Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback" (OMB Control Number: 1880-0542)

TITLE OF INFORMATION COLLECTION: Event Evaluation Form

PURPOSE:	Customer satisfaction survey.	It will	provide	guidance o	on improving our services.
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DESCRIPTION OF RESPONDENTS: The respondents could be a mix of internal and external participants.

TYPE OF COLLECTION: (Check one)		
[] Customer Comment Card/Complaint Form [] Usability Testing (e.g., Website or Software [] Focus Group	[X] Customer Satisfaction Survey [] Small Discussion Group [] 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 <u>not</u> raise issues of concern to other federal agencies.
- 4. The results are not intended to be disseminated to the public.

TOT I ECTION. (Chook one)

- 5. Information gathered will not be used for the purpose of <u>substantially</u> informing <u>influential</u> 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.

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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 [X] 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 expen participants? [] Yes [X] No	ses, token of app	preciation) provid	led to	
BURDEN HOURS				
Category of Respondent	No. of Respondents	Participation Time	Burden	13 HOURS
Internal and external public	30-100	8min	none)	19 Horrs
				3 Hours
Totals	100	8min	none >	2 HOURS
If you are conducting a focus group, survey, or plan provide answers to the following questions: The selection of your targeted respondents 1. Do you have a customer list or something similar to respondents and do you have a sampling plan for something similar to respondents and do you have a sampling plan for something similar to respondents and how you have a description of both the answer is no, please provide a description of how you respondents and how you will select them? We have a variety of events on the calendar ranging freevents such as forums. The participant number can range	hat defines the u electing from thi [] Yes [X th below (or atta you plan to ident om a National C	niverse of potenti is universe?] No ach the sampling p ify your potential	plan)? If group of	
Administration of the Instrument 1. How will you collect the information? (Check all to a line of the information?) [] Web-based or other forms of Social Media [] Telephone [X] In-person [] Mail [X] Other, Explain: email if necessary 2. Will interviewers or facilitators be used? [] Yes	[X] No			
Please make sure that all instruments, instructions	, and scripts ar	e submitted with	i the	

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