

OMB Control Number: 1225-0088

OMB Expiration Date: 1/31/24

Request for Approval under the “DOL Departmental Generic Clearance for the Collection of Routine Customer Feedback”

TITLE OF INFORMATION COLLECTION:

CAPE Youth Customer Satisfaction Survey

PURPOSE:

The CAPE-Youth customer satisfaction process will describe and assess the center’s work with states to encourage policy changes designed to improve employment outcomes for youth and young adults with disabilities. The process will include a formative and summative component, using an adaptation of Friedman’s (2005) evidence-driven framework for results-based accountability. The framework posits that one can assess performance by asking questions about the quantity of efforts, the quality of effort, and the effect of effort. Applying these concepts in the context of CAPE-Youth, three broad research questions emerge to guide the evaluation:

1. What services, supports, or resources did CAPE-Youth provide?
2. How well did CAPE-Youth provide services, supports, or resources?
3. What effect did CAPE-Youth services, supports, or resources have on the states it worked with?

The survey will be voluntary. This data will not be made public and will only be analyzed internally for program improvement purposes.

AFFECTED PUBLIC:

Select Primary Affected Public with a “P” and all others that apply with an “X”:

- Individuals or Households
- Farms
- Business or other for-profit
- Federal Government
- Not-for-profit Institutions
- State, Local or Tribal Government

DESCRIPTION OF RESPONDENTS:

An online **survey** will be administered to constituents who have received center services, supports, or resources aligned with grant activities; these may be state or district administrators and policymakers and/or representatives from youth-serving organizations and agencies.

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: Kirk Lew and Janet Brown

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 NA
3. If Applicable, has a System or Records Notice been published? Yes No NA

Gifts or Payments:

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? Yes No

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden
State, local, or tribal governments;	25	45 minutes	18.75 hours
Individuals or Households	25	45 minutes	18.75 hours
Totals	50		37.50 hours

FEDERAL COST: 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

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?

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

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

Web-based or other forms of Social Media

Percentage of Respondents Reporting Electronically: 100%

Telephone

In-person

Mail

Other, Explain

2. Will interviewers or facilitators be used? Yes No