

**Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 1652-0058)**

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**TITLE OF INFORMATION COLLECTION:** TSA Product Feedback Survey

**PURPOSE:** To gather information on the value of TSA intelligence products to the respondents

**DESCRIPTION OF RESPONDENTS:** Transportation Security Stakeholders, including State, Local, and tribal government entities, as well as transportation industry entities.

**TYPE OF COLLECTION:** (Check one)

- Customer Comment Card/Complaint Form       Customer Satisfaction Survey  
 Usability Testing (such as Website or Software)       Small Discussion Group  
 Focus 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.

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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, is the information that will be collected included in records that are subject to the Privacy Act of 1974?  Yes  No
3. If Applicable, has a System or Records Notice been published?  Yes  No

**Gifts or Payments:**

Is an incentive (such as money or reimbursement of expenses, token of appreciation) provided to participants? [ ] Yes [ X ] No

**BURDEN HOURS**

Table 1

<b>Category of Respondent</b>	<b>No. of Respondents</b>	<b>Participation Time (Hours)</b>	<b>Burden (Hours)</b>
State, Local, or tribal governments	75	0.083	6.25
<b>Totals</b>	<b>75</b>	<b>0.083</b>	<b>6.25</b>

TSA estimates the hour burden cost to the respondent State, Local, or tribal transportation entities, as well as transportation industry entities, by multiplying the hour burden times the fully loaded hourly compensation wage for State and Local government workers. TSA uses a fully loaded compensation wage of \$52.45<sup>1</sup> to represent the respondents for purposes of this information collection request (ICR). TSA estimates an annual hour burden cost of \$327.81 (6.25 hours x \$52.45 compensation wage) to State, Local, or tribal government entities for purposes of this ICR.

**FEDERAL COST:** The estimated annual cost to the Federal government is \$600.60. TSA estimates a Program Analyst will spend 5 minutes processing each feedback form, and a Program Manager will spend 10 minutes reviewing one form each month. See Table 2.

Table 2

<b>TSA Position and Grade</b>	<b>Average Hourly Loaded Rate of Pay</b>	<b>Estimated Number of Hours</b>	<b>Estimated Number of Annual Reviews</b>	<b>Estimated Annual Cost to the Federal Government</b>
Program Manager/ K-Band	\$92.24	0.167	12	\$184.85
Program Analyst/ I-Band	\$66.79	0.083	75	\$415.75
<b>Total Estimated Annual Cost to the Federal Government</b>				<b>\$600.60</b>

<sup>1</sup> Employer costs for employee compensation total compensation (fully-loaded wage) rate for State and local Government workers Table 3, U.S. Bureau of Labor Statistics. Retrieved from [https://www.bls.gov/news.release/archives/ecec\\_06182020.htm](https://www.bls.gov/news.release/archives/ecec_06182020.htm) on 08/27/2020.

**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?

For purposes of this collection, the potential group of respondents consists of all Transportation Security Stakeholders that read a TSA Transportation Security Information product. This includes members of State and Local governments as well as transportation security members from the private sector, but to date, all respondents have described themselves as belonging to either a State, Local, or tribal government entity. Completing and submitting the survey is voluntary. There is no sampling plan intended; all valid responses will be used.

**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  
[ X ] Mail  
[ ] Other, Explain
2. Will interviewers or facilitators be used? [ ] Yes [ X ] No

**Please make sure that all instruments, instructions, and scripts are submitted with the request.**