

**DOCUMENTATION FOR THE GENERIC CLEARANCE  
OF CUSTOMER SERVICE SATISFACTION COLLECTIONS**

---

**TITLE OF INFORMATION COLLECTION: Impact of COVID-19 Institutional Survey**  
*(the name of the collection that is the subject of the 10-day review request)*

**SURVEY**       **FOCUS GROUP**       **SOFTWARE USABILITY TESTING**

**DESCRIPTION OF THIS SPECIFIC COLLECTION**

Specify all relevant information, including

1. intended purpose: The purpose of this anonymous survey is to gather information to determine the impact of COVID-19 on the Spring return to operational status of the Minority-Serving and Under-Resourced schools we serve in order to plan training for these institutions.
2. need for the collection: To gain customer feedback.
3. planned use of the data: Specific feedback will help us in developing content for planning to better assist our schools with adjusted calendars and/or instructional methodologies due the COVID-19.
4. date(s) and location(s): 12.28.20 This survey is an online survey.
5. collection procedures: Participants will be sent a link to the electronic survey
6. number of focus groups, surveys, usability testing sessions: One survey per university
7. description of respondents/participants. Financial Aid Administrators, or their designated representatives

*State whether the data collection will be completed one time, will be collected on an annual basis, or other. **One Time***

*Attach a copy of the proposed collection instrument, e.g., survey questions, focus group script, usability testing plan. If a focus group also includes a survey, include both.*

**AMOUNT OF ANY PROPOSED STIPEND OR INCENTIVE**

**BURDEN HOUR COMPUTATION** *(Number of responses (X) estimated response or participation time in minutes (/60) = annual burden hours):*

<b>Category of Respondent</b>	<b>No. of Respondents</b>	<b>Participation Time</b>	<b>Burden</b>
	731	5 minutes	61
<b>Totals</b>	<b>731</b>	<b>5</b>	<b>61 hours</b>

**Not an A-11 survey**

**BURDEN COST COMPUTATION** *(this is only required when a stipend is being offered)*

<b>Category of Respondent</b>	<b>No. of Respondents</b>	<b>Hourly Rate</b>	<b>Response Time</b>	<b>Total</b>
N/A				
<b>Totals</b>				

**STATISTICAL INFORMATION**

*If statistical methods are to be used, fully describe the methodology, sample selection, expected response rates, and any other concepts needed to provide a full understanding of those methods.*

**REQUESTED APPROVAL DATE: 1/11/2021**

**NAME OF CONTACT PERSON: Freda Donald**

**TELEPHONE NUMBER: 202 377-3600**

**MAILING LOCATION: UCP Rm 31J1, 830 First Street NE, Washington, DC 20202**

**ED DEPARTMENT, OFFICE: Federal Student Aid/Partner Technical Assistance Group/Minority-Serving and Under-Resourced Schools Division**