

**Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 1670-0027)**

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**TITLE OF INFORMATION COLLECTION:**

Critical Infrastructure Stakeholder Feedback Survey: Product or Tool Feedback

**PURPOSE:**

The NPPD Office of Infrastructure Protection (IP) leads and coordinates national programs and policies on critical infrastructure security and resilience and has established strong partnerships across government and the private sector. IP would like to collect cross-sector events feedback from its stakeholders in order to improve IP products or tools. Survey results will help to ensure IP product and tools’ continued utility to IP stakeholders in the private sector and state, local, territorial and tribal governments in furtherance of IP’s core mission to strengthen the security and resilience of the Nation’s critical infrastructure through collaborative and integrated efforts of the critical infrastructure community. For example, when a division of IP conducts a training, or provides a produce or tool for use, IP would like to be able to collect feedback from users to improve future products and tools.

The Product or Tool Feedback Survey will gather feedback on respondents’ experiences with education products on Active Shooter Preparedness, Critical Infrastructure Stakeholder training, and HSIN-CI webinars. The survey will be used to help assess participants’ satisfaction with such events and identify areas for improvement. Information will be collected through mobile PDF forms that will be distributed by e-mail and submitted to an e-mail inbox. Information will also be collected through paper surveys that will be distributed and collected in person. Surveys submitted to an e-mail inbox will be separated from e-mail addresses and saved and stored in a DHS/NPPD/IP network folder in a manner that will not reveal information about the submitter.

**DESCRIPTION OF RESPONDENTS:**

Private sector, Federal, State, Local, and Tribal government employees who participate in the events identified above. Participants will be asked to voluntarily complete a survey.

**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"/> Small Discussion Group                  |
| <input type="checkbox"/> Focus 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.

Name: Ms. Ryan Donaghy, Analyst, DHS/NPPD/IP and Ms. Stephanie Woods, Program Planning and Evaluation Lead, DHS/NPPD/IP/SOPD

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

**BURDEN HOURS**

Type of Respondent (State, local, tribal, territorial, or private sector) <small>[Estimated from 2016 metrics]</small>	Number of Respondents	Number of Responses per Respondent	Average Burden per Response (in hours)	Total Annual Burden (in hours)	Average Hourly Wage Rate	Total Annual Respondent Cost
Executives	900	1	0.033 (2 minutes)	30	\$125.09	\$3753
Management Analyst	56500	1	0.033 (2 minutes)	1865	\$61.77	\$115201
Security Analyst	56577	1	0.033 (2 minutes)	1867	\$62.76	\$117173
<b>Totals</b>	<b>113,977</b>			<b>3762</b>		<b>\$ 236,127</b>

It is estimated that 900 executives will spend a total of 30 hours at an average rate of **\$125.09** (\$89.35 base wage rate x 1.4 benefit multiplier = \$125.09) (source: <https://www.bls.gov/Oes/current/oes111011.htm>); 56500 management analysts at an average rate of **\$61.77** (\$44.12 base wage rate x 1.4 benefit multiplier = \$61.77) (source: <https://www.bls.gov/oes/current/oes131111.htm>); and 56577 security analysts at an average rate of **\$62.76** (\$44.83 base wage rate x 1.4 benefit multiplier = \$62.76) (source: <https://www.bls.gov/oes/current/oes151122.htm>), for an estimated total annual respondent cost of \$236,127.

**FEDERAL COST:** The estimated annual cost to the Federal government is \$2,552.40

It is estimated that 1 analyst at a GS level 13, Step 1 will be spending approximately 40 hours annually to review, analyze, and assimilate survey responses.

Using the FY17 (Washington-Baltimore-Northern Virginia) GS pay scale, the fully-loaded wage rate for a GS13, Step 1 is \$ 63.81 ( $\$ 94,796 \text{ annual salary} / 2080 = \$45.58 \text{ base wage rate} \times 1.4 \text{ benefit multiplier} = \$ 63.81 \text{ fully-loaded wage rate}$ ).

The annual government cost is estimated to be \$ 2,552.40 (40 hours annually x \$63.81 = \$2,552.40).

### **STATISTICAL METHOD:**

**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?

Recipients are determined by standard distribution lists dependent upon product type.

#### **Administration of the Instrument**

1. How will you collect the information? (Check all that apply)  
[ ] Web-based or other forms of Social Media  
[ ] Telephone  
[ ] In-person  
[ ] Mail  
[X] Other (email response)

Surveys will be submitted to an e-mail inbox. Surveys will be separated from e-mail addresses and saved and stored in DHS/NPPD/IP network folder in a manner that will not reveal information about the submitter.

2. Will interviewers or facilitators be used? [ ] Yes [X] No

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