

**Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 1910-5160)**

**TITLE OF INFORMATION COLLECTION:** Internal Communications Questionnaire to Gauge employee perceptions and attitudes around communications.

**PURPOSE:** We will conduct an online survey of current and potential users of the Lab Partnering Service (LPS) website labpartnering.org. The survey will focus on understanding users’ characteristics, experience with the website, resources used within the technology transfer process, and general expectations.

The goals of the study include:

- Learn more about the current and prospective users of labpartnering.org
- Assess user awareness of the website
- Find out how and where to market the website
- Gather names of volunteers to participate in future research about the website (e.g. interviews, usability studies, etc.)
- Inform user personals

**DESCRIPTION OF RESPONDENTS:** Labpartnering.org users and potential users. The team proposes distributing the survey in several channels:

- Link on the Lab Partnering Service website
- Additional channels could include:
  - LPS team advertising the survey at any upcoming events
  - Emails to LPS team’s network from trade shows
  - Emails to DOE labs contacts and asking them to share the survey with their networks
  - Office of Technology Transfer’s (OTT) lists and website
  - DOE’s, LPS’, OTT’s and labs’ social media posts
  - DOE programs’ networks
  - Publicizing the survey through the Federal Lab Consortium
  - Engaging Launch Tennessee to publicize the survey through their networks
  - Engaging Samsung to publicize the survey to its network of academic researchers

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

- |                                                                                  |                                                       |
|----------------------------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Customer Comment Card/Complaint Form                    | <input type="checkbox"/> Customer Satisfaction Survey |
| <input checked="" type="checkbox"/> Usability Testing (e.g., Website or Software | <input type="checkbox"/> Small Discussion Group       |
| <input 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: Laura Burke

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 12.5**

Category of Respondent	No. of Respondents	Participation Time	Burden
Private Sector	150	5 minutes	12.5
<b>Totals</b>	<b>150</b>	5 minutes	<b>12.5</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is \$6,400 – the Office of Technology Transitions has funded an \$80,000 comprehensive User Study – an estimated 8% of the consulting firm’s time is dedicated to creating, maintaining, analyzing and reporting the UX Survey component.

**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?  
[ ] Yes [X ] 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?

Yes, I have an email distribution list of employees and contractors who will receive the survey. The survey will be written to accommodate a wide variety of stakeholders in this group and, in this case, audience segmentation is not necessary.

### **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.**

### **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.