## DOCUMENTATION FOR THE GENERIC CLEARANCE

**OF CUSTOMER SERVICE SATISFACTION COLLECTIONS**

# TITLE OF INFORMATION COLLECTION: 2020 Virtual FSA Training Conference (FSATC) Pre-Conference Survey

**[ X] SURVEY [ ] FOCUS GROUP [ ] SOFTWARE USABILITY TESTING**

**DESCRIPTION OF THIS SPECIFIC COLLECTION**

Specify all relevant information, including

1. intended purpose: Poll past and potential participants to gain a consensus of interest in this year’s 2020 virtual FSATC.
2. need for the collection: Collection is needed to evaluate overall interest and expectations for the upcoming virtual conference.
3. planned use of the data: Assist conference management team with anticipating needs, interests,  and expectation of conference.  Data will help in the proper execution of event (i.e. most popular sessions to present, duration of each session, availability of participants to attend sessions, etc.).
4. date(s) and location(s): Polling would need to take place during session content development process, in August 2020 using a web-based survey system. The event is slated for December 1-4, 2020.
5. collection procedures: Poll survey using e-mail being sent from our contractor, ASK
6. number of focus groups, surveys, usability testing sessions: There will be a single survey poll sent to all participants.
7. description of respondents/participants: Estimate of 5,000 participants

*State whether the data collection will be completed one time, will be collected on an annual basis, or other.*

As of now, to accommodate the new way of training being offered due to COVID-19, this will be a one-time collection.

*Attach a copy of the proposed collection instrument, e.g., survey questions, focus group script, usability testing plan. If a focus group also includes a survey, include both.*

**AMOUNT OF ANY PROPOSED STIPEND OR INCENTIVE**

N/A

**BURDEN HOUR COMPUTATION** *(Number of responses (X) estimated response or participation time in minutes (/60) = annual burden hours):*

|  |  |  |  |
| --- | --- | --- | --- |
| **Category of Respondent** | **No. of Respondents** | **Participation Time** | **Burden** |
| Individual | 5,000 | 7 minutes | 583 |
|  |  |  |  |
| **Totals** | **5000** |  | **583** |

**BURDEN COST COMPUTATION** *(this is only required when a stipend is being offered)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category of Respondent** | **No. of Respondents** | **Hourly**  **Rate** | **Response Time** | **Total** |
| N/A |  |  |  |  |
|  |  |  |  |  |
| **Totals** |  |  |  |  |

**STATISTICAL INFORMATION**

***If statistical methods are to be used, fully describe the methodology, sample selection, expected response rates, and any other concepts needed to provide a full understanding of those methods.***

N/A

**REQUESTED APPROVAL DATE:** As soon as possible, Conference Management Team would like to get this sent out within the next week to allow adequate time for customer completion and management analysis.

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