

Request for Approval under the “Department of Labor Generic Clearance for the Collection of Feedback on Agency Service Delivery”

(OMB Control Number: 1225-0088)

TITLE OF INFORMATION COLLECTION: BLS Producer Price Index (PPI) User Survey

PURPOSE:

The purpose of this user survey is to obtain feedback about products on the PPI program website including the usefulness of the information provided, what products data users actually use, how they currently apply those data to real-world problems, and suggestions for improvements or new products. In addition, an attempt will be made to find out more about the users who respond to these surveys, including their occupations, how well the website is meeting their needs, and ratings of the quality of the information obtained.

No personally identifiable information will be collected. We will not be using a random sample for the survey.

DESCRIPTION OF RESPONDENTS:

The target audience of respondents for the PPI User Survey are individuals who have prior involvement with the PPI program, prior use of PPI data, or are potential PPI data users. This includes individuals involved in academics, businesses, government agencies, policy makers, and private individuals.

Frame sources include individuals entered into the BLS Customer Inquiry System (CIS), BLS update subscribers, PPI update subscribers.

TYPE OF COLLECTION: (Check one)

- | | |
|---|--|
| ☐ Customer Comment Card/Complaint Form | ☒ 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: Tim Schermerhorn

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

Personally Identifiable Information:

1. Is personally identifiable information (PII) collected? ☐ Yes ☒ No
2. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974? ☐ Yes ☐ No
3. If Applicable, has a System or Records Notice been published? ☐ Yes ☐ No

Gifts or Payments:

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

BURDEN HOURS

The number of respondents was estimated based on approximately 10% response rate to a single email invitation to a list of known product users. Known product users include PPI data users and individuals with prior involvement with PPI. Additional responses are expected from web product page visits where visitors can click a banner link to complete the survey. Details on the number of PPI data users and individuals with prior involvement is provided below.

The survey will solicit responses from customers using various methods:

- Include a link in a banner on the PPI homepage.
- An email frame with a request to complete the survey will be sent to known data users and individuals with prior involvement with PPI.

Category of Respondent	No. of Respondents	Participation Time	Burden
Survey respondent (Individuals or Households)	3460	6 min	346 hours
Survey Respondents (Businesses)	1659	6 min	166 hours
Totals	5119		512 hours

FEDERAL COST: The estimated annual cost to the Federal government is \$5,165 (*estimated based on an average GS-12/1 salary rate of \$51.65 for development, programming, and system maintenance, and monitoring, receiving, analyzing, and reporting on the responses.*)

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?

Potential respondent groups have been identified as individuals who have prior involvement with the PPI program, prior use of PPI data, or are potential PPI data users. These individuals will be selected using contact information obtained from the CIS, BLS update subscriber list, PPI update subscriber list, PPI news release subscriber list, and PPI respondents. Additionally, a link will be placed on the PPI home page of the BLS website with the message “Brief Survey: Help Us Improve Our Data.”

Administration of the Instrument

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

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

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

Instructions for completing Request for Approval under the “Generic Clearance for the Collection of Feedback on Agency Service Delivery”

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 XXXXX)

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.

DESCRIPTION OF RESPONDENTS: Provide a brief description of the targeted group or

groups for this collection of information. These groups must have experience with the program.

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: Provide answers to the questions.

Gifts or Payments: If you answer yes to the question, please describe the incentive and provide a justification for the amount.

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.

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.

FEDERAL COST: Provide an estimate of the annual cost to the Federal government.

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. Please provide a description of how you plan to identify your potential group of respondents and how you will select them. If the answer is yes, to the first question, you may provide the sampling plan in an attachment.

Administration of the Instrument: Identify how the information will be collected. More than one box may be checked. Indicate whether there will be interviewers (e.g. for surveys) or facilitators (e.g., for focus groups) used.

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