

**Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 3090-0297)**

Req-31

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**TITLE OF INFORMATION COLLECTION:** Catalog Management User Research

**PURPOSE:**

As a part of the Federal Marketplace strategy, GSA is modernizing its catalog management capabilities to ensure that the catalog data associated with products and services offered through GSA is reliable, up to date, and accurate for customer consumption. By modernizing our catalog management capabilities, customers will be able to more easily search, filter, compare, identify, purchase, and receive offerings that meet their requirements. In order to improve our catalog management infrastructure, we are seeking the input of GSA contract holders (“vendors”) so that we can build a future state in line with industry best practices and improve the catalog experience for customers and vendors alike.

**DESCRIPTION OF RESPONDENTS:** Respondents will be members of the industry community who currently hold a Multiple Award Schedule (MAS) contract

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

- |  |   |
|--|---|
| <input type="checkbox"/> Customer Comment Card/Complaint Form          | <input type="checkbox"/> Customer Satisfaction Survey |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software) | <input type="checkbox"/> Small Discussion Group       |
| <input checked="" 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:** Rebecca Kauffman **Phone:** 215-380-4277

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, 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 SORN [CIO-3](#), Document Number: 2014-19071

**If PII is collected, please provide a brief statement regarding why PII is necessary, how it will be stored and for how long, and how it will be destroyed once the collection is over.**

The only PII collected will be name, email address, and the company name of the MAS contract holder. This PII will be used to communicate with participants and is publicly available on GSA eLibrary. PII will be destroyed at the end of the focus groups, and only the company name will be stored on GSA’s instance of Google Applications.

**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 Respondents	Participation Time	Burden
Private Sector	100	120 minutes	200 Hours
<b>Totals</b>		12,000	200 Hours

**FEDERAL COST:** The estimated annual cost to the Federal government is \$3000.

**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?

- 1) Our contact list is being cultivated through our acquisition centers closest to the vendor community, where they are identifying contract holders who frequently utilize our systems, regularly offer robust feedback, and will have the insights needed to develop a new catalog management environment that positively improves customer experience.
- 2) From this list, we will ensure that participants are reflective of the universe of respondents including small business designation, current method of catalog management, size of catalog, and industry the contractor holder sells in to ensure we are being reflective of our overall catalog management environment

**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, Explain – conferencing platforms (e.g. Google Meet)

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

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

## Instructions for completing Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback”

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**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 in a separate file.**