## Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 2700-0153)

**TITLE OF INFORMATION COLLECTION:** Survey for understanding skill gaps of identified Data Custodians within the NASA’s Data Steward Community of Practice (CoP).

**PURPOSE:**

NASA’s Data Steward Community of Practice (CoP) was established in order to engage members across the NASA community and support the future launch of the Data Stewardship Service Offering across NASA. The *Data Custodian Skill Assessment Survey* has been developed in order to help better identify the skill gaps for Data Custodians. The survey will guide us on future training recommendations once we know where those excel and where those need to upskill. The optional Microsoft Forms survey include questions revolving around understanding skill levels across 8 topics areas, including a data terms assessment section.

**DESCRIPTION OF RESPONDENTS**:

NASA Data Steward Community of Practice (CoP) participants (civil servants and contractors) who volunteer to take the survey.

**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 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: Briana Hila

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 [ ] 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 [X] No

**BURDEN HOURS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category of Respondent** | **No. of Respondents** | **Participation Time** | **Burden** |
| Private Sector (NASA HQ Contractors) | 10 | 10 minutes | 1.7 hours |
| Federal Government (NASA HQ Civil Servants) | 20 | 10 minutes | 3.3 hours |
| **Totals** | **30** |  | **5 hours** |

**FEDERAL COST:** $0 cost

**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? [X] 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?

Potential respondents of the survey will be members of the Data Steward CoP who have identified as Data Custodians through our *Data Stewardship Role & Member Profile Self-Identification Survey*.

**Administration of the Instrument**

1. How will you collect the information? (Check all that apply)

[X] Web-based

[ ] Telephone

[ ] In-person

[ ] Mail

[ ] Other, Explain

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

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