

Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 1651-0136)

TITLE OF INFORMATION COLLECTION: Reimbursable Services Program Stakeholder Feedback

PURPOSE: The purpose of this information collection is to gauge the level of satisfaction of stakeholders of the Reimbursable Services Program. This program falls under the Office of Field Operations Alternative Funding Programs. The recipients include private sector and government entities that have entered into reimbursable services agreements with CBP.

DESCRIPTION OF RESPONDENTS: An email invitation to complete the survey will be sent to stakeholders of the Reimbursable Services Program. The purpose of the survey is to gauge the satisfaction of each stakeholder with the program.

TYPE OF COLLECTION: (Check one)

- | | |
|--|---|
| <input type="checkbox"/> Customer Comment Card/Complaint Form | <input type="checkbox"/> Customer Satisfaction Survey |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software) | <input type="checkbox"/> Small Discussion Group |
| <input type="checkbox"/> Focus Group | <input checked="" type="checkbox"/> Other: <u>Online survey</u> |

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.

Name: Ryan Flanagan

To assist review, please provide answers to the following question:

Personally Identifiable Information: Select either Yes or No for each question.

1. Is personally identifiable information (PII) collected? Yes No
2. If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974? Yes No
3. If Yes, has an up-to-date System of Records Notice (SORN) been published? Yes No

Gifts or Payments: Select one.

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? Yes No

BURDEN HOURS

Category of Respondent	No. of Respondents	Time per response	Total Annual Burden
Private Sector & State, local, or tribal governments	24	10 minutes	4 hours
Totals	24	10	4

Burden time – This is actually calculated by the survey tool, as the number of questions is determined by the mode in which the stakeholder receives services. The survey is 50 questions long, but it uses logic to direct you to either Air, Land or Sea questions. Therefore, all users will be answering fewer than 50 questions.

FEDERAL COST: The estimated annual cost to the Federal Government associated with the review of these surveys is \$120.86. This is based on the number of responses that must be reviewed (24) multiplied by (x) the time burden to review and process each response (5 minutes or .083 hours) = 2 hours multiplied by (x) the average hourly loaded rate for other CBP employees (\$60.43)¹ = \$120.86.

PUBLIC COST: The estimated cost to the respondents is \$288. This is based on the estimated burden hours (4) multiplied by (x) the average loaded hourly wage rate for mid-level managers (\$72.16). CBP calculated this loaded wage rate by first multiplying the Bureau of Labor Statistics’ (BLS) 2016 median hourly wage rate for General and Operations Managers (\$47.74), which CBP assumes best represents the wage for mid-level managers, by the ratio of BLS’ average 2016 total compensation to wages and salaries for Management, Business, and Financial occupations (1.4965), the assumed occupational group for mid-level managers, to account for non-salary employee benefits.^{2,3} CBP then adjusted this figure, which was in 2015 U.S. dollars, to 2017 U.S. dollars by applying a 1.0 percent annual growth rate to the figure, as recommended by the U.S. Department of Transportation’s value of travel time guidance.⁴

1 CBP bases this wage on the FY 2017 salary and benefits of the national average of other CBP positions, which is equal to a GS-12, Step 7. Source: Email correspondence with CBP’s Office of Finance on June 14, 2017.

2 Source of median wage rate: U.S. Bureau of Labor Statistics. Occupational Employment Statistics, “May 2016 National Occupational Employment and Wage Estimates, United States- Median Hourly Wage by Occupation Code.” Updated March 31, 2017. Available at http://www.bls.gov/oes/2016/may/oes_nat.htm. Accessed June 20, 2017.

3 The total compensation to wages and salaries ratio is equal to the calculated average of the 2016 quarterly estimates (shown under Mar., June, Sep., Dec.) of the total compensation cost per hour worked for Management, Business, and Financial occupations (\$68.6550) divided by the calculated average of the 2016 quarterly estimates (shown under Mar., June, Sep., Dec.) of wages and salaries cost per hour worked for the same occupation category (\$45.8775). Source of total compensation to wages and salaries ratio data: U.S. Bureau of Labor Statistics. Employer Costs for Employee Compensation. Employer Costs for Employee Compensation Historical Listing March 2004 – March 2017, “Table 3. Civilian workers, by occupational group: employer costs per hours worked for employee compensation and costs as a percentage of total compensation, 2004-2017 by respondent type.” June 20, 2017. Available at <http://www.bls.gov/ncs/ect/sp/ecqcqrtn.pdf>. Accessed June 20, 2017.

4 Source: U.S. Department of Transportation, Office of Transportation Policy. *The Value of Travel Time Savings:*

If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:

The selection of your 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?
[x] Yes [] No

If the answer is 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?

Attached is a list of those who have entered into the program.

Administration of the Instrument

1. How will you collect the information? (Check all that apply)
[x] Web-based or other forms of Social Media
[] Telephone
[] In-person
[] Mail
[] Other, Explain
2. Will interviewers or facilitators be used? [] Yes [] No

Please make sure that all instruments, instructions, and scripts are submitted with the request. The following materials are submitted with this form: the survey in MS Word, the surveys as they will be presented online (HTML archive file), and emails to be sent to the respondents (invitation).