

NARA Survey Request

OMB Control No.: 3095-0070

Expiration date: 12-31-2026

The respondent's email (**michaell.knight@nara.gov**) was recorded on submission of this form.

Survey Title - What do you want to call the survey? This name cannot be changed once it has been approved. Provide the name of the collection that is the subject of the request. (e.g. Comment card for soliciting feedback on xxxx).

Archives.gov Redesign: Focus Group and Feedback Volunteer Sign-up

POC - Name and contact information

Michael Knight (michaell.knight@nara.gov)

Objective/Purpose - What is the intent of your survey? Provide a brief description of the purpose of this survey (information collection) and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

This survey will be used to gather contact information from members of the public that are interested in participating in focus groups in connection with the upcoming redesign of the Archives.gov website.

Audience - Who is the survey for? Provide a brief description of the targeted group or groups for this survey (information collection). These groups must have experience with the program.

The target audience for this survey are members of the public that may have advanced or limited familiarity with the Archives.gov website, and that may be willing to provide feedback about their experience visiting the website.

Timing - What is the time period you would like your survey to run? Enter the date span “from” and “to” that this survey will be administered.

9/23/24 - 12/31/25

Report Date - When would you like your analysis of the survey data?

MM DD YYYY

10 / 04 / 2024

Addition Information - Any other information about the survey that you would like to share?

Please provide a link to a Google Sheet with your questions below:

<https://docs.google.com/spreadsheets/d/1KKHaHVMzQD8QdGQrhplkLoTxrw9YWZptPebx92UEdUg/edit?usp=sharing>

Request for Approval under the “Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery”

OMB Control No.: 3095-0070

Expiration date: 12-31-2026

OMB Fast Track - OMB’s criteria that indicate eligibility for Fast Track are: (1) The data collection is focused on the awareness, understanding, attitudes, preferences, or experiences of customers or other stakeholders (e.g., delivery partners; co-regulators; and potential customers) to improve existing or future services, products, or communications materials; (2) The data collection is voluntary and non-controversial; (3) Statistical rigor is not required; (4) Burden on participants is not high; and (5) Public dissemination of results is not intended.

☒ Yes

☐ No

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.

☐ Customer comment card / Complaint

☐ Usability testing (e.g. website or software)

☐ Focus Group

☐ Customer Satisfaction

☐ Survey Small Discussion

☒ Other: Survey

CERTIFICATION:

Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

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.

Type in your name below to certify that the items above are true:

.....

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

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.

1. Is personally identifiable information (PII) collected?

☒ Yes

☐ No

If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974?

☐ Yes

☒ No

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

If you answer yes to the above 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.

Category of Respondent:

(1) Individuals or Households

No. of Respondents:

75

Participation Time:

1 minutes

Burden:

1.25

FEDERAL COST:*Provide an estimate of the annual cost to the Federal government.*

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. 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.

The selection of your targeted respondents

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

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. Enter the date span “from” and “to” that this survey will be administered.

How will you collect the information? (Check all that apply)

☐ Web-based or other forms of Social Media (if applicable, please add url)

☐ Telephone

☐ In-person

☐ Mail

☐ Other:

Will interviewers or facilitators be used?

☐ Yes

☒ No

Length of Collection:

Start Date:

MM DD YYYY

10 / 01 / 2024

Stop Date:

MM DD YYYY

12 / 31 / 2025

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