

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

---

**TITLE OF INFORMATION COLLECTION:**

*2018 U.S. Customs and Border Protection Concept Testing Survey*

**PURPOSE:**

This survey will be conducted on behalf of U.S. Customs and Border Protection (CBP), an agency of the Department of Homeland Security (DHS). The purpose of the survey is to test a collection of potential recruitment branding concepts. The data will assist CBP in developing a new strategic recruitment and marketing strategy that will enhance the agency’s competitiveness in recruiting and retaining high quality employees.

**DESCRIPTION OF RESPONDENTS:**

The 2018 U.S. Customs and Border Protection Concept Testing Survey will be conducted with a variety of adult participant’s ages 18-35 years and will range in awareness of CBP, psychographics, demographics, and past experiences. No participants will be current CBP employees.

**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>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:

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

**Personally Identifiable Information:**

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:**

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	Participation Time	Total Burden
Adults ages 18-35 years	3000	15 minutes	750 hours
<b>Totals</b>	<b>3000</b>	<b>15 minutes</b>	<b>750 hours</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is \$ 535,196.70 as per a contract with Ogilvy to complete the survey.

**PUBLIC COST:** The estimated cost to the respondents is \$19,897. This is based on the estimated burden hours (750) multiplied by (x) the average loaded hourly wage rate for U.S. workers (\$26.53). CBP calculated this loaded wage rate by first multiplying the Bureau of Labor Statistics' (BLS) 2017 median hourly wage rate for all U.S. occupations (\$18.12) by the ratio of BLS' average 2017 total compensation to wages and salaries for all U.S. workers (1.4643) to account for non-salary employee benefits.<sup>1,2</sup>

**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?  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

For the *2018 U.S. Customs and Border Protection Brand Reputation Survey* we will use a non-probability online panel to obtain 3,000 (survey) completes with adults ages 18-35 years.

**Administration of the Instrument**

1. How will you collect the information? (Check all that apply)

<sup>1</sup> Source: U.S. Bureau of Labor Statistics. Occupational Employment Statistics, "May 2017 National Occupational Employment and Wage Estimates United States- Median Hourly Wage for All Occupations." Updated March 30, 2018. Available at [https://www.bls.gov/oes/current/oes\\_nat.htm#00-0000](https://www.bls.gov/oes/current/oes_nat.htm#00-0000). Accessed May 2, 2018.

<sup>2</sup> The total compensation to wages and salaries ratio is equal to the calculated average of the 2017 quarterly estimates (shown under Mar., June, Sep., Dec.) of the total compensation cost per hour worked for All Workers (\$35.5175) divided by the calculated average of the 2017 quarterly estimates (shown under Mar., June, Sep., Dec.) of wages and salaries cost per hour worked for All Workers (\$24.2550). 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 – December 2017, "Civilian workers, by major occupational group: employer costs per hours worked for employee compensation and costs as a percentage of total compensation, 2004-2017 for All Workers." March 2018. Available at <https://www.bls.gov/web/ecec/ececqrtn.pdf>. Accessed May 2, 2018.

- 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.**

---

**Instructions for completing Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback”**

---

**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 of the purpose of this collection and how it will be used. 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, the collection will be returned as improperly submitted or it will be disapproved.

**Personally Identifiable Information:** Provide answers to the questions. Note: Agencies should only collect PII to the extent necessary, and they should only retain PII for the period of time that is necessary to achieve a specific objective.

**Gifts or Payments:** If you answer yes to the question, please describe the incentive and provide a justification for the amount.

**BURDEN HOURS:**

**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. Only one type of respondent can be selected per row.

**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 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:**

**The selection of your 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 the information will be collected. 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.

**Submit all instruments, instructions, and scripts with the Request for Approval**