# Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback" (OMB Control Number: 2010-0042)

### TITLE OF INFORMATION COLLECTION:

Customer Satisfaction Survey for state government officials that participated in the Office of Research and Development's FY2019-2022 strategic research planning and implementation process.

#### **PURPOSE:**

The Office of Research and Development (ORD) is requesting approval to conduct one Customer Satisfaction Survey. ORD would like to collect this data from state government officials that are participating in ORD's FY2019-2022 strategic research planning and implementation process. This data can be used to determine ways state outreach and engagement during ORD's strategic research planning and implementation can be improved. ORD is seeking a multi-year clearance for these surveys as we expect to continue to engage with these and additional state government officials every 12 months.

#### **DESCRIPTION OF RESPONDENTS:**

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

17 state government officials participated on 15 Research Area Coordination teams during the ORD's FY2019-2022 strategic research planning and implementation process and we estimate that all participants will respond to the survey.

[x] Customer Satisfaction Survey
[ ] Small Discussion 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: Lisa Matthews

Senior Advisor and State Liaison Office of Research and Development

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

## **Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected? [ ] Yes [x] No

<ol> <li>If Yes, is the information that will be collected included Privacy Act of 1974? [ ] Yes [ ] No</li> <li>If Applicable, has a System or Records Notice been</li> </ol>		J	he
<b>Gifts or Payments:</b> Is an incentive (e.g., money or reimbursement of expension participants? [ ] Yes [x ] No	ses, token of app	reciation) provide	d to
BURDEN HOURS			
Category of Respondent	No. of Respondents	Participation Time	Burden
State, local, and tribal governments	17x3 years=51	10 minutes per response	8.5 hours
Totals	51	10	8.5 hours
<ul> <li>FEDERAL COST: There is no estimated annual cost in the selection of your targeted respondents</li> <li>1. Do you have a customer list or something similar the respondents and do you have a sampling plan for selection.</li> </ul>	to employ statis at defines the un lecting from this	stical methods, pl	
If the answer is yes, please provide a description of both the answer is no, please provide a description of how you respondents and how you will select them?	,		•
Administration of the Instrument  1. How will you collect the information? (Check all the [x] Web-based or other forms of Social Media [] Telephone [] In-person [] Mail [] Other, Explain	at apply)		

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