

Title of Information Collection

U.S. Department of State

REQUEST FOR APPROVAL UNDER THE "GENERIC CLEARANCE FOR THE COLLECTION OF ROUTINE CUSTOMER FEEDBACK" OMB CONTROL NUMBER: 1405-0193

| Purpose | | | | | | |
|---|---|--|---|--|--|--|
| In support of a request from the National Museum of American Dip Public Diplomacy's Office of Policy, Planning, and Resources, Rese satisfaction survey to help ensure NMAD is providing its visitors in and anonymous. | earch | n Evaluation U | Jnit (R/PPR/REU), has developed a customer | | | |
| The NMAD Patron Survey is intended to be a one-time instrument as who have visited NMAD or its website, with a goal of measuring peteaching materials, and events. R/PPR/REU staff will manage the s NMAD leadership. Outcomes will inform the museum's leadership improvement of content, communication, and learning materials preby association, improved public understanding of the meaning, value | erspe surve of p | ectives on eler ey as well as e patron perspec- ted, potentially | nents of the museum such as its newletter, valuation and dissemination of results to tives, providing information supporting / leading to increased patron satisfaction and, | | | |
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| | | | | | | |
| Description of Respondents | | | | | | |
| Potential respondents to this survey will include members of the put NMAD patrons shall be invited to voluntarily participate in the exer acceptable minimum response from this community is 375 responde | rcise | to ensure an | oloyees of the U.S. Department of State. All adequately representative sample. An | | | |
| R/PPR/REU and its external contractors will follow all procedures so Participation in the survey is entirely at-will and can be declined at a collected and all response submissions will be reported anonymousl names will not be reported, but responses may be disaggregated by employment (e.g., educator, DoS, or student), and museum elements will be provided a statement detailing the intended use of the survey. For optional qualitative responses, data will be scrubbed to remove a | any t ly. A varia s vis y and | time. No pers As all response ables of intere ited. Before e d assurance the | onally identifiable information (PII) will be es are anonymous, individual participant st such as place of residence, type of entering the survey, all potential respondents | | | |
| Type of Collection: (Check one) | | | | | | |
| Customer Comment Card/Complaint Form | X | Customer Satis | faction Survey | | | |
| Usability Testing (e.g., Web site or Software) | | Small Discussion | nall Discussion Group | | | |
| Focus Group | | Other | * | | | |
| Certification | | | | | | |
| I certify the following to be true: | | | | | | |
| The collection is voluntary. | | | | | | |
| 2. The collection is low-burden for respondents and low-cost for the Federa | al gov | vernment. | | | | |
| 3. The collection is non-controversial and does not raise issues of concern | to ot | ther Federal age | encies. | | | |
| 4. The results are not intended to be disseminated to the public. | | | | | | |
| 5. Information gathered will not be used for the purpose of substantially info | ormin | ng influential pol | icy decisions. | | | |
| The collection is targeted to the solicitation of opinions from respondents the program in the future. | s who | have experien | ce with the program or may have experience with | | | |
| Name (Last, First, MI) | | Title | | | | |
| Anderson Kirk | | J Tea | m Lead, Applied Research | | | |
| Signature | | | Date (mm-dd-yyyy) | | | |
| rick lib | | | 10-09-2024 | | | |
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| TO ASSIST REVIEW, PLEASE PROVIDE ANSWERS TO THE FOLLOWING QUESTIONS. | | | | | |
|---|--------------------------------|------------------------------|----------------|--|--|
| Personally Identifiable Information | | | | | |
| Is personally identifiable information (PII) collected? | | ☐ Yes | ★ No | | |
| a. If Yes, is the information that will be collected included in rec | cords that are subject to the | | × No | | |
| If Applicable, has a System of Records Notice been published? | | ☐ Yes | □ No | | |
| Gifts or Payments | | | | | |
| Is an incentive (e.g., money or reimbursement of expenses, token of | of appreciation) provided to p | participants? Yes | ⋉ No | | |
| BU | IRDEN HOURS | | | | |
| Category of Respondent | Number of Respondents | Participation Time (Minutes) | Burden Hours | | |
| Individuals or Households | 375 | 8 | 50 | | |
| Clear Contents | | | | | |
| | | | | | |
| Totals | | | | | |
| | DERAL COST | | | | |
| The estimated annual cost to the Federal government is \$0.00 | | | | | |
| IF YOU ARE CONDUCTING A FOO | | DI AN TO EMPLOY | | | |
| STATISTICAL METHODS, PROVIDE | | | | | |
| 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. | | | | | |
| The survey will be sent to all patrons on NMAD's current mailing list and be made available to those who visit the museum's website via an interactive link. | | | | | |
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| 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 Collection of survey information will occur via an anonymous email link as well as an anonymous link available on the museum's website. | | | | | |
| 2. Will interviewers or facilitators be used? Yes 🗴 No | | | | | |
| PLEASE MAKE SURE THAT ALL INSTRUMENTS, INSTRUCTIONS, AND SCRIPTS ARE SUBMITTED WITH THE REQUEST | | | | | |

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