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

Req-48

## TITLE OF INFORMATION COLLECTION: LMT Transactional Survey

**PURPOSE:** The Lease Management Tool (LMT) is a mission-critical system that automates the administrative workload for lease management activities during occupancy to promote consistency and efficiency across the regions. LMT serves as a mechanism for lease administration managers to record, track, and report on programmatic issues that affect building operations in leased properties.

To obtain feedback from the user community on application usability to inform future enhancements.

**DESCRIPTION OF RESPONDENTS**: Contractors accessing the production instance of the application for lease management purposes.

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

#### **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.

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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 of Records Notice (SORN) been published? [ ] Yes [ X ] No				
If PII is collected, please pro will be stored and for how lo				
Gifts or Payments:				
Is an incentive ( <i>e.g.</i> , money o participants? [ ] Yes [ X ] No	<u> </u>	nses, token of appreciation) p	rovided to	
BURDEN HOURS				
Category of Respondent	No. of Responden	ts Participation Time	Burden	
Private Sector (contractors)	71	3 minutes	3.55	
			hours	
Totals	71	3 minutes	3.55 hours	
[X] Yes If the answer is yes, pleas If the answer is no, please group of respondents and We do not have a sampli will be prompted to part	ist or something similar that we a sampling plan for something plan for some provide a description of how you will select them ticipate in the survey. Si	electing from this universe?  Shoth below (or attach the sar how you plan to identify you	npling plan)? r potential <b>tion they</b>	
may choose whether or i Administration of the Instru	ıment			
[ ] Telephone [ ] In-person [ ] Mail	her forms of Social Medi	a		
Please make sure that all instructions	struments, instructions,	and scripts are submitted w	ith 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.