## Request for Approval under the “Generic Clearance for Improving Customer Experience: OMB Circular A-11, Section 280 Implementation”

## (OMB Control Number: 2511-0001)

**TITLE OF INFORMATION COLLECTION:** FPM Interaction Survey

**PURPOSE OF COLLECTION:**

*What are you hoping to learn / improve? How do you plan to use what you learn? Are there artifacts (user personas, journey maps, digital roadmaps, summary of customer insights to inform service improvements, performance dashboards) the data from this collection will feed?*

FPM will use these data to inform FPM on the substance of future customer experience improvements. Personas, journey maps, customer insights, and service improvements will be developed from these data.

**TYPE OF ACTIVITY:** (Check one)

[ ] Customer Research (Interview, Focus Groups)

[ x] Customer Feedback Survey

[ ] User Testing

**ACTIVITY DETAILS**

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

[ ] Web-based or other forms of Social Media

[ ] Telephone

[ ] In-person

[ ] Mail

[ x] Other, Explain

Email

A link will be provided in CRM responses and at the end of personal emails.

1. Who will you collect the information from?

*Explain who will be interviewed and why the group is appropriate for the Federal program / service to connect with. Please provide a description of how you plan to identify your potential group of respondents and if only a sample will be solicited for feedback, how you will select them(e.g., anyone who provided an email address to a call center rep, a representative sample of Veterans who received outpatient services in May 2019, do you have a list of customers to reach out to (e.g., a CRM database that has the contact information, intercept interviews at a particular field office?)*

We provide our customers an opportunity to provide feedback in every email interaction. Customers are anyone who has a need to interact with HUD, renters, housing providers, other government agency employees, grantees, homeowners, people interested in purchasing a home, people who think they are discriminated against etc.

1. How will you ask a respondent to provide this information?

*(e.g., after an application is submitted online, the final screen will present the opportunity to provide feedback by presenting a link to a feedback form / an actual feedback form)*

We provide our customers an opportunity to provide feedback in every email interaction. We will have a link to the survey in our personal email signatures and in our template CRM email response.

Email Example:

Graphical user interface, text, application, email

Description automatically generated

Live Link:

Tell us about your experience [Click Here](https://forms.office.com/Pages/ResponsePage.aspx?id=xSRVYekizUuokxGApT_HsjbN0HwLUVVLvBxBAZ3e1slUQUVSTDZLV0pBODFSWVowWVM3MEE5WkJTMy4u)

1. What will the activity look like?

*Describe the information collection activity – e.g. what happens when a person agrees to participate? Will facilitators or interviewers be used? What’s the format of the interview/focus group? If a survey, describe the overall survey layout/length/other details? If User Testing, what actions will you observe / how will you have respondents interact with a product you need feedback on?*

The participant will be told the survey is voluntary and anonymous, how long the survey will take, and PRA disclosure information.

Once the survey is completed, they will click the submit button and receive the following message:

Thank you for your insights. Your feedback will help HUD embrace the way we serve you and others.

1. Please provide your question list.

*Paste here the questions or prompts presented to participants in your activity. If you have an interview / facilitator guide, that can be attached to the submission and referenced here.*

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

*Microsoft Forms Survey*

*PRA Disclosure (See attached Copy of the survey)*

1. *I would rate the interaction I had with HUD. (Stars)*
2. *I trust HUD to fulfill its mission to create strong, sustainable, inclusive communities and quality affordable homes for all. (Likert)*
3. *My issue was resolved. (Likert)*
4. *It took a reasonable amount of time to resolve my issue. (Likert)*
5. *I was treated fairly. (Likert)*
6. *The employee I interacted with was helpful. (Likert)*
7. *Is there anything else about your experience that you would like to share? (Open Text)*

Thank you for your insights. Your feedback will help HUD embrace the way we serve you and others.

1. When will the activity happen?

*Describe the time frame or number of events that will occur (e.g., We will conduct focus groups on May 13,14,15, We plan to conduct customer intercept interviews over the course of the Summer at the field offices identified in response to #2 based on scheduling logistics concluding by Sept. 10th, or “This survey will remain on our website in alignment with the timing of the overall clearance.”)*

We will configure the CRM to send the invitation email 72 hours after a service request is resolved. This is intended to giver our partner customers time to resolve the issue with the customer if necessary. This will be an ongoing process over the course of the year. Further we will consistently provide the opportunity to provide feedback on the first outgoing email to any customer from our personal email after a one-on-one interaction has occurred. CRM responses and personal emails will not duplicate customers.

1. Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants?

[ ] Yes [ x ] No

If Yes, describe:

**BURDEN HOURS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category of Respondent** | **No. of Respondents** | **Participation Time** | **Burden**  **Hours** |
| CRM Invitation | 5,000 | .0333 | 166 |
| Personal Email Feedback | 2,500 | .0333 | 84 |
| **Totals** |  |  |  |

**CERTIFICATION:**

I certify the following to be true:

1. The collections are voluntary;
2. The collections are low-burden for respondents (based on considerations of total burden hours or burden-hours per respondent) and are low-cost for both the respondents and the Federal Government;
3. The collections are non-controversial and do not raise issues of concern to other Federal agencies;
4. Any 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 near future;
5. Personally identifiable information (PII) is collected only to the extent necessary and is not retained;
6. Information gathered is intended to be used for general service improvement and program management purposes
7. Upon agreement between OMB and the agency aggregated data may be released as part of A-11, Section 280 requirements only on performance.gov. Summaries of customer research and user testing activities may be included in public-facing customer journey maps.
8. Additional release of data will be coordinated with OMB.

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**All instruments used to collect information must include:**

**OMB Control No. 2511-0001**

**Expiration Date: 09/30/2024**

## HELP SHEET

## (OMB Control Number: XXXX-XXXX)

**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.

**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:** 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.

**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.