



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

See Page 4 for Instructions on Completing This Form

Title of Information Collection			
Mobile website survey for IRS			
Purpose			
Collect information for Dept of Treasury, IRS regarding the visitors' experience on their mobile site.			
Description of Respondents			
Citizens, taxpayers			
Type of Collection (Check One)			
<input type="checkbox"/> Customer Comment Card/Complaint Form		<input checked="" type="checkbox"/> Customer Satisfaction Survey	
<input type="checkbox"/> Usability Testing (e.g., Website or Software)		<input type="checkbox"/> Focus Group	
<input type="checkbox"/> Small Discussion Group		<input type="checkbox"/> 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
Vicki L Price		<i>Vicki L Price</i>	8/20/19
FOR USE BY ICC PROGRAM STAFF ONLY			
Bureau ICCO		Signature	Date
<input type="checkbox"/> Recommend			
<input type="checkbox"/> Not Recommended			
DOI PRA Program Lead	DOI Tracking Number	Signature	Date
<input type="checkbox"/> Approved			
<input type="checkbox"/> 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
<input type="checkbox"/> Community and Social Services	(Select One)	<input type="checkbox"/> Correctional Activities	(Select One)
<input type="checkbox"/> Defense and National Security	(Select One)	<input type="checkbox"/> Disaster Management	(Select One)
<input type="checkbox"/> Economic Development	(Select One)	<input type="checkbox"/> Education	(Select One)
<input type="checkbox"/> Energy	(Select One)	<input type="checkbox"/> Environmental Management	(Select One)
<input type="checkbox"/> General Science and Innovation	(Select One)	<input type="checkbox"/> Health	(Select One)
<input type="checkbox"/> Homeland Security	(Select One)	<input type="checkbox"/> Income Security	(Select One)
<input type="checkbox"/> Intelligence Operations	(Select One)	<input type="checkbox"/> International Affairs and Commerce	(Select One)
<input type="checkbox"/> Law Enforcement	(Select One)	<input type="checkbox"/> Litigation and Judicial Activities	(Select One)
<input type="checkbox"/> Natural Resources	(Select One)	<input type="checkbox"/> Transportation	(Select One)
<input type="checkbox"/> 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)	200,000	1	200,000	3 mins	10,000

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)*

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 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)*
- | | | |
|--|------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Web-based or other forms of Social Media | <input type="checkbox"/> Telephone | <input type="checkbox"/> In-person |
| <input type="checkbox"/> Mail | <input type="checkbox"/> 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.