

**Request for Approval under the “Fast Track Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery” (OMB Control Number: 0704-0553)**

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**TITLE OF INFORMATION COLLECTION:** Customer Feedback on Marine Corps Community Services (MCCS) Food and Beverage Activities

**PURPOSE:** Marine Corps Business and Support Services Division (MR) is seeking a better understanding of MCCS Food & Beverage activities, brand offerings, customer preference, and trends. The proposed assessment is intended to collect information from authorized patrons to understand their awareness, utilization, and perception of current offerings, and identify potential ways to improve Food & Beverage offerings and experience. Customer feedback participation is optional.

**DESCRIPTION OF RESPONDENTS:** Potential respondents are eligible patrons to include active duty Marines, spouses, dependents, retirees, veterans, DoD civilians, and other authorized patrons.

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

- |  |  |
|--|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form          | <input checked="" type="checkbox"/> Customer Satisfaction Survey |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software) | <input type="checkbox"/> Small Discussion Group                  |
| <input type="checkbox"/> Focus Group                                   | <input type="checkbox"/> Other: _____                            |

**CERTIFICATION:**

I certify the following to be true:

1. The collection is voluntary.
2. The collection is low-burden for respondents and low-cost for the Federal Government.
3. The collection is non-controversial and does not raise issues of concern to other federal agencies.
4. The results are not intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of substantially informing influential policy decisions.
6. The 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 future.

Name: Jennifer Kaszuba, MCCS Operations Program Manager

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

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected?  Yes  No

PII is not collected within the customer feedback questions; however, individuals are provided the opportunity to request an MCCS employee contact them regarding their

customer experience. The customer’s name and contact information are not maintained with their responses in the survey platform.

2. If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974? [ ] Yes [X] No

A Privacy Act Statement is NOT required because the personal information solicited is not to be incorporated into a system of records.

3. If Yes, has an up-to-date System of Records Notice (SORN) been published? [ ] Yes [ ] No

**Gifts or Payments: No**

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

**BURDEN HOURS**

<b>Category of Respondent</b>	<b>No. of Respondents</b>	<b>Participation Time</b>	<b>Burden</b>
Individuals or Households	7,000	3 minutes	350 hours
<b>Totals</b>	<b>7,000</b>		<b>350 hours</b>

**PUBLIC COST:** The estimated annual cost to the public is \$7,791.00

**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 [X] 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?

Individuals have the opportunity to access the survey via a QR code posted at the facility’s doors, point-of-sale terminals, and at the customer restaurant tables.

**Administration of the Instrument**

1. How will you collect the information? (Check all that apply)  
[X] Web-based or other forms of Social Media (accessed through a QR code)

- Telephone
- In-person
- Mail
- Other, Explain

2. Will interviewers or facilitators be used?  Yes  No