Resp	oondent	Number of Annual Respondents	Number of Responses Each	Total Annual Responses	Participation Time	Total Burden Hours
	e Sector		15,000	1	15,000	3	750
Fede	ral Cost: (Consult y	our Bureau/Office	Information Collection	on Clearance Office	er for assistance, i	necessary)	31.7
The e	The estimated annual cost to the Federal government is \$, based on: (provide details below)						

If you are conducting a focus group, survey, or following questions:	plan to employ statisti	cal methods, please provide answers to the			
Selection of Targeted Respondents					
sampling plan for selecting from this universe?		rerse of potential respondents and do you have a			
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 Response to Question 1 Above:					
"Participants will self-select by choosing to follow the Us" type of link; this submission form is only used be located on the bottom of the toolkit homepage."	ne link to submit a resource by those who want to con	ce. This is really no different than any website's "Contact tribute to the toolkit. The "Submit a resource" link will be			
Administration of the Instrument:					
2. How will you collect the information? (Check a	ll 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 INSTRU	MENT, INSTRUCTIONS	, AND SCRIPTS WITH YOUR REQUEST.			

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 1090-0011, which expires ##/##/####.



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

See Page 4 for Instructions of				
Title of Information Collect	tion			
Social Security Administration	on -iAppeals			
Purpose				
Purpose Measure satisfaction with or	nline users of SSA's iAppe	eals application.		
Description of Respondent Individuals or parties acting of		a medical or non-medical ruling regarding eligi	bility for benefits.	
Type of Collection (Check	One)			
☐ Customer Comment Car	rd/Complaint Form	Customer Satisfaction Survey	Group	
☐ Usability Testing (e.g., V	Vebsite or Software	Small Discussion Group		
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	
Paulette M. Dashiell		Soulth M. Dashel	8-19-2019	
	FOR USE	BY ICC PROGRAM STAFF ONLY		
Bureau ICCO ☐ Recommend ☐ Not Recommended		Signature	Date	
DOI PRA Program Lead Approved Not Approved	DOI Tracking Number	Signature	Date	

processing each one."

TO ASSIST REVIEW, PLE						
Personally Identifiable Inf	ormation (Ple	ase consult with you	r Bureau/Office Pri	vacy Act Officer)		
 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. If "Yes", is the information to be collected included in records that are subject to the Privacy Act of 1974? No Yes 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	e refer to OMB	quidance "Questions	and Answers Who	n Designing Sung	ove for Information	Callactions"
Is an incentive (e.g., money	or reimbursem	ent of expenses, tok	en of appreciation)	provided to partici	pants? No	Yes If
"Yes", please describe the in	ncentive and pr	ovide a justification f	or the amount:			
31						
Federal Enterprise Archite Refer to OMB guidance "FE	ecture (FEA) B	usiness Reference Reference Model D	Model (Check only ocument Version 2	y one "Line of Busi .3")	iness" and one "S	ubfunction."
Line of Business		ofunction	Line of Bus		Subfuncti	on
Community and Social Services	Select One)		☐ Correction Activities	al (Selec	t One)	
National Security .	Select One)		☐ Disaster Manageme	ent (Selec	t One)	
☐ Economic Development	Select One)		☐ Education	(Selec	t One)	
	Select One)		☐ Environme Manageme		t One)	
General Science (Sand Innovation	Select One)		☐ Health	(Selec	t One)	
	Select One)		☐ Income Se	curity (Selec	t One)	
☐ Intelligence Operations (S	Select One)		☐ Internation and Comm	(90,00	t One)	
Law Enforcement (S	Select One)		Litigation a Judicial Ac		t One)	
	Select One)		☐ Transporta	tion (Selec	t One)	
iviariagement	Select One)					
Burden Hour Calculation	réas de la				Maraya II (VIII)	
Category of Respon	ndent	Number of Annual Respondents	Number of Responses Each	Total Annual Responses	Participation Time	Total Burden Hours
Individuals/Households		2000	1	2000	5	166.66
Federal Cost: (Consult you						
The estimated annual cost to	the Federal go	overnment is \$, based or	n: (provide details	below)	
T-						
Sample Response to Feder "If we receive 20 submissions			and implement ea	ch one, then the to	otal burden is \$32	2.40
assuming a GS-7 step 5 is pr	rocessing the s	ubmissions. Please r	ote, however, that	this custom form i	s 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

If you are conducting a focus group, survey, or following questions:	plan to employ statistic	al methods, please provide answers to the		
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 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 a	ll 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 INSTRU	MENT, INSTRUCTIONS,	AND SCRIPTS WITH YOUR REQUEST.		

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 1090-0011, which expires ##/##/####.



☐ Approved☐ Not Approved

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

See Page 4 for Instructions on Completing This Form **Title of Information Collection** Social Security Administration - MySSA Purpose Measure satisfaction with online users of SSA's iAppeals application. **Description of Respondents** Retirees, Citizens, Users of MySSA portal Type of Collection (Check One) ☐ Customer Comment Card/Complaint Form Customer Satisfaction Survey ☐ Focus Group Other: ☐ Small Discussion Group ☐ Usability Testing (e.g., Website or Software 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. Date Typed Name of Requester Signature 8-19-2019 Paulette M. Dashiell FOR USE BY ICC PROGRAM STAFF ONLY **Bureau ICCO** Signature Date ☐ Recommend Not Recommended Date DOI PRA Program Lead **DOI Tracking Number** Signature

processing each one."

TO ASSIST REVIEW, P	LEASE PROVIDE	ANSWERS TO THE	FOLLOWING QUI	ESTIONS:		AAT CALL
Personally Identifiable						
 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. If "Yes", is the information to be collected included in records that are subject to the Privacy Act of 1974? No Yes If applicable, has a System or Records Notice (SORN) been published? 						
Title of SORN:						RN
Gifts or Payments (Pla	ase refer to OMR	quidance "Questions a	and Answers When	Designing Sung	evs for Information	n Collections")
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 Arc Refer to OMB guidance					iness and one s	SUDTUNCTION.
Line of Business	Su	bfunction	Line of Bus	iness	Subfuncti	ion
Community and Social Services	(Select One)		Corrections Activities	(Selec	t One)	
☐ Defense and National Security	(Select One)		☐ Disaster Manageme	nt (Selec	t One)	
☐ Economic Development	(Select One)		☐ Education		t One)	
☐ Energy	(Select One)		Environmer Manageme	(8000	t One)	
General Science and Innovation	(Select One)		☐ Health	-	t One)	
☐ Homeland Security	(Select One)		☐ Income Sec		t One)	
Intelligence Operations	(Select One)		Internations	erce (Selec	t One)	
☐ Law Enforcement	(Select One)		Litigation au Judicial Act		t One)	
☐ Natural Resources	(Select One)		☐ Transportat	ion (Selec	t One)	
☐ Workforce Management	(Select One)					
Burden Hour Calculation	on	Number of Annual	Number of	Total Annual	Participation	Total Burden
Category of Res	pondent		Responses Each	Responses	Time	Hours
Individuals/Households	D 10.55	200000	1	200000	4	13,333
Federal Cost: (Consult your Bureau/Office Information Collection Clearance Officer for assistance, if necessary) The estimated annual cost to the Federal government is \$, based on: (provide details below)						
The estimated annual co.	st to the Federal g	overnment is \$, 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

OMB Control. No. 1090-0008 Expiration Date ##/##/####

following questions:	r plan to employ statist	ical methods, please provide answers to the
Selection of Targeted Respondents		
sampling plan for selecting from this universe'		verse of potential respondents and do you have a
■ No ☐ Yes If "Yes," please provide a of provide a description of how you plan to identify	lescription of both below ify your potential group o	(or attach the sampling plan). If the answer is no, please frespondents and how you will select them.
Sample Response to Question 1 Above: "Participants will self-select by choosing to follow the Us" type of link; this submission form is only used located on the bottom of the toolkit homepage."	ne link to submit a resou by those who want to co	rce. This is really no different than any website's "Contact ntribute to the toolkit. The "Submit a resource" link will be
Administration of the Instrument:		
2. How will you collect the information? (Check a	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 INSTRU	JMENT, INSTRUCTION	S, AND SCRIPTS WITH YOUR REQUEST.

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:



Recommend

Approved Not Approved

☐ Not RecommendedDOI PRA Program Lead

DOI Tracking Number

Signature

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

See Page 4 for Instructions on Completing This Form **Title of Information Collection** Social Security Administration - Retirement Estimator **Purpose** Measure satisfaction with online users of SSA's Retirement Estimator application. **Description of Respondents** Retirees, future retirees, citizens 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 Paulette M. Dashiell 8-191-2019 FOR USE BY ICC PROGRAM STAFF ONLY **Bureau ICCO** Signature Date

Date

TO ASSIST REVIEW,	PLEASE PROVIDE	ANSWERS TO THE	FOLLOWING QU	ESTIONS:		100
Personally Identifiab						
 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. If "Yes", is the information to be collected included in records that are subject to the Privacy Act of 1974? No Yes 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 (F						
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		function	Line of Bus		Subfuncti	on
☐ Community and Social Services	(Select One)		☐ Correction Activities	al (Se	lect One)	
Defense and National Security	(Select One)		☐ Disaster Manageme	ent (Se	lect One)	
☐ Economic Development	(Select One)		☐ Education		lect One)	
☐ Energy	(Select One)		☐ Environme Manageme	/60	lect One)	
☐ General Science and Innovation	(Select One)		☐ Health	(Sel	lect One)	
Homeland Security	(Select One)		☐ Income Se		lect One)	
☐ Intelligence Operations	(Select One)		Internation and Comm	erce (Sel	lect One)	
☐ Law Enforcement	(Select One)		Litigation a Judicial Ac		lect One)	
☐ Natural Resources	(Select One)		☐ Transporta	tion (Se	lect One)	
☐ Workforce Management (Select One)						
Burden Hour Calculation						
Category of Re	espondent	Number of Annual Respondents	Number of Responses Each	Total Annual Responses	l Participation Time	Total Burden Hours
Individuals/Households		5,500	1	5,500	4	367
Federal Cost: (Consult your Bureau/Office Information Collection Clearance Officer for assistance, if necessary)						
The estimated annual o	ost to the Federal gov	vernment is \$, based or	n: (provide deta	ails below)	=

OMB Control. No. 1090-0008 Expiration Date ##/#####

f you are conducting a focus group, survey, or following questions:	plan to employ statist	ical methods, please provide answers to the
Selection of Targeted Respondents		
sampling plan for selecting from this universe?		verse of potential respondents and do you have a
■ No ☐ Yes If "Yes," please provide a de provide a description of how you plan to identif	escription of both below ly your potential group of	(or attach the sampling plan). If the answer is no, please frespondents and how you will select them.
		ă.
Sample Response to Question 1 Above:	a link to submit a resour	ce. This is really no different than any website's "Contact
Us" type of link; this submission form is only used blocated on the bottom of the toolkit homepage."	y those who want to cor	ntribute to the toolkit. The "Submit a resource" link will be
Administration of the Instrument:		
2. How will you collect the information? (Check a	ll 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 INSTRU	MENT, INSTRUCTIONS	S, AND SCRIPTS WITH YOUR REQUEST.

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: