

**Request for Approval under the “Voluntary Partner Surveys to Implement
Executive Order 12862/Questionnaire and Data Collection Testing, Evaluation,
and Research for the Health Resources and Services Administration” (OMB
Control Number: 0915-0084/0915-0379)**

TITLE OF INFORMATION COLLECTION: BPHC Customer Service Survey

PURPOSE: The purpose of the BPHC Customer Feedback Survey is to solicit the level of satisfaction with the quality of customer service provided by BPHC. The information obtained from the BPHC Customer Feedback Survey will be used to measure customer service performance and identify areas for improvement.

DESCRIPTION OF RESPONDENTS: All individuals that have an inquiry marked closed or resolved in Salesforce will have the opportunity to provide feedback on how well BPHC staff have responded to their inquiry.

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: Kathryn Mitchell

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, will any information that is collected be included in records that are subject to the Privacy Act of 1974? ☐ 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 ☒ No

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden Hours Total
BPHC Customer	1,900	.05 hours	95
Totals	1,900	.05 hours	95

FEDERAL COST:

The associated annualized cost to the government is the time spent on data review and reporting by BPHC staff. The estimated annualized cost to the government is \$6,500, based on 10 staff hours per month and using a GS-13, step one hourly pay rate. Associated costs increase when the federal pay scale is increased or individuals move up and through the GS pay scale.

We will not incur any costs for the survey tool. Costs listed here are based on hourly wage rate for federal employees.

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 ☒ 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?

Administration of the Instrument

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