

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

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**TITLE OF INFORMATION COLLECTION:**

**PURPOSE:**

We aim to conduct a survey of key stakeholders who have worked with our team in the Minority Educational Institutions Division (MEI) at the U.S. Department of Energy (DOE). As we work to enhance our services and future strategies, we want to capture the opinions and feedback of those who have worked with our office. This survey aims to assess the various aspects of their experiences with MEID, such as program offerings, staff interactions, informational sessions, partnerships, and overall feedback. Responses will be kept confidential and be used for future annual reports.

**DESCRIPTION OF RESPONDENTS:**

All stakeholders who have interacted with our office, such as university leaders, community members, nonprofit organization representatives, faculty members, students, researchers, and other government officials.

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

- |  |  |
|--|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form          | <input checked="" type="checkbox"/> Customer Satisfaction Survey |
| <input 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: Nabih Haddad\_\_\_\_\_

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

**Gifts or Payments:**

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants?  Yes  No

**BURDEN HOURS**

We do not know how many people will voluntarily take this survey. It will be sent to all stakeholders who interact with our office, such as (1) Individuals or Households; (2) Private Sector; (3) State, local, or tribal governments; or (4) Federal Government..

Category of Respondent	No. of Respondents	Participation Time	Burden
	3,000	10 minutes	30,000 mins/ 500 hours
<b>Totals</b>			

**FEDERAL COST:** The estimated annual cost to the Federal government is 0.

**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  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?

It will be sent to those who have reached out/interacted with our office. This will not be a systematic survey, but more of a way to gauge their satisfaction and ensure we are helping those who reached out.

**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.**

**Here is the link:**

[https://doehqhumancapital.gov1.qualtrics.com/jfe/form/SV\\_1AnsDNXx3DndbE2](https://doehqhumancapital.gov1.qualtrics.com/jfe/form/SV_1AnsDNXx3DndbE2)

***Here is the survey:***

*We are currently conducting an end of year survey of key stakeholders who have worked with our team in the Minority Educational Institutions Division (MEID) at the U.S. Department of Energy (DOE). As we work to enhance our services and future strategies, your opinions and feedback are very important to us. As such, we welcome all recommendations you provide. This survey aims to assess the various aspects of your experiences with MEID, such as program offerings, staff interactions, informational sessions, partnerships, and overall feedback. Responses will be kept confidential. By taking this survey, you agree that we store and analyze data for future reports.*

- *Overall, how satisfied are you with your most recent interaction with the Minority Educational Institutions Division?*
- *Did the information sessions provide solutions to your problems?*
- *Were the opportunities clear and accessible?*
- *Did you feel prepared to take next steps to access opportunities?*
- *Are there any additional topics you would like to learn more about in regard to DOE's initiatives in support of minority serving institutions, minority businesses and underserved communities? If so, please elaborate.*
- *Did the DOE webinars assist you in your Science, Technology, Engineering, and Mathamtics (STEM) education (internships, financial, advanced career education, educational changes and career preparation)?*
- *On a scale from 1-5 (from "extremely easy" to "not at all"), was the information easy to understand?*
- *Is there a more effective way to share information with stakeholders? Please explain.*
- *How did you find out about events (marketing material, colleagues, direct email, website)? Please explain.*
- *Were you motivated to apply for opportunities at educational institutions or national laboratories?*

- *What technical assistance have you received from DOE and which program office provided the support. Please note how beneficial and what could be improved.*
- *What technical assistance have you received from other agencies. Please list the agency, type of assistance and how beneficial it was to you and how it can be improved.*

## **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.