

Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 1103-0117)

TITLE OF INFORMATION COLLECTION: OJP Satisfaction Survey

PURPOSE:

Rate criminal justice programs on a scale form 1-5 based on whether the program produces beneficial, harmful, or neutral effects; how long any beneficial effects last; and how confident experts are in the research findings.

DESCRIPTION OF RESPONDENTS:

Individuals or households

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: Angela Scarborough

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

Category of Respondent	No. of Respondents	Participation Time	Burden
Website visitor	7,789	2.48	322
Totals			

<u>Module</u> List all surveys here	<u>Avg. Yearly Hours Spent Per Respondent</u>	<u>FY 2023 Number of Respondents</u>	<u>Hourly Burden</u>
BJA Desktop	2.5 min	235	9.8
DOJ OVC Desktop Browse	3.5 min	300	17.5
OJJDP Desktop	3.3 min	175	9.62
SMART Desktop	2.5 min	50	2.08
DOJ OVC Email Newsletter	3.0 min	150	7.5
OJJDP Email Newsletter	3.3 min	149	8.19
SMART Mobile	2.5 min	25	1.04
BJS Mobile Browse	3.5 min	40	2.3
DOJ OVC Mobile Browse	3.5 min	145	8.5
OJJDP Mobile	3.5 min	40	2.33
BJS V2 (Desktop)	3.5 min	300	17.5
NIJ Desktop v3	3.5 min	565	32.96
OJP Desktop	3.3 min	760	41.80
Crime Solutions Desktop Browse	3.5 min	110	6.4
NIJ Mobile Browse	3.5 min	200	11.67
OJP Mobile	3.3 min	230	12.65
BJA Mobile	2.5 min	110	4.5
OJP Crime Solution Email	3.5 min	250	14.58
OJP BJS.ojp.gov Rate This Page Feedback Survey	1.5 min	200	5.0
OJP NamUs Rate This Page Feedback Survey	1.5 min	240	6.0
OJP OJP Rate This Page	1.5 min	1,190	29.75
OJP SMART Rate This Page	1.5 min	50	1.25
OJP Crime Solutions Rate This Page Feedback	1.5 min	90	2.25
OJP NationalGangCenter Rate This Page	1.5 min	40	1.0
OJP OJPNet Rate This Page	1.5 min	10	0.25
OJP VehicleHistory BJA Rate This Page	1.5 min	480	12.0
OJP JGII Team Site (Rate This Page)	1.5 min	10	0.25
OJP NIJ Rate This Page	1.5 min	740	18.5
OJP Operational Lady Justice Rate This Page	1.5 min	25	0.62
OJP BJA Website Feedback Survey	1.5 min	350	8.75

OJP JusticeGrants Rate This Page	1.5 min	150	3.75
OJP OJJDP Rate This Page	1.5 min	170	4.25
OJP OVC Rate This Page	1.5 min	120	3.0
OJP NSOPW Rate This Page	1.5 min	90	2.25
Totals	83.7	7,789	322.06

FEDERAL COST: The estimated annual cost to the Federal government is \$546,435.00.

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?

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.

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 (in minutes) 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 Respondents and the Participation Time then 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.

Submit all instruments, instructions, and scripts are submitted with the request.