Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback" (OMB Control Number: 3133-0188)

TITLE OF INFORMATION COLLECTION: CURE Customer Satisfaction Survey

PURPOSE: The Credit Union Resources and Expansion (CURE) office of NCUA is interested in obtaining feedback directly from stakeholders to learn their perspective of the quality of customer service our office provides when addressing matters pertaining to the Consumer Access Divisions, such as inquiries made by credit unions involving field of membership and information about federal share insurance coverage. Internal inquires would include requests for information or guidance on a proposed chartering actions or potential rulemaking actions. .

The Consumer Access Divisions would initiate the survey by providing a link via an email and the feedback will be used to identify training needs and make process improvements when possible.

DESCRIPTION OF RESPONDENTS: Respondents will include internal and external stakeholders. The internal stakeholders include NCUA employees and potentially Board level staff. External stakeholders will primarily be credit union employees and officials, but will also include credit union organizers, representatives of trade organizations, and members of the public.

TYPE OF COLLECTION: (Check one)

[ ] Customer Comment Card/Complaint Form   [X] Customer Satisfaction Survey
[ ] Usability Testing (e.g., Website or Software   [ ] Small Discussion Group
[ ] Focus 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.

Sign: _____Robert C. Leonard_____   Date: ___*5/1/19*_____

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 [N/A] No

3. If Yes, has an up-to-date System of Records Notice (SORN) been published? [ ] Yes [N/A] 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 Hours
NCUA Staff (Federal Government Internal Staff)	60	5 Minutes	5
Credit Unions (Private Sector)	240	5 Minutes	20
Consumers (Individuals)	60	5 Minutes	5
Totals	**300**		**25**

FEDERAL COST: $ 25,000.

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: 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?

> We do not have specific respondents identified. The universe for both internal and external parties will depend upon the number of people asking the Consumer Access Divisions to complete a task and then are willing to complete an optional survey.

Administration of the Instrument

1. How will you collect the information? (Check all that apply)
   [X]   Web-based or other   [ ]   In-person
          forms of Social Media   [ ]   Mail
   [ ]   Telephone   [X]   Other, Explain –Survey Monkey
   (email_

2. Will interviewers or facilitators be used?   [ ] Yes   [X] No

Please make sure that all instruments, instructions, and scripts are submitted with the request.