## Request for Approval under the “Fast Track Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery”

## (OMB Control Number: 0704-0553)

**TITLE OF INFORMATION COLLECTION:** Security Content Automation Protocol (SCAP) Compliance Checker Survey

**PURPOSE:** To solicit feedback from users of NIWC Atlantic’s Security Content Automation Protocol (SCAP)Compliance Checker Tool. The feedback will be used to determine:

* how satisfied our customers are with the product we are creating,
* rough estimates of end user usage, so we can calculate the overall cost per computer of our work,
* if any issues with the software exists, and
* if any new features are needed.

**DESCRIPTION OF RESPONDENTS**: The respondent are users of the SCAP Compliance Checker Tool which include the following: Army, Navy, Air Force, Marines, Non-DOD US Federal Agency, US State, City/County, Private industry (non-government users). For this request, we are only including public respondents in the burden estimates.

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

[ ] Customer Comment Card/Complaint Form [X] Customer Satisfaction Survey

[ ] Usability Testing (e.g., Website or Software) [ ] Small Discussion Group

[ ] Focus Group [ ] 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: *James E. Lee*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected? [X] Yes [ ] No
2. If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974? [X] Yes [ ] No
3. If Yes, has an up-to-date System of Records Notice (SORN) been published? [ ] Yes [ ] No

**Gifts or Payments:**

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

**BURDEN HOURS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category of Respondent** | **No. of Respondents** | **Participation Time** | **Burden** |
| State, local, or tribal governments | 145 | 5 minutes | 12.08 hours |
| Private Sector | 50 | 5 minutes | 4.17 hours |
| **Totals** | **195** | 5 minutes | **16.25 hours** |

**PUBLIC COST:** The estimated annual cost to the public is: $801.61.

The Respondent hourly wage was determined by using the Bureau of Labor Statistics Wage Estimate Website (https://www.bls.gov/oes/current/oes\_nat.htm)

**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? [X] Yes [ ] 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?

We have a SCC Customer List which is updated as users begin/discontinue using the SCAP Compliance Checker Tool. The survey link will be emailed to all customers on this list.

**Administration of the Instrument**

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

[X] Web-based or other forms of Social Media (*Qualtrics XM – Survey Tool managed by OPNAV N1*)

[ ] Telephone

[ ] In-person

[ ] Mail

[ ] Other, Explain:

1. Will interviewers or facilitators be used? [ ] Yes [X] No