Request for new submission under the "Generic Clearance for the Collection of Qualitative Feedback on Agency Services Delivery"

(OMB Control Number: 1103-0117)

TITLE OF INFORMATION COLLECTION: ADA.gov User Feedback

• If an official title does not exist, provide a description to distinguish this collection from others (e.g. Comment card for soliciting feedback on...).

PURPOSE:

Provide a brief description of the purpose of this collection, including how the agency will use it or the information collected, and if the collection is a part of a larger study or effort.

Users provide feedback about their experience with ADA.gov pages. CRT DRS team will use this feedback to make user experience based improvements to ADA.gov pages.

DESCRIPTION OF RESPONDENTS:

Provide a brief description of the targeted group or groups for this collection.

Example: The specific audience is FFLs. An FFL is someone licensed to transfer a firearm (corporate employee, pawn shop owner, etc.). They are customers of the NICS Section that request background checks for potential firearm transfers.

All users of the ADA.gov web site

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: <u>(please describe)</u>

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: Randy Abramson

To assist review, please provide answers to the following question:

Personally Identifiable Information:

- 1. Is personally identifiable information (PII) collected? [x] 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 [x] No
- 3. If Yes, has an up-to-date System of Records Notice (SORN) been published? [] Yes [x] No

Note: for any privacy related questions regarding your collection, please contact your component's Senior Component Official for Privacy or the Office of Privacy and Civil Liberties.

Gifts or Payments:

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? [] Yes [x] No

If answering yes, you will also need to describe the incentive and provide a justification for the amount.

BURDEN HOURS:

In the provided table, list the following information in each row for the type or respondent for the collection and provide total figures at the bottom for the number of respondents, participation time, and burden.

- Category of respondent Provide the type or category of individual who will respond to your collection from the following list:
 - o Individuals or Household
 - o Private Sector
 - O State, Local, or Tribal Governments
 - o Federal Government
- Number of Respondents Estimate of the total number of respondents by type/category.
- Participation Time Estimate of the total amount of time (in minutes) required for participation in a collection by type/category of respondents (e.g. fill out a survey or participate in a focus group).
- Burden Estimate of the annual burden hours by type/category or respondents.
 - O To determine this estimate, multiply the number of respondents by the participation time and divide that figure by 60.

Burden Table

Category of Respondent	No. of	Participation	Burden
	Respondents	Time	
All ADA.gov users	1104	2020	3
			minutes
Totals			

FEDERAL COST: The estimated annual cost to the Federal government is __\$

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 responden	The	selection	of your	targeted	respondent
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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 [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?

Administration of the Instrument

1.	How will you collect the information? (Check all that apply)
	[x] Web-based or other forms of Social Media
	[] Telephone
	[] In-person
	[] Mail
	[] Other, Explain
2.	Will interviewers or facilitators be used? [] Yes [x] No

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