

## Request for Approval Under the “Generic Clearance for the Collection of USAID Workforce’s Experience”

**TITLE OF INFORMATION COLLECTION:**

[Click here to enter text.](#)

**PURPOSE:**

[Click here to enter text.](#)

**DESCRIPTION OF RESPONDENTS:**

[Click here to enter text.](#)

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

- |  |   |
|--|---|
| <input type="checkbox"/> Customer Comment Card/Complaint Form    | <input type="checkbox"/> Customer Satisfaction Survey   |
| <input type="checkbox"/> Small Discussion Groups                 | <input type="checkbox"/> Small Discussion Group   |
| <input type="checkbox"/> Focus Group                             | <input type="checkbox"/> Cognitive Laboratory Study (to refine/access usability of a website) |
| <input type="checkbox"/> Qualitative Satisfaction Survey (Pulse) | <input type="checkbox"/> Other: <a href="#">Click here to enter text.</a>                     |

USAID will only submit a collection for approval under this generic clearance if it meets the following conditions:

**CERTIFICATION:**

I certify the following to be true:

1. The collections are voluntary;
2. The collections are low-burden for respondents (5-15min max) and are low-cost for both the respondents and the Federal Government;
3. Information gathered will be used only internally for general workforce satisfaction improvement and program management purposes and is not intended for release outside of the agency;
4. Information gathered will not be used for the purpose of substantially informing influential policy decisions;
5. Information gathered will yield qualitative information; the collections will not be designed or expected to yield statistically reliable results or used as though the results are generalizable to the population of study;
6. The collections are non-controversial and does **not** raise issues of concern to other federal agencies;
7. 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; and
8. With the exception of information needed to provide remuneration for participants of focus groups and cognitive laboratory studies, personally identifiable information (PII) is collected only to the extent necessary and is not retained.

If these conditions are not met, USAID will have to submit an information collection request to OMB for approval through the normal PRA process.

**NAME:** [Click here to enter text.](#)

To assist review, please provide answers to the following questions:

**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

**BURDEN HOURS**

| Category of Respondent                    | No. of Respondents                        | Participation Time                        | Burden                        |
|---|---|---|-------------------------------|
| <a href="#">Click here to enter text.</a> | <a href="#">Click here to enter text.</a> | <a href="#">Click here to enter text.</a> | <a href="#">Click here to</a> |
| <a href="#">Click here to enter text.</a> | <a href="#">Click here to enter text.</a> | <a href="#">Click here to enter text.</a> | <a href="#">Click here to</a> |
| <b>Totals</b>                             | <a href="#">Click here to enter text.</a> | <a href="#">Click here to enter text.</a> | <a href="#">Click here to</a> |

**FEDERAL COST:**

The estimated annual cost to the Federal government is [Click here to enter text.](#) annually.

**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?

[Click here to enter text.](#)

**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: [Click here to enter text.](#)
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 the Request for Approval under the Generic Clearance for the Collection of USAID Workforce's Experience"**

**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.**