

Paperwork Reduction Act Statement

OMB No: 3090-0297

Expires 08/31/2022

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. The OMB control number for this collection is 3090-0297. We estimate that it will take 10 minutes to read the instructions, gather the facts, and answer the questions. Send only comments relating to our time estimate, including suggestions for reducing this burden, or any other aspects of this collection of information to: General Services Administration, Regulatory Secretariat Division (MVCB), ATTN: Lois Mandell/IC 3090-0297, 1800 F Street, NW, Washington, DC 20405.

Block 1

Common Catalog Platform (CCP) User Outreach Program: Informed Consent Form

This form is for Multiple Award Schedule (MAS) contractors interested in participating in the User Outreach Program for the new Common Catalog Platform (CCP). Participants will help inform the design and development of the CCP, a new tool GSA is developing to improve the catalog management experience.

The purpose of this program is to better understand how MAS contractors manage their catalogs and how they would like to interact with the CCP. Your participation in this program will help the General Services Administration (GSA) design and develop a user friendly platform for managing catalog data.

If you are interested in participating, please proceed to the next page and fill out the participant consent form.

CCP Consent Form

Common Catalog Platform (CCP) User Outreach Program

Participant Information

Responses to all questions are required

1. First Name:

2. Last Name:

3. Company Name:

4. Email Address Where You Wish To Be Contacted For Scheduling:

5. Company DUNS or UEI (Please, no dashes):

6. GSA Schedule Contract Number:

(If you do not hold a Schedule Contract, please explain.)

7. Please pick the statement(s) that best describe your relationship to managing catalogs:

- ☐ I manage modifications in eMod
- ☐ I manage the SIP File Submission
- ☐ I use a consultant to manage my contract

☐ I use a consultant to manage my catalog

☐ Other (Explain)

Informed Consent

Responses to all questions are required

1. Your participation in this program is voluntary. You can take a break, refuse to participate, or ask questions at any time. Please check the box below to show you understand:

☐ I understand that my participation is voluntary and I can stop at any time without giving a reason.

2. We will ask you to show us how you do tasks and ask you questions. We will record the session and we will take notes to record your comments and actions. Please check the boxes below to show you understand:

☐ I understand that members of the design team may be observing me during the study.

☐ I understand that my voice and the computer screen will be video recorded.

3. Other members of the CCP Design Team may watch the recording of your session so they can improve the CCP. We may publish research reports that include uncredited comments. The data used in these reports will be anonymous. Your comments will be confidential. Please check the boxes below to show you understand:

☐ I understand that members of the design team may view the recording in the future.

☐ I understand that my comments are confidential.

4. Information shared during these sessions may be in development and not final. Participants are asked that they do not share materials from the sessions and do not take “screenshots” during the engagements. Participants are asked to keep information shared by other parties during group engagements confidential. Please check the boxes below to show you understand:

- ☐ I understand information shared during these sessions will be in development and not final
- ☐ I understand that I should not share any materials from these sessions
- ☐ I understand that I should not take screenshots during the sessions
- ☐ I understand I should keep anything I hear from other participants confidential

5. Please check the box below to agree to participate in this program

- ☐ I agree to participate in the CCP user outreach program

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