

**Request for Approval under the "Generic Clearance for Improving
Customer Experience: OMB Circular A-11, Section 280
Implementation"
(OMB Control Number: 2900-0876)**

TITLE OF INFORMATION COLLECTION: VetResources Community Network (VRCN) Survey

PURPOSE OF COLLECTION:

VEO is hoping to gain insights from external community partners and collaborators registered in the VetResources Community Network (VRCN) related to VRCN events and engagements, special topics, how they want to partner with VA, what they focus on, who they serve, how many they serve, and what will help them be successful in reaching Veterans.

VEO will use the insights to continue to shape the VRCN campaign to build trust relationships, increase access to VA, reach Veterans and families untethered and underserved, maintain relevant and impactful topics and engagements, and provide tools and promising practices for outreach and community engagement.

TYPE OF ACTIVITY: (Check one)

- Customer Research (Interview, Focus Groups)
- Customer Feedback Survey
- User Testing

ACTIVITY DETAILS

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

2. Who will you collect the information from?

Explain who will be interviewed and why the group is appropriate for the Federal program / service to connect with. Please provide a description of how you plan to identify your potential group of respondents and if only a sample will be solicited for feedback, how you will select them(e.g., anyone who provided an email address to a call center rep, a representative sample of Veterans who received outpatient services in May 2019, do you have a list of customers to reach out to (e.g., a CRM database that has the contact information, intercept interviews at a particular field office?)

- The surveyed organizations are the VA VRCN members that

includes external collaborators, Veteran serving organizations, non-profits, strategic partners, and outreach partners of VA. VEO will use the insights to continue to shape the VRCN campaign to build trust relationships, increase access and trust with VA, reach Veterans and families untethered and underserved, and provide tools and promising practices for outreach and community engagement. The organizations must be vetted and registered with the VRCN to receive the survey which will be event specific based on convenings scheduled through the VRCN Community of Practice (CoP). Over 450 external organizations are part of the VRCN and all will receive the survey link via email. VEO has a list of the VRCN members to email the survey out to post each VRCN event. Samples or random selection of VRCN members will not be used.

3. How will you ask a respondent to provide this information? *(e.g., after an application is submitted online, the final screen will present the opportunity to provide feedback by presenting a link to a feedback form / an actual feedback form)*

- Over 450 external organizations are part of the VRCN and all will receive the survey link via email. VEO has a list of the VRCN members to email the survey out to post each VRCN event.

4. What will the activity look like?

Describe the information collection activity - e.g. what happens when a person agrees to participate? Will facilitators or interviewers be used? What's the format of the interview/focus group? If a survey, describe the overall survey layout/length/other details? If User Testing, what actions will you observe / how will you have respondents interact with a product you need feedback on?

- This is a VRCN event specific survey for the members of the VRCN. Interviews and focus groups will not be held. The survey will have a series of Likert questions and multi-select options to choose from for their responses with a respondent burden of 5 minutes per survey. Approximately 10,000 responses could be received in a given year depending on the number of VRCN events held and size of the VRCN which currently has 450 organizations registered.

5. Please provide your question list.

Paste here the questions or prompts presented to participants in your activity. If you have an interview / facilitator guide, that can be attached to the submission and referenced here.

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

- Done

6. When will the activity happen?

Describe the time frame or number of events that will occur (e.g., We will conduct focus groups on May 13,14,15, We plan to conduct customer intercept interviews over the course of the Summer at the field offices identified in response to #2 based on scheduling logistics concluding by Sept. 10th, or "This survey will remain on our website in alignment with the timing of the overall clearance.")

- After a VRCN event.

7. Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants?

[] Yes [X] No

If Yes, describe:

- Not applicable

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden Hours
Individuals	10,000	5 minutes	833
Totals	10,000	5 minutes	833

CERTIFICATION:

I certify the following to be true:

1. The collections are voluntary;
2. The collections are low-burden for respondents (based on considerations of total burden hours or burden-hours per respondent) and are low-cost for both the respondents and the Federal Government;
3. The collections are non-controversial and do not raise issues of concern to other Federal agencies;
4. Any 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 near future;
5. Personally identifiable information (PII) is collected only to the extent necessary and is not retained;
6. Information gathered is intended to be used for general service improvement and program management purposes; and,

7. Information gathered will only be shared publicly in the manner described in the umbrella clearance of this control number.

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**All instruments used to collect information must include:
OMB Control No. 2900-0876
Expiration Date: 2/28/2026**

HELP SHEET
(OMB Control Number: XXXX-XXXX)

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.

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: 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.

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.