

**Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 1670-0027)**

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**TITLE OF INFORMATION COLLECTION:**

Homeland Security Information Sharing Network – Critical Infrastructure (HSIN-CI) Usage Questionnaire

**PURPOSE:**

The survey will be used to collect information on how and for what specific purposes CI stakeholders use HSIN-CI for information sharing. The information will be collected in paper form and electronically through survey monkey. SOPD will ensure that respondents’ IP addresses are not collected by ensuring that the Survey Monkey settings are updated to opt out of collecting this information. The SOPD Information Sharing Section will use the information collected to determine what changes would enhance HSIN-CI users’ experience.

**DESCRIPTION OF RESPONDENTS:**

Critical Infrastructure stakeholders who use or have access to HSIN-CI. Respondents will be asked to complete the survey at Sector and Council meetings, and on HSIN Portal sites.

**TYPE OF COLLECTION:** (Check one)

- |  |  |
|--|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form          | <input checked="" type="checkbox"/> Customer Satisfaction Survey |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software) | <input type="checkbox"/> Small Discussion Group                  |
| <input type="checkbox"/> Focus Group                                   | <input type="checkbox"/> 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:

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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, is the information that will be collected included in records that are subject to the Privacy Act of 1974?  Yes  No
3. If Applicable, has a System or Records Notice 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	No. of Responses per Respondent	No. of Responses	Participation Time	Burden	Annual Burden Cost
Registered HSIN-CI users	900	1	900	10 minutes (0.16667 hours)	150	\$5,010
<b>Totals</b>	<b>900</b>	1	900		<b>150</b>	<b>\$5,010</b>

Annual burden cost -- \$23.86 (May 2016 average hourly wage rate for all occupations from the [May 2016 Bureau of Labor Statistics](#)) x 1.4 (wage rate benefit) = \$33.40 x 9,000 = \$5,010

**FEDERAL COST:** The estimated annual cost to the Federal government is \$27,748

It is estimated that 1 manager at GS level 14, Step 1 will spend about 5% of their time annually (2080 \* .05 = 104 hours annually) reviewing the information collected. Also, it is estimated that 1 employee at GS level, Step 1 will spend about 15% of their time annually (2080 \* .15 = 312) reviewing the information collected.

Using the FY17 GS pay scale for Washington-Baltimore-Northern Virginia, the fully-loaded wage for GS14, Step 1 is \$75.40 and the fully-loaded wage for GS13, Step 1 is \$63.81.

GS14/1 Manager review -- \$112,021/2080 = \$53.86 x 1.4 = \$75.40 x 104 hours = \$ 7,841  
 GS13/1 hours -- \$ 94,796/2080 = \$45.57 x 1.4 = \$63.81 x 312 hours = \$19,907

**STATISTICAL METHOD:**

**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**

- 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?

**Recipients are determined by standard distribution lists dependent upon product type.**

**Administration of the Instrument**

- How will you collect the information? (Check all that apply)
  - [ X ] Web-based or other forms of Social Media
  - [ ] Telephone
  - [X ] In-person
  - [ ] Mail
  - [ ] Other (email response)

2. Will interviewers or facilitators be used? [ ] Yes [X] No

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