U.S. Department of State

REQUEST FOR APPROVAL UNDER THE "GENERIC CLEARANCE FOR THE COLLECTION OF ROUTINE CUSTOMER FEEDBACK"
OMB CONTROL NUMBER: 1405-0193

Title of Information Collection	Feedback Survey

Purpose

The Department of State, Office of Passport Services is conducting a customer survey for walk-in customers in order to gather feedback of customer experience during agency visits and identify improvement that could maximize appointments available and ensure Passport agencies are able to accommodate all customers with urgent travels. The survey is intended to be conducted as a one-time survey as part of the Customer Experience Analysis that Deloitte contractor will be doing in conjunction with the 2017 production standards evaluation site visits.

Description of Respondents

Passport applicants who wish to provide feedback about their experience while visiting agencies.

Type of Collection: *(Check one)*

☐ Customer Comment Card/Complaint Form	☒ Customer Satisfaction Survey
☐ Usability Testing *(e.g., Web site or Software)*	☐ Small Discussion Group
☐ Focus Group	☐ 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 <u>not</u> raise issues of concern to other Federal agencies.
4. The results are <u>not</u> intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of <u>substantially</u> informing <u>influential</u> 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 *(Last, First, MI)*			Title
Jazavac	Benjamin		Program Analyst

Signature	Date *(mm-dd-yyyy)*

TO ASSIST REVIEW, PLEASE PROVIDE ANSWERS TO THE FOLLOWING QUESTIONS.

Personally Identifiable Information

1. Is personally identifiable information *(PII)* collected? ☐ Yes ☒ No

   a. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974? ☐ Yes ☐ No

2. If Applicable, has a System of 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			
Category of Respondent	Number of Respondents	Participation Time *(Minutes)*	Burden Hours
Individuals or Households	4,000	5	333.33
Totals	4,000	5	333.33

FEDERAL COST

The estimated annual cost to the Federal government is $11,520.00

IF YOU ARE CONDUCTING A FOCUS GROUP, SURVEY, OR PLAN TO EMPLOY STATISTICAL METHODS, 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? ☐ 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.

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

   ☐ Other, Explain

2. Will interviewers or facilitators be used? ☐ Yes ☒ No

PLEASE MAKE SURE THAT ALL INSTRUMENTS, INSTRUCTIONS, AND SCRIPTS ARE SUBMITTED WITH THE REQUEST.

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INSTRUCTIONS

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.

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.

    Number 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 by the participation time, and then 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.

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