Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback" (OMB Control Number: 3090-0297)

Req-47

TITLE OF INFORMATION COLLECTION: FAS IT Playbook Transactional Survey

PURPOSE: Federal Acquisition Service - Information Technology (FAS-IT) oversees the FAS Cloud Services (FCS) Ecosystem which provides cloud and data services, serves as an accelerator and force multiplier for the FAS business lines. The FAS-IT Playbook website is a collection of shared resources to align people, processes, and technology to and maintain a modern, IT environment. The purpose of this survey is to obtain feedback from the user community on application usability to inform future enhancements and evaluate/improve the website user experience.

DESCRIPTION OF RESPONDENTS: Respondents are GSA employees and contractors that have access to the FAS-IT Playbook to obtain an understanding of the IT modernization services and offerings targeted to potential future tenants. Users can learn how to engage in the process and locate past documentation and case studies. Tenants have access to a shared pool of computing resources.

TYPE OF COLLECTION: (Check one)	
[] Customer Comment Card/Complaint Form [] Usability Testing (<i>e.g.</i> , Website or Software) [] Focus Group	[X] Customer Satisfaction Survey [] Small Discussion 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.

Name: Raynette Benham Phone: 202-630-6440

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 [X] No

3. If Yes, has an up-to-date System No	n of Records Notice (SOR)	N) been published? [] Ye	es [X]
If PII is collected, please provide will be stored and for how long, a			
Gifts or Payments:			
Is an incentive (<i>e.g.</i> , money or rein participants? [] Yes [X] No BURDEN HOURS	nbursement of expenses, tol	ken of appreciation) provid	led to
Category of Respondent	No. of Respondents	Participation Time	Burden
Federal government	200 estimated	3 minutes	10
Private Sector	200 estimated	3 minutes	10
Totals	400	3 minutes	20
The selection of your targeted res 1. Do you have a customer list or respondents and do you have a [X] Yes [] N If the answer is yes, please proving the answer is no, please proving group of respondents and how yes. This survey is optional of users of the selection of the se	something similar that defi sampling plan for selecting No vide a description of both b ide a description of how yo you will select them?	g from this universe? elow (or attach the sampling plan to identify your pot	ng plan)? ential
but not required across the platform those who are registered users of F. Administration of the Instrumen 1. How will you collect the inform [X] Web-based or other form	n and system generated ema AS IT Playbook. t nation? (Check all that appl	ails. Survey will be limited	
[] Telephone [] In-person [] Mail [] Other, Explain 2. Will interviewers or facilitators Please make sure that all instrum request.	be used? [] Yes [X] No	ripts are submitted with	the

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 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.

Submit all instruments, instructions, and scripts in a separate file.