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

TITLE OF INFORMATION COLLECTION: *DOE Office of Legacy Management Stakeholder Satisfaction Survey*

PURPOSE:
The objective of this information collection is to gather stakeholder feedback in an efficient, timely manner on the Department of Energy's (DOE) Office of Legacy Management (LM) to ensure that users have an effective, efficient, and satisfying experience with the program. This feedback will provide insight into stakeholder perceptions, experiences, and expectations; and it will guide where LM might improve delivery of communications services. Responses will be assessed to inform LM's communications planning and master narrative to improve or maintain the quality of service offered to stakeholders and ultimately advance LM's mission. The goal is to leverage feedback to improve LM's communications and more effectively reach and engage key stakeholder audiences. If this information is not collected, vital feedback from stakeholders on LM will be unavailable.

DESCRIPTION OF RESPONDENTS:
Online questionnaire among LM's stakeholders using LM's stakeholder database. The questionnaire will be approximately 15 minutes in length (no more than 30 questions) and will include closed questions only. This survey is estimated to have 750 survey completes. Survey programming will begin upon OMB approval of this information collection request.

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:
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: Kristen Holmes, DOE Office of Legacy Management
Temporary contact # 509-376-5803, or cell: 518-681-2428

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 Respondents**	**Participation Time**	**Burden**
(3) State, local, or tribal governments	750	0.25 hours	187.5 hours
Totals	750	0.25 hours	**187.5 hours**

FEDERAL COST: The estimated annual cost to the Federal government is $52,729.05.

This cost has been estimated using the following anticipated hours for DOE contactor staff to develop, execute, and report on the Stakeholder Satisfaction Survey at the contractor's established DOE rates – (1) Senior Vice President, 10 hours ($279.65/hour), (2) Vice President, 70 hours ($191.40/hour), (3) Senior Account Executive, 85 hours ($128.83/hour), (4) Account Executive, 115 hours ($117.78/hour) and (5) Assistant Account Executive, 65 hours ($110.42/hour) – as well as $4,862 in Other Direct Costs (ODCs).

<u>If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:</u>

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?

LM will contact all stakeholders from its LM Stakeholders Database through email and postcard, inviting them to participate in the study and providing a link to the online survey. The link to the survey will be distributed via LM, and it will invite them to fill out the online survey voluntarily.

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.

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.

<u>If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:</u>

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.