

DOCUMENTATION FOR THE GENERIC CLEARANCE OF CUSTOMER SERVICE SATISFACTION COLLECTIONS

Not an A-11 submission

TITLE OF INFORMATION COLLECTION: Natural Disaster Impact Information
(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: **To determine the operational status of the domestic and foreign Title IV eligible institutions in the wake of a natural disaster.**
2. need for the collection: **To help determine if there is structural damage to buildings and any effects on educational programming delivery to students which will require ED assistance.**
3. planned use of the data: **Internal to ED to assess the need for Title IV waivers and flexibilities.**
4. date(s) and location(s): **The survey will be used on an as needed basis.**
5. collection procedures: **The survey will be sent electronically to the President and copied to the Financial Aid Administrator and returned electronically .**
6. number of focus groups, surveys, usability testing sessions: **One survey will be sent to each affected institution after a disaster. In some cases, the same institution will be affected by multiple disasters and will be sent the survey following each instance.**
7. description of respondents/participants. **Title IV participating institutions that may be or have been impacted by a natural disaster.**

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):

Category of Respondent	No. of Responses	Participation Time	Burden
Public Institutions	1,112	30 minutes	556
Private, Not-for-Profit Institutions	745	30 minutes	373
For-Profit Institutions	813	30 minutes	407
Totals	2,670	-	1,336

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

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

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.

N/A

REQUESTED APPROVAL DATE: 3/1/2021

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ED DEPARTMENT, OFFICE: FSA