Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback" (OMB Control Number: 1910-5160)

TITLE OF INFORMATION COLLECTION: NCV & WVP Workforce Study

PURPOSE:
To provide information in support of the National Nuclear Security Administration (NNSA) Office of Nuclear Verification (NA-243) Arms Control Advancement Initiatives, including the Next Generation Arms Control Experts (Next Gen ACE) program. The data will help establish a baseline understanding of the skills and capabilities and how existing programs meet NA-243 Nuclear Compliance Verification and Warhead Verification Program missions. Improving programs require the ongoing assessment of service delivery, which includes the systematic review of the NA-243 program operation compared to our standards set by the needs of the program, to allow for the continuous improvement of the program. The survey will collect, analyze, and interpret information gathered through this generic clearance to identify strengths and weaknesses of current available services and make improvements in service delivery based on feedback. The solicitation of feedback targets areas such as timeliness, appropriateness, accuracy of information, courtesy, efficiency of service delivery, and resolution of issues with service delivery. The questions also assess current learning and training activities which will help NNSA understand how to improve the current standards, expertise, and training within NA-243. Responses will be assessed to plan and inform efforts to improve or maintain the quality of service offered through the Next Gen ACE program. The ability to understand the strengths and weaknesses in the program can only be completed through feedback from those with the experience in the program.

DESCRIPTION OF RESPONDENTS:
Respondents are limited to current US national laboratory, plant, and site employees that actively work on NA-243 projects.

TYPE OF COLLECTION: (Check one)

[ ] Customer Comment Card/Complaint Form
[ ] Usability Testing (e.g., Website or Software
[ ] Focus Group
[ ] Customer Satisfaction Survey
[ ] Small Discussion Group
[X] Other: Survey

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: John Dunn
Signature: _____ Date: 7/6/23

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

Personally Identifiable Information:

1. Is personally identifiable information (PII) collected? [ ] Yes [X] 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**
US National laboratory, plant, or site employee	300	.25 - .75 hours	75 – 225 hours
Totals	**300**	**.25 - .75 hours**	**75-225 hours**

FEDERAL COST: The estimated cost to the Federal government is ____$117,000_____. This includes the cost for the Oak Ridge Institute for Science and Education (ORISE) to develop the survey mechanism through an existing platform and to share it with relevant parties.

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?
   [X] 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?

The survey will be sent to the US national laboratory, plants, and sites that currently work with the Office of Nuclear Verification to understand how we can better improve the program and better prepare monitoring and verification experts moving forward. There is no sampling plan.

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 Routine Customer Feedback"

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.

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. Note: 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.

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 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.

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.