Request for Approval under the "Generic Clearance for Improving Customer Experience: OMB Circular A-11, Section 280 Implementation"
(OMB Control Number: 1218-0276)

TITLE OF INFORMATION COLLECTION: Survey for Soliciting Feedback for DEEOIC.

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?

We are sending out surveys to our claimants under the Energy Employees Occupational Illness Compensation Program Act who have recently received a final decision on their claim for benefits. We hope to get feedback on things the program did well, and those areas where improvement is needed. We plan to use the information gathered to improve our claimants' experiences with our program, and to make improvements to our ability to deliver great customer service.

TYPE OF ACTIVITY: (Check one)

[ ] Customer Research (Interview, Focus Groups)
[x] Customer Feedback Survey
[ ] User Testing

ACTIVITY DETAILS

1. How will you collect the information? (Check all that apply)
   - [ ] Web-based or other forms of Social Media
   - [ ] Telephone
   - [ ] In-person
   - [x] Mail
   - [ ] Other, Explain

2. 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?)

See the response to question 1 above. We have a database in our Energy Compensation System (ECS) of all individuals who have filed a claim for benefits under the Energy Employees Occupational Illness Compensation Program Act. Information will be collected from claimants who have received a final decision on his/her EEOICPA claim within the prior three month period.

3. 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 are planning to send out the survey by U.S. mail. We will be enclosing a self-addressed stamped envelope for them to return the survey to us.

4. 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?

See response to question 3 above. There will be 8 survey questions, with responses based on the Likert 5-Point scale.

5. 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.

See survey instrument included in this submission.

6. 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 hope to be able to send the survey out to by this summer. We are still working on our Business Reply Mail account. The thought is to send out the surveys to individuals who have had a final decision issued to them within the previous 3 months. The amount of decisions will be approximately 1,000 per quarter. We plan to send the surveys out quarterly.

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

Not applicable.

BURDEN HOURS

Category of Respondent	**No. of Respondents**	**Participation Time**	**Burden Hours**
Individuals	4000	5 minutes	333
Totals	**4000**	5 minutes	**333**

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 and do not raise issues of concern to other Federal agencies;
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. Upon agreement between OMB and the agency aggregated data may be released as part of A-11, Section 280 requirements only on performance.gov. Summaries of customer research and user testing activities may be included in public-facing customer journey maps.
8. Additional release of data will be coordinated with OMB.

Name: Joshua Novack

All instruments used to collect information must include:

HELP SHEET
(OMB Control Number: 1218-0276)

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.