

**Request for Approval under the "Generic Clearance for Improving  
Customer Experience: OMB Circular A-11, Section 280  
Implementation"  
(OMB Control Number: 2900-0876)**

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**TITLE OF INFORMATION COLLECTION: Office of Small & Disadvantaged Business Utilization (OSDBU) Customer Service & Lunch "N" Learn Survey Updates**

**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?*

- OSDBU (Office of Small & Disadvantaged Business Utilization) intends to ensure the quality of customer service provided to Veteran small business owners aligns with the Secretary's priority. To achieve these goals. OSDBU would like to update the already OMB approved Customer Service and Lunch "N" Learn surveys. To capture the voice of the Veteran, the Veteran Experience Office (VEO) will leverage VSignals to collect feedback through short, low burden customer experience surveys delivered as a URL for distribution. The surveys are completed via a web-based survey design and contains questions to identify customer service areas needing improvement or sustain approaches Veterans assess as meaningful and desired. The participant can choose to exit the survey at any time before submitting their survey response.
- Participants include OSDBU customers that receive the following services:
  - o OSDBU Customer Service
  - o Lunch "N" Learn
- Participants will choose whether they want to click on the link, or whether they want to participate after opening the survey. Participants will be provided a link to the survey after their OSDBU service.

**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?)*

- The Office of Small & Disadvantaged Business Utilization (OSDBU) goal is to answer questions that Veteran-owned small businesses have about seeking contracts with the federal government. Veterans who call in will interact with an OSDBU customer service representative. The survey will be offered to all Veterans who call into the OSDBU call center.
- Participants will choose whether they want to click on the link, or whether they want to participate after opening the survey. Participants will be provided a link to the survey after their OSDBU service.

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)*

- Participants include OSDBU customers that receive the following services:
  - o OSDBU Customer Service
  - o Lunch "N" Learn
- Participants will choose whether they want to click on the link, or whether they want to participate after opening the survey. Participants will be provided a link to the survey after their OSDBU service.

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?*

- Participants will choose whether they want to click on the link, or whether they want to participate after opening the survey. Participants will be provided a link to the survey after their OSDBU service.

6. Please provide your question list.

*Title: Office of Small & Disadvantaged Business Utilization (OSDBU) Customer Service (CS) Survey*

*Help us serve you better.*

*Your opinion matters. We care about your time with VA. Please take this survey to let us know about your experience. The more information you share with us, the better we can serve you.*

*This voluntary survey should take you approximately 5 minutes to complete.*

*\*Note: The survey path changes based on the Department selected in Question 1. There are 4 possible paths, each with 15 questions or fewer. All possible paths are included in this wireframe.*

*AST Survey*

*1. Which department did you interact with during your most recent experience with OSDBU?*

- Acquisition Support Team (AST)
- Executive Front Office
- Shared Services Team (SST)
- Strategic Outreach and Communications (SOC)

*2. I am satisfied with my most recent [Department pipe-in value] experience.*

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

3. I received the service I needed from the [Department pipe-in value] team.
  - Strongly Disagree
  - Disagree
  - Neutral
  - Agree
  - Strongly Agree
4. It was easy to get the service I needed from the [Department pipe-in value] team.
  - Strongly Disagree
  - Disagree
  - Neutral
  - Agree
  - Strongly Agree
5. I felt like a valued customer with the [Department pipe-in value] team.
  - Strongly Disagree
  - Disagree
  - Neutral
  - Agree
  - Strongly Agree
6. Would you like to provide a comment about the service you received?
  - Yes
  - No
7. How can the service provided to you be improved? Logic: Only displays if answer for Question 6 is "Yes"
  - [Free-text response]
8. What was the most notable aspect of the service you received? Logic: Only displays if answer for Question 6 is "Yes"
  - [Free-text response]
9. First Name Logic: Only displays if answer for Question 6 is "Yes"
  - [Free-text response]
10. Last Name Logic: Only displays if answer for Question 6 is "Yes"
  - [Free-text response]
11. Phone Number (10-digits, for example 9999999999) Logic: Only displays if answer for Question 6 is "Yes"
  - [Free-text response]
12. Can VA contact you about your feedback? Logic: Only displays if answer for Question 6 is "Yes"
  - Yes
  - No
13. I trust VA to fulfill our country's commitment to Veterans.
  - Strongly Disagree
  - Disagree
  - Neutral

- Agree
- Strongly Agree

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*EFO Survey*

1. Which department did you interact with during your most recent experience with OSDBU?

- Acquisition Support Team (AST)
- Executive Front Office
- Shared Services Team (SST)
- Strategic Outreach and Communications (SOC)

2. Which program did you interact with during your most recent experience with the [Department pipe-in]?

- Admin/Operations (OPS)
- Human Resources (HR)
- Quality Assurance (QA)
- Deputy Director, Acquisition
- Executive Assistant to the Executive Director

3. I am satisfied with my most recent [Program Area pipe-in] experience.

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

4. Please select the specific services the [Program Area pipe-in] team provided to you from the list below (check all that apply). Logic: Dropdown selection based on Program selected in Question 2

- Admin/Operations (OPS):
  - o Administrative Support
  - o Financial / Budget Support
  - o Space Management
  - o Office Equipment / Supplies
  - o Data Analytics / Power BI
  - o G-Invoicing / IAAs
  - o Other
- Human Resources (HR):
  - o PIV Badge Sponsorship/ Inquiries
  - o TMS/ Trainings (Talent Management System)
  - o Onboarding (Federal and Contractors)
  - o Out-processing (De-activating accounts)
  - o Email Account Issues
  - o HR Form inquires
  - o Parking Pass Inquiries
  - o Benefit Inquiries
  - o Other
- Quality Assurance (QA):
  - o Adhoc Reports
  - o Audit
  - o Corrective Actions

- o OSDBU Data
  - o General Policies (Internal and External)
  - o Standard Operating Procedures (SOP)
  - o Other
5. I received the service I needed from the [Program Area pipe-in] team.
    - Strongly Disagree
    - Disagree
    - Neutral
    - Agree
    - Strongly Agree
  6. It was easy to get the service I needed from the [Program Area pipe-in] team.
    - Strongly Disagree
    - Disagree
    - Neutral
    - Agree
    - Strongly Agree
  7. I felt like a valued customer with the [Program Area pipe-in] team.
    - Strongly Disagree
    - Disagree
    - Neutral
    - Agree
    - Strongly Agree
  8. Would you like to provide a comment about the service you received?
    - Yes
    - No
  9. How can the service provided to you be improved? Logic: Only displays if answer for Question 8 is "Yes"
    - [Free-text response]
  10. What was the most notable aspect of the service you received? Logic: Only displays if answer for Question 8 is "Yes"
    - [Free-text response]
  11. First Name Logic: Only displays if answer for Question 8 is "Yes"
    - [Free-text response]
  12. Last Name Logic: Only displays if answer for Question 8 is "Yes"
    - [Free-text response]
  13. Phone Number (10-digits, for example 9999999999) Logic: Only displays if answer for Question 8 is "Yes"
    - [Free-text response]
  14. Can VA contact you about your feedback? Logic: Only displays if answer for Question 8 is "Yes"
    - Yes
    - No

15. I trust VA to fulfill our country's commitment to Veterans.

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

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#### SST Survey

1. Which department did you interact with during your most recent experience with OSDBU?

- Acquisition Support Team (AST)
- Executive Front Office
- Shared Services Team (SST)
- Strategic Outreach and Communications (SOC)

2. Which program did you interact with during your most recent experience with the [Department pipe-in]?

- Contract Management Team (CMT)
- IT System Integration (ITSI)
- OSDBU Call Center
- Veteran Status Validation
- Staff Assistant
- Primary Timekeeper
- Miscellaneous Support and Interactions

3. I am satisfied with my most recent [Program Area pipe-in] experience.

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

4. Please select the specific services the [Program Area pipe-in] team provided to you from the list below (check all that apply). Logic: Dropdown selection based on Program selected in Question 2

- Contract Management Team (CMT):
  - o Contract Closeout
  - o Contract Modification
  - o Contractor Performance Assessment Reporting (CPAR)
  - o Independent Government Cost Estimate (IGCE)/Performance Work Statement (PWS) support
  - o Option Year Renewal
  - o Technical Evaluation Support
  - o RFI Announcement Support
  - o Subcontracting Plan Reviews
  - o Other
- IT System Integration (ITSI):
  - o Customer Relationship Management (CRM)
  - o Event Management Software as a Service (EMSS)
  - o Fedmine

- o SharePoint
  - o Web Portal
  - o Training on OSDBU I.T. Tools
  - o OSDBU I.T. Tool Trouble Ticket
  - o Other
    - Primary Timekeeper:
  - o General GovTA Assistance
  - o Timecards to include corrections
  - o Tour of Duty Update
  - o Assistance with submitting entries in GovTA
  - o Other
    - Miscellaneous Support and Interactions:
  - o Freedom of Information Act (FOIA)
  - o Records Management
  - o Coordination on various reports
  - o Other
5. I received the service I needed from the [Program Area pipe-in] team.
- Strongly Disagree
  - Disagree
  - Neutral
  - Agree
  - Strongly Agree
6. It was easy to get the service I needed from the [Program Area pipe-in] team.
- Strongly Disagree
  - Disagree
  - Neutral
  - Agree
  - Strongly Agree
7. I felt like a valued customer with the [Program Area pipe-in] team.
- Strongly Disagree
  - Disagree
  - Neutral
  - Agree
  - Strongly Agree
8. Would you like to provide a comment about the service you received?
- Yes
  - No
9. How can the service provided to you be improved? Logic: Only displays if answer for Question 8 is "Yes"
- [Free-text response]
10. What was the most notable aspect of the service you received? Logic: Only displays if answer for Question 8 is "Yes"
- [Free-text response]
11. First Name Logic: Only displays if answer for Question 8 is "Yes"

- [Free-text response]
- 12. Last Name Logic: Only displays if answer for Question 8 is "Yes"
- [Free-text response]
- 13. Phone Number (10-digits, for example 9999999999) Logic: Only displays if answer for Question 8 is "Yes"
- [Free-text response]
- 14. Can VA contact you about your feedback? Logic: Only displays if answer for Question 8 is "Yes"
- Yes
- No
- 15. I trust VA to fulfill our country's commitment to Veterans.
- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

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#### SOC Survey

1. Which department did you interact with during your most recent experience with OSDBU?
  - Acquisition Support Team (AST)
  - Executive Front Office
  - Shared Services Team (SST)
  - Strategic Outreach and Communications (SOC)
2. Which program did you interact with during your most recent experience with the [Department pipe-in]?
  - Training and Outreach
  - Women Veteran-Owned Small Business Initiative (WVOSBI)
  - Direct Access Program (DAP)
3. I am satisfied with my most recent [Program Area pipe-in] experience.
  - Strongly Disagree
  - Disagree
  - Neutral
  - Agree
  - Strongly Agree
4. How did you interact with the [Program Area pipe-in] team?
  - In-person
  - Phone
  - Email
  - Online Chat
  - Other (please specify)
5. I received the service I needed from the [Program Area pipe-in] team.
  - Strongly Disagree
  - Disagree
  - Neutral
  - Agree

- Strongly Agree
6. It was easy to get the service I needed from the [Program Area pipe-in] team.
- Strongly Disagree
  - Disagree
  - Neutral
  - Agree
  - Strongly Agree
7. I felt like a valued customer with the [Program Area pipe-in] team.
- Strongly Disagree
  - Disagree
  - Neutral
  - Agree
  - Strongly Agree
8. Would you like to provide a comment about the service you received?
- Yes
  - No
9. How can the service provided to you be improved? Logic: Only displays if answer for Question 8 is "Yes"
- [Free-text response]
10. What was the most notable aspect of the service you received? Logic: Only displays if answer for Question 8 is "Yes"
- [Free-text response]
11. First Name Logic: Only displays if answer for Question 8 is "Yes"
- [Free-text response]
12. Last Name Logic: Only displays if answer for Question 8 is "Yes"
- [Free-text response]
13. Phone Number (10-digits, for example 9999999999) Logic: Only displays if answer for Question 8 is "Yes"
- [Free-text response]
14. Can VA contact you about your feedback? Logic: Only displays if answer for Question 8 is "Yes"
- Yes
  - No
15. I trust VA to fulfill our country's commitment to Veterans.
- Strongly Disagree
  - Disagree
  - Neutral
  - Agree
  - Strongly Agree

Thank you for choosing VA.

The U.S. Department of Veterans Affairs uses these surveys to collect your feedback in order to continuously improve your experience with VA Services.

VA Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 2900-0876, and it expires 02/28/2026. Public reporting burden for this collection of information is estimated to average 5 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate and any other aspect of this collection of information, including suggestions for reducing the burden, to VA Reports Clearance Officer at VACOPaperworkReduAct@va.gov. Please refer to OMB Control No. 2900-0876 in any correspondence. Do not send your completed VA Form to this email address.

Title: Office of Small & Disadvantaged Business Utilization (OSDBU) Lunch "N" Learn Survey

Help us serve you better.

Your opinion matters. We care about your time with VA. Please take this survey to let us know about your experience. The more information you share with us, the better we can serve you.

This voluntary survey should take you approximately 5 minutes to complete.

1. Overall, I am satisfied with the Lunch "N" Learn.
  - Strongly Disagree
  - Disagree
  - Neither Agree nor Disagree
  - Agree
  - Strongly Agree
2. How did you attend the Lunch "N" Learn?
  - In Person
  - Virtual
3. The information I received at the Lunch "N" Learn met my expectations.
  - Strongly Disagree
  - Disagree
  - Neither Agree nor Disagree

- Agree
  - Strongly Agree
4. The information presented at the Lunch "N" Learn was understandable.
- Strongly Disagree
  - Disagree
  - Neither Agree nor Disagree
  - Agree
  - Strongly Agree
5. The information presented at the Lunch "N" Learn was useful to me.
- Strongly Disagree
  - Disagree
  - Neither Agree nor Disagree
  - Agree
  - Strongly Agree
6. Would you like to provide a comment about the service you received?
- Please leave your comments to the following questions in the spaces provided. We are requesting your contact information [name, phone number, permission to contact] so we may provide assistance should your responses indicate you are in a state of crisis. If your responses do not indicate you are in need of crisis assistance, you will not be contacted. Please do not include PII, SSN, Vet ID, or other personal information.
- Yes
  - No
7. First Name Logic: Only displays if the answer for Question 6 is "Yes"
- [Free-text response]
8. Last Name Logic: Only displays if the answer for Question 6 is "Yes"
- [Free-text response]
9. Phone Number (10-digits, for example 9999999999) Logic: Only displays if the answer for Question 6 is "Yes"
- [Free-text response]
10. Can VA contact you about your feedback? Logic: Only displays if the answer for Question 6 is "Yes"
- Yes
  - No

Thank you for choosing VA.

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number. The OMB control number for this project is 2900-0876, and it expires 02/28/2026. Public reporting burden for this collection of information is estimated to average 5 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate and any other aspect of this collection of information, including suggestions for reducing the burden, to VA Reports Clearance Officer at VACOPaperworkReduAct@va.gov. Please refer to OMB Control No. 2900-0876 in any correspondence. Do not send your completed VA Form to this email address.

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

- Done.

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.")*

- The survey will be a continuous, ongoing survey to collect customer service data offered to all participants of OSDBU services.

8. 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
	5,000	5 minutes	417
<b>Totals</b>	<b>5,000</b>	<b>5 minutes</b>	<b>417</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: Sergio Gazaryan**

**Email address: sergei.gazaryan@va.gov**

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

**OMB Control No. 2900-0876**

**Expiration Date: 02/28/2026**

**HELP SHEET**  
**(OMB Control Number: 2900-0876)**

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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.