

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

**TITLE OF INFORMATION COLLECTION:** Mission Support Customer Satisfaction Survey

**PURPOSE:** The information will be used to identify areas in all the Code 200 functions where we need to make changes in our processes to improve customer service.

**DESCRIPTION OF RESPONDENTS:** The targeted group are the AFRC customers of Code 200 services. Code 200 is the Mission Operations Directorate that manages the following Center and Enterprise functions. Facilities, Environmental, Logistics, Procurement, Human Capital, Protective Services, Medical, Office of STEM Engagement, Office of Communications, Employee Assistance Program, and Export Control.

**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: Tracy Taylor

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
<b>AFRC Contractor Personnel</b>	621	3 mins	31.05 hours

<b>AFRC Civil Servants</b>	576	3 mins	28.80 hours
<b>Totals</b>	<b>1197</b>		<b>59.85 hours</b>

**FEDERAL 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?  
 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?

The universe of our respondents are the customers who use the services of the participating functions. We will not be sampling nor are we sending this survey out to anyone. Respondents will only fill out the survey by accessing the survey site and volunteering to respond.

**Administration of the Instrument**

1. How will you collect the information? (Check all that apply)
  - Web-based
  - 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.**

