

**Request for Approval under the “Improving Customer Experience
(OMB Circular A-11, Section 280 Implementation)”
(OMB Control Number: 0503-0024)**

TITLE OF INFORMATION COLLECTION: Membership Form for network members for USDA Rural Development’s Rural Workforce Innovation Network (RWIN).

PURPOSE:

What are you hoping to learn / improve? How do you plan to use what you learn? Include any artifacts your team may develop (user persona, journey map, design roadmap, data to submit as part of compliance with A-11 CX Feedback data collection) as a result of this collection.

The purpose of this survey is to collect membership information from external organizations who wish to update or seek membership in the USDA Rural Development (RD)’s RWIN initiative. Collection of this information will provide a consistent, reliable method of tracking contact information of RWIN members and support effective communication between RD’s Innovation Center and RWIN members. It will also assist RD’s Innovation Center in understanding the geographic reach of network members and their service territories. This information may be used to identify gaps in membership and target RD’s outreach to organizations that might fill those gaps.

TYPE OF ACTIVITY: (Check one)

- Customer Research (Interview, Focus Groups)
- Customer Feedback Survey
- User Testing

DESCRIPTION OF ACTIVITY

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

2. Who will you collect the information from?
Existing and new members of the RWIN network. This includes educational institutions, non-governmental organizations, private sector businesses, and public entities (i.e., local, state, federal, and tribal governments).

3. How will you ask a respondent to provide this information?
The Strategic Engagement Division of RD’s Innovation Center will distribute the membership form through a link located on the RWIN webpage (link currently is not active).

4. What will the activity look like?

Outreach to potential new members will occur in coordination with RD's Office of External Affairs, who will publish press releases on the agency's website, social media outlets, and/or email lists and newsletters.

5. Please provide your question list.
Please see attached survey.

6. When will the activity happen?
This activity will be on-going throughout calendar year 2021.

Personally Identifiable Information: None.

Gifts or Payments: Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? [] Yes [x] No

CERTIFICATION:

I certify the following to be true:

1. The collections are voluntary;
2. The collections are low-burden for respondents (based on considerations of total burden hours or burden-hours per respondent) and are low-cost for both the respondents and the Federal Government;
3. The collections are non-controversial and do not raise issues of concern to other Federal agencies;
4. Any 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 near future;
5. Personally identifiable information (PII) is collected only to the extent necessary and is not retained;
6. Information gathered is intended to be used for general service improvement and program management purposes
7. Upon agreement between OMB and the agency all or a subset of information may be released as part of A-11, Section 280 requirements only on performance.gov. Summaries of customer research and user testing activities may be included in public-facing customer journey maps.
8. Additional release of data will be coordinated with OMB.

Name: Lauren Rayburn

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden Hours
Education centers and associations	70	3 minutes	3.5
Non-profit organizations	235	3 minutes	11.75
Private sector businesses	50	3 minutes	2.5
State, local, or tribal governments and economic development associations	40	3 minutes	2
Totals	395		19.75 hours

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

All instruments used to collect information must include:

OMB Control No. 0503-0024

Expiration Date: 4/30/2023

HELP SHEET
(OMB Control Number: 0503-0024)

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.

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: 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.

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.