Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback" (OMB Control Number: 0690-0030)

TITLE OF INFORMATION COLLECTION: STAR/NCEI Sea Surface Temperature (SST) User Needs Survey

PURPOSE: The NOAA Center for Satellite Applications and Research (STAR) – National Center for Environmental Information (NCEI) SST Working Group (hereafter "SST WG") is tasked with developing an optimized long term SST product(s). This survey seeks to find the best path forward on long-term sea surface temperature time series data NOAA provides to various users. There are known issues with the current available products and users inside NOAA have indicated the products fail to meet their needs and they spend an inordinate amount of time cobbling together a time series that does meet their needs. Program needs were identified from prior internal and external NOAA/NESDIS management inquiries about users and their requirements. Products and Services are provided online via the NOAA CoastWatch website.

DESCRIPTION OF RESPONDENTS: Customers (users) range from stakeholders and decision-makers in federal, state, and local agencies (including the military), and academic researchers, and also include commercial users and the general public.

TYPE OF COLLECTION: (Check one)

[] Customer Comment Card/Complaint Form [] Usability Testing (e.g., Website or Software [] Focus Group	[X] Customer Satisfaction Survey [] Small Discussion Group [] Other:
CERTIFICATION:	
 I certify the following to be true: The collection is voluntary. The collection is low-burden for respondents and The collection is non-controversial and does no agencies. The results are not intended to be disseminated Information gathered will not be used for the pupolicy decisions. The collection is targeted to the solicitation of control experience with the program or may have experience 	t raise issues of concern to other federal to the public. urpose of substantially informing influential opinions from respondents who have
Name: Veronica Lance	

To assist review, please provide answers to the following question:

Personally Identifiable Information:

- 1. Is personally identifiable information (PII) collected? [] Yes [X] No
- 2. If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974? [] Yes [] No
- 3. If Yes, has an up-to-date System of Records Notice (SORN) been published? [] Yes [] No

Gifts or Payments:

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

BURDEN HOURS

Category of Respondent	No. of	Participation	Burden
	Respondents	Time	Hours
Business or other For Profit	250	15 min	63
Totals	250		63

FEDERAL COST: The estimated annual cost to the Federal government is _\$757 Wage rate calculated using a ZP-2 in Rest of U.S. Locality at 1% effort.

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?

The universe of potential respondents includes: 1) anyone who has elected to receive our email list, or those website visitors that voluntarily click the survey link; 2) anyone who has taken NOAA CoastWatch satellite data training courses for whom we have contact information; 3) historical contact lists of users of similar "legacy" data SST products at NCEI; 4) user contacts through current collaborative work at the SOCD SST science teams; 5) and anyone who is referred to the survey through NOAA CoastWatch Regional Nodes.

The sampling plan will be emailing the survey link embedded within a newsletter to past, current, or future users of the CoastWatch products and services who have signed up for this newsletter. The survey link will also be emailed to those listed above. An announcement with a link to the survey will also be carried on the NOAA CoastWatch Regional Node websites and on the NESDIS/STAR website

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
	[] 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.

All instruments used to collect information must include:

OMB Control No. 0690-0030 Expiration Date: XX/XX/XXXX

Instructions for completing Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback"

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: Provide answers to the questions. 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.

FEDERAL COST: Provide an estimate of the annual cost to the Federal government.

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 the answer is yes, to the first question, 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.

Submit all instruments, instructions, and scripts are submitted with the request.