## Request for Approval under the “Improving Customer Experience (OMB Circular A-11, Section 280 Implementation)”

## (OMB Control Number: 0503-XXXX)

**TITLE OF INFORMATION COLLECTION:** XXX

**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.*

XXX

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

[ ] Customer Research

[ ] Customer Feedback Survey *(if selecting this option, include survey instrument tool with this submission, and identify how if at all it deviates from the standard A-11 questions + two free response questions. Your desk officer will need to work with you to determine if non-A-11 questions are ok to report on publicly)*

[ ] User Testing of Services and Digital Products

**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

**For Customer Research and User Testing Services:**

*Explain who will be interviewed and why the group is appropriate for the Federal program / service to connect with. Do you have a list of customers to reach out to (e.g., intercept interviews at a particular field office)? Please provide a description of how you plan to identify your potential group of respondents and if only a sample will be solicited for feedback, how you will select them.*

XXX

*Generally describe the information collection activity – e.g. will facilitators or interviewers be used? What will respondents be asked? Or, what actions will you observe / how will you have respondents interact with a product you need feedback on?*

XXX

**For Customer Feedback Survey:**

*Explain who will be surveyed and why the group is appropriate for the Federal program / service to connect with. Do you somehow have a list of customers to reach out to (e.g., email addresses of individuals who have visited a service center in the past month)? Please provide a description of how you plan to identify your potential group of respondents and if only a sample will be solicited for feedback, how you will select them.*

XXX

**Gifts or Payments:**

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? [ ] Yes [ ] 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BURDEN HOURS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category of Respondent**  | **No. of Respondents** | **Participation Time** | **Burden****Hours** |
|  |  |  |  |
|  |  |  |  |
| **Totals** |  |  |  |

**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-XXXX**

**Expiration Date: XX/XX/XXXX**

## Instructions for completing Request for Approval under the “Improving Customer Experience (OMB Circular A-11, Section 280 Implementation)”

**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:** 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.

**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 applicable, 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.