



**Request for Approval under the “Generic Clearance for  
Improving Customer Experience:  
OMB Circular A-11, Section 280 Implementation”  
(OMB Control Number: 1090-0012)**

**TITLE OF INFORMATION COLLECTION:**

**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?*

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

- Customer Research (Interview, Focus Groups, Surveys)
- 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
- No
- Not a survey

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

- Web-based or other forms of Social Media
- Telephone
- In-person
- Mail
- Other, Explain

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?)*

**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)

**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?

The facilitator will begin each Resident Focus Group by thanking participants for their attendance, adding a note about snacks and restroom location, and introducing staff from the sponsoring organization. USFWS staff will thank the facilitator and participants and briefly highlight the purpose of the project and the importance of the role of participants. The Sponsoring Organization wants to be the best neighbor we can be and that this is just the beginning of the conversation we hope to continue with them over the next many years. They will then state that they will be available to answer any questions participants might have after the Small Group Discussion and then all representatives from the Sponsoring Organization will exit the room. Two VISTAs or With (Not For) Associates will remain to take notes that will supplement the audio recording of the discussion group. Explain that the purpose of today is to start a dialogue by asking the experts on the community—you: the residents who live there—to tell us more about your opinion on a couple areas where the Sponsoring Organization could potentially grow in its service to the community. There are no right or wrong answers and here are the rules we’ll follow to help move the dialogue forward: respect different opinions, do not interrupt, wait for your turn (everyone will have), we have exactly 1 hour—be brief and stay on topic, to begin discussion about each topic. Introduction piece– The Community Facilitator introduces themselves and their connection to the community (where they live, how long they’ve been connected to the community). The Facilitator then asks every participant to introduce themselves and their connection to the community (where they live, how long they’ve been connected to the community)... this should be quick 1 minute per person tops. Finally, the facilitator will begin asking a series of 9 questions.

**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.



- What does a thriving community look like to you?
- Who or what organizations in the community do you trust to help support a thriving community?
- What are your goals or dreams for your community in the next 5-10 years?
- What about over the next 3-5 years?
- What’s something good that you can imagine happening in your community over the next six months?
- What do you currently know about how the refuge is contributing to your community now?
- What are some things you think the refuge could do in the future?
- How do you think that institutions in your community could collaborate with the refuge to provide more services/the services to help further strengthen communities that thrive in your neighborhood (reference the definition of ‘thrive’ that the group defined in question #1)?
- What questions do you have about the refuge at this point?

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

**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. 10th, or “This survey will remain on our website in alignment with the timing of the overall clearance.”)

**8. Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants?**  
 Yes  No  
 If Yes, describe:

**BURDEN HOURS**

Category of Respondent	No. of Respondents	Participation Time	Burden Hours
<b>Totals</b>			

**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:** Kayla Cranston, Ph.D.

**Email address:** kac@kaylacranston.com

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

**OMB Control No. 1090-0012**

**Expiration Date: 02/28/2027**

## HELP SHEET (OMB Control Number: 1090-0012)

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**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.