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

(OMB Control Number: 1601-0029)

TITLE OF INFORMATION COLLECTION: CBP Automated Commercial Environment (ACE) Survey

# **PURPOSE OF COLLECTION:**

TYPE OF ACTIVITY: (Check one)

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 Automated Commercial Environment (ACE) survey will help inform how CBP can better serve developers who handle technical elements of filing in the trade community.

The survey data will provide a summary of customer insights to inform solution improvements.

<pre>[ ] Customer Research (Interview, Focus Groups, Surveys) [ X ] Customer Feedback Survey [ ] Usability Testing of Products or Services</pre>	
ACTIVITY DETAILS	
<pre>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?   [X] Yes   [ ] No   [ ] Not a survey</pre>	
2. How will you collect the information? (Check all that appl [X] Web-based or other forms of Social Media [ ] Telephone [ ] In-person [ ] Mail [ ] Other, Explain	.y)

3. 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 distribute the survey to software companies and selffilers who transmit EDI messages via the Automated Broker Interface. This respondent group will help us to evaluate frequent interactions between filers and CBP.

CBP's Trade Transformation Office will administer the survey link via e-mail to the software developer distribution list managed by the Trade Support Network. The team will determine the total number of companies represented on the distribution list and will coordinate with CBP's Office of Human Resources Management to confirm the number of responses needed to ensure statistical significance.

4. 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 will send the survey via email directly to respondents identified from the sources described above. Please note that we are evaluating regular, ongoing transactions between the Trade Community and CBP. We intend to repeat this survey after future solutions/enhancements are implemented to measure program improvements.

### Survey Invite

We invite you to participate in a brief survey to help Customs and Border Protection improve the filing experience as part of the ACE program. All responses are voluntary and anonymous.

# Survey Email (Initial)

Subject: [ACTION REQUIRED] Automated Commercial Environment (ACE) OMB Survey

Hello,

I hope this e-mail finds you well! CBP is in the early stages of building a solution to test EDI messages to improve experiences with filing. The solution will serve as an alternative to the cert environment of Automated Broker Interface (ABI)/EDI functionality.

To ensure that we are building a product that addresses the needs of the trade community, we are conducting a survey to learn about current state experiences with transmitting EDI messages to ACE via ABI. Your responses will help inform CBP's efforts to improve experiences as an OMB-designated High Impact Service Provider.

The survey should take 2-3 minutes. We appreciate your time and expertise as we work to improve the filing experience.

AUTOMATED COMMERCIAL ENVIRONMENT (ACE) OMB SURVEY

# Survey Email (Reminder)

Subject: [REMINDER] Automated Commercial Environment (ACE) OMB Survey Hello,

This is a friendly reminder to complete the AUTOMATED COMMERCIAL ENVIRONMENT (ACE) OMB SURVEY. Your responses will help inform CBP's efforts to improve experiences as an OMB-designated High Impact Service Provider. The survey should take 2-3 minutes. We appreciate your time and expertise.

5. 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?

Brief survey, including six required questions (i.e., four multiple choice questions and two Likert Scale questions) and one optional, free-response question.

6. 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.

- 1. Which best describes your **organization** today?
  - a. My organization transmits EDI messages to ACE via the Automated Broker Interface (ABI) **as a service provider.**
  - b. My organization transmits EDI messages to ACE via ABI itself without a service provider.

- c. My organization does not transmit EDI messages to ACE via ABI.
- 2. Which best describes your **role** today?
  - d. I am directly responsible for transmitting EDI messages to ACE via ABI (e.g., I am a developer.)
  - e. I am **indirectly involved** with EDI message transmission to ACE via ABI and have visibility into the process (e.g., I manage developers.)
  - f. I am **not involved** with and/or **do not have visibility** into EDI message transmissions to ACE via ABI.
- 3. What message types does your organization transmit? Check all that apply.
  - Bill Data
  - Commodity Data
  - DIS Data
  - E214
  - Electronic In-bond
  - Entry Data
  - Entry Summary
  - Export Air, Ocean and Rail Manifest
  - Import Air, Ocean, or Rail Manifest
  - Import Truck Manifest
  - Importer Security Filing Data
  - Liquidations, Reconciliations or Drawback Requests
  - Passenger/Crew Data
  - PGA Data
  - PGA Reference Data
  - Post-summary Corrections
  - Query messages
  - Request for Documents (e.g., CBP Forms 28, 29 4647) via Document Image System (DIS)
  - Supporting Documents for Cargo Release (CBP and PGA Forms) via Document Image System (DIS)
  - Supporting Documents for Entry Summary (CBP and PGA Forms) via Document Image System (DIS)
- 4. Based on my experience with ACE via ABI, I trust U.S. Customs and Border Protection is working in the best interest of the trade community. (*5 point scale*)
- 5.1 [If response to Q4 is 5] Which contributed to your rating? (Check all that apply)
  - The ease with which I was able to submit messages.
  - The amount of time it took to submit messages.
  - The clarity of implementation guidance (e.g., CATAIR)
  - The support received from my CBP client representative.
  - My confidence that CBP is protecting my data.
  - Other (open text field)
- 5.2 [If response to Q4 is 1-4]: Where can we improve today? (Check all that apply)
  - The ease with which I was able to submit messages.
  - The amount of time it took to submit messages.
  - The clarity of implementation guidance (e.g., CATAIR)
  - The support received from my CBP client representative.
  - My confidence that CBP is protecting my data.
  - Other (*open text field*)
- 6. I am satisfied with my experience using ACE via ABI to transmit EDI messages. (5 point scale)
- 7. Is there anything else you want us to know about your experience? (Open text field)

#### Submit button

#### Next screen:

Thank you for providing your feedback to help us improve the ACE program. Send comments about this survey to CBPX@cbp.dhs.gov.

#### PRA Statement:

An agency may not conduct or sponsor an information collection and a person is not required to respond to this information unless it displays a current valid OMB control number and an expiration date. The control number for this collection is 1601-0029. The estimated average time to complete this survey is 1 minute. If you have any comments regarding the burden estimate you can write to U.S. Customs and Border Protection, Global Entry, Ronald Reagan Building, 1300 Pennsylvania Avenue, NW Washington, DC 20004. Expiration Date: 12/31/2026.

7. 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. 10<sup>th</sup>, or

"This survey will remain on our website in alignment with the

timing of the overall clearance.")

We will deploy the survey via email in March 2024 and distribute occasional reminders to respondents until we reach statistical significance. We intend to repeat this survey after future solutions/enhancements are implemented to measure program improvements.

8.	Is an incentive	(e.g., mone	ey or re	imbursement	of	expenses,
	token of appreci	lation) prov	/ided to	participant	ts?	
	[ ] Yes [X] No					
	If Yes, describe	<b>:</b>				

#### **BURDEN HOURS**

Category of Respondent	No. of Respondents	Participation Time	Burden Hours
Individuals	Approx. 500 recipients Goal: 50 respondents	3 minutes	150 - 1500 minutes
Totals	500		1500

## **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:

# **Primary Point of Contact**

Name: Janet Pence

Email address: janet.pence@cbp.dhs.gov

# Technical Point of Contact

Name: Connie P. McGowan

**Email address:** connie.p.mcgowan@cbp.dhs.gov

All instruments used to collect information must include:

OMB Control No. 1601-0029 Expiration Date: 12/31/2026

# HELP SHEET (OMB Control Number: 1601-0029)

**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.