## 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:** Office of Public Affairs – Bi-Weekly Stakeholder Briefing: Post Meeting 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?*

The objective is to gather feedback from stakeholders in order to provide OPA's Public Engagement team with information about their needs and interests. To accomplish this, we intend to carry out a survey that specifically targets stakeholders who are involved in the Bi-Weekly Stakeholder Briefing hosted by the Public Engagement team. The survey's purpose is to collect feedback regarding the participants' experiences during the meetings, as well as their overall satisfaction with the sessions. By obtaining this data, we will be able to gain a better understanding of stakeholder priorities, preferences, and concerns, ultimately aiding in the development of strategies to enhance engagement and communication between the Public Engagement team and stakeholders.

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

[ ] Customer Research (Interview, Focus Groups, Surveys)

[ X ] Customer Feedback Survey

[ ] Usability Testing of Products or Services

**ACTIVITY DETAILS**

1. If this is a survey, will the results of this survey be reported to Touchpoints as part of quarterly reporting obligations specified in OMB Circular A-11 Section 280?

[ ] Yes

[ x ] No

[ ] Not a survey

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

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 will collect the information from stakeholder (including, but not limited to civil right groups, consumer advocates, homelessness groups, public housing industry, housing industry, disability groups, 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)*

The survey will be linked to the Medallia platform in the Zoom chat box at the end of the stakeholder meeting, asking for stakeholders to participate.

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?*

Stakeholder Experience feedback survey will be collected through the Medallia platform, which will be accessible via a feedback link provided at the conclusion of the stakeholder meeting through the Zoom chat box. Along with the feedback link, there will be a short description outlining the purpose and nature of the survey:

“This voluntary feedback survey aims to gather stakeholder experiences and insights to enhance our understanding and improve future interactions. If you wish, please click on the link to complete the survey.”

Upon opting to participate, stakeholders will simply click on the feedback link, redirecting them to the survey on their internet browser. The survey is designed to be completed in under 5 minutes. It comprises various question formats, including multiple-choice, binary scale (thumbs up, thumbs down), and an optional open comment section. Importantly, all questions within the survey are optional, allowing participants to provide feedback as they see fit.

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.*

“This voluntary feedback survey aims to gather stakeholder experiences and insights to enhance our understanding and improve future interactions. If you wish, please click on the link to complete the survey.”

|  |  |  |
| --- | --- | --- |
| **A-11 Metric/Driver** | **Question** | **Alt Set** |
| **Trust** | Based on my interaction with the Office of Public Affairs, I trust HUD to effectively manage housing and urban development programs and policies.  | * Strongly disagree (1)
* Disagree (2)
* Neither agree nor disagree (3)
* Agree (4)
* Strongly agree (5)
 |
| **Satisfaction** | I was satisfied with my experience interacting with HUD. -down’ | * Strongly disagree (1)
* Disagree (2)
* Neither agree nor disagree (3)
* Agree (4)
* Strongly agree (5)
 |
| **Type of Customer** | I would describe myself as:(Tap/Select all that apply) | * Civil Rights
* Housing provider
* Homelessness Group
* Climate Advocacy Group
* Language Access Group
* Disability Group
* Tenant Engagement Group
* Public Housing Industry Group
* Housing Finance Group
* Consumer Advocate
* Fair Housing Initiatives Program (FHIP) agency
* Fair Housing Assistance
* Program (FHAP) agency
* Tech Group
* Other \_\_\_\_\_
 |
| **Location** | Where are you located? | (All 50 States, Puerto Rico, DC and USVI) |
| **Open comment** | Are there any additional topics or specific areas you would like to see addressed in the future? (this question is not required for survey completion) | Open Comment Box  |

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

**See attached- sample of Medallia survey**

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 aim to launch the survey on February 29, 2024. Bi-Weekly stakeholder meeting and then continue to provide the survey for the remainder of the Bi-Weekly meetings throughout the calendar year.

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** |
| Stakeholder Feedback Survey | 250 (each session)\*20 (sessions)=5,000 year | 5 mins | 417 hours  |
|  |  |  |  |
| **Totals** |  |  | **417 hours per year** |

**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;
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. The agency will follow the procedures specified in OMB Circular A-11 Section 280 for the required quarterly reporting to OMB of trust data and experience driver data from surveys.
8. Outside of the quarterly reporting mentioned in the bullet immediately above, if the agency intends to release journey maps, user personas, reports, or other data-related summaries stemming from this collection, the agency must include appropriate caveats around those summaries, noting that conclusions should not be generalized beyond the sample, considering the sample size and response rates. The agency must submit the data summary itself (e.g., the report) and the caveat language mentioned above to OMB before it releases them outside the agency. OMB will engage in a passback process with the agency.

Name and email address of person who developed this survey/focus group/interview:

**Name: Shimu Anjir**

**Email address:** **shimu.anjir@gmail.com**

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

**OMB Control No. 2511-0001**

**Expiration Date: 12/31/2024**

## 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.