

**Request for Approval under the “Generic Clearance for Improving Customer Experience:  
OMB Circular A-11, Section 280 Implementation”  
(OMB Control Number: 0535-0261)**

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**TITLE OF INFORMATION COLLECTION:**

**PURPOSE OF COLLECTION:**

**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. DESCRIPTION OF RESPONDENTS – Who will you collect the information from?

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)*

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?*

6. Please provide your question list.

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

7. When will the activity happen?

*Describe the time frame and/or number of events that will occur.*

8. Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants?

☐ Yes ☐ No

If Yes, describe:

## **BURDEN HOURS**

| Category of Respondent | No. of Respondents | Participation Time | Burden Hours |
|------------------------|--------------------|--------------------|--------------|
|                        |                    |                    |              |
|                        |                    |                    |              |
| <b>Totals</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:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

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

**OMB Control No. 0535-0261**

**Expiration Date: XX/XX/2027**

**HELP SHEET**  
**(OMB Control Number: 0535-0261)**

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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.