

**Request for Approval under the “Generic Clearance for the Collection of
Routine Customer Feedback” HHS Online Customer Surveys
(OMB Control Number: 0990-0379. Exp Date: 10/31/2026)**

TITLE OF INFORMATION COLLECTION: Customer Experience in The Office of the Assistant Secretary for Financial Resources Service Delivery

PURPOSE:

The U.S. Department of Health and Human Services (HHS) Office of the Assistant Secretary for Financial Resources (ASFR) is requesting OMB approval for the Customer Experience in The Office of the Assistant Secretary for Financial Resources Service Delivery initiative. The proposed information collection activity provides a means to garner quantitative and qualitative customer and stakeholder feedback in an efficient, timely manner, in accordance with the Administration's commitment to improving access to and service delivery. This feedback will 1) provide insights into customer or stakeholder perceptions, experiences and expectations; 2) uncover issues that create barriers to funding or the system to deliver them; and 3) focus attention on areas where communication, training or changes in operations might improve delivery of such opportunities and services.

DESCRIPTION OF RESPONDENTS:

The respondents will be comprised of future/potential applicants to federal funding mechanisms (grants and/or cooperative agreements). The collections are low-burden for respondents (based on considerations of total burden hours, total number of respondents, or burden-hours per respondent) and are low-cost for both the respondents and the Federal Government.

TYPE OF COLLECTION: (Check one)

- | | |
|----------------------------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Customer Comment Card/Complaint Form | <input checked="" type="checkbox"/> Customer Satisfaction Survey |
| <input checked="" type="checkbox"/> Usability Testing (e.g., Website or Software | <input checked="" type="checkbox"/> Small Discussion Group |
| <input checked="" 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: Felix Lorenzo_____

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, is the information that will be collected included in records that are subject to the Privacy Act of 1974? Yes No
- 3. If Applicable, has a System or Records Notice 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

It has been a standard practice in research to offer compensation for respondents' time, including to offset possible costs like transportation or lost time that they could have been working. With that in mind, and to further minimize potential burden to the participant, compensation will be provided (details included within attachments).

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden hour
Post Submission Survey	1000	.25 hours	250
Post Submission Interview Script	100	1 hour	100
Moderated Usability Test Script	100	1 hour	100
Focus Group Script	200	1 hour	200
Totals		3.25 hours	650

FEDERAL COST: The estimated annual cost to the Federal government is _\$4500.00__

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 potential respondents is limited to those who apply for one of the HHS funding opportunities available at Grants.gov. Applicants will be asked for their willingness to participate in the data collection detailed in the attached documents.

Administration of the Instrument

- 1. How will you collect the information? (Check all that apply)
 - Web-based or other forms of Social Media
 - 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.

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.

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.

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.

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