Version 04102026
(OMB Control Number 0690-0030)

Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback" (OMB Control Number 0690-0030)

TITLE OF INFORMATION COLLECTION: Share Your ACS Data Story for American Community Survey (ACS) data.

PURPOSE: The overall objective of Share Your ACS Data Story Form is to provide users a way to comment or provide feedback regarding ACS data to help improve user's community, business or data needs.

The purpose of this data collection is to gather information from users who want to voluntarily share their data story about how they use ACS data.

Only one data collection method will be used: an online form for gathering user's information and their data story details.

This request focuses on the online form (Attachment A). A final draft of the Share Your Data Story form is included as attachment to this form (Attachment A).

DESCRIPTION OF RESPONDENTS: ACS users who want to voluntarily share their data story.

TYPE OF COLLECTION: (Check one)

[ ] Customer Comment Card/Complaint Form
[ ] Usability Testing (e.g., Website or Software) [ ] Small Discussion Group
[ ] Focus Group
[ ] Customer Satisfaction Survey [x] Other: Share Your ACS Data Story Form

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 as official statistics, but may be presented at research or methodology conferences to inform ongoing research.
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.

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To assist with the review, please provide answers to the following questions:

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? [ ] Yes [x] 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 Hours**
ACS data users (online request form)	5 users per month	Up to 30 minutes each	2.5 hours per month
Totals	60	Up to 30 minutes each	30 hours per year

FEDERAL COST: The estimated annual cost to the Federal government is $0

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?

Any potential ACS user that wants to provide user feedback can use this form.

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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

Required Additional Information

1. Line of Business: General Government
2. Subfunction: Central Records and Statistics Management
3. Privacy Act System of Records: N/A Title:
4. Federal Registration citation information: Volume Pg. No.
5. Number of respondents for small entities: N/A
6. Percentage of respondents reporting electronically: 100%

Please submit all instruments, instructions, correspondences (emails, letters, etc.) to respondents, and scripts as separate documents along with this request document.

Every instrument (survey/form) or correspondence to respondents must have the following displayed – OMB Control No. 0690-0030 and Expiration Date: 7/31/2026

The standard PRA Notwithstanding statement informing respondents of the OMB control number's legal significance in accordance with 5 CFR 1320.5(b).