

**Request for Approval under the “Generic Clearance for the Collection of Qualitative Feedback on the Service Delivery of the Consumer Financial Protection Bureau” (OMB Control Number: 3170-0024)**

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**1. TITLE OF INFORMATION COLLECTION:**

Community Bank Advisory Council, Credit Union Advisory Council and Academic Research Council Post-Meeting Surveys

**2. PURPOSE:**

The surveys are used to collect annual information regarding the content and execution of meetings throughout a meeting year.

**3. DESCRIPTION OF RESPONDENTS:**

The respondents are members of the respective Councils that have participated in meetings. The respondents include representatives from community banks, credit unions and academic researchers.

**4. TYPE OF COLLECTION (ADMINISTRATION OF THE INSTRUMENT):**

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

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Web-based or other forms of Social Media | <input checked="" type="checkbox"/> Telephone   |
| <input checked="" type="checkbox"/> In-person                                | <input type="checkbox"/> Mail                   |
| <input type="checkbox"/> Small Discussion Group                              | <input checked="" type="checkbox"/> Focus Group |
| <input type="checkbox"/> Other, Explain _____                                |   |

**b. Will interviewers or facilitators be used?**

- Yes  No  Not Applicable

**5. FOCUS GROUP OR SURVEY:**

**If you plan to conduct a focus group or survey, please provide answers to the following questions:**

**a. 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  Not Applicable

**b. If the answer is yes, please provide a description below. 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 respondents are members of the respective Councils with terms set by the Council bylaws.

**6. PERSONALLY IDENTIFIABLE INFORMATION:**

- a. **Is personally identifiable information (PII) collected?**  Yes  No
- b. **If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974?**  Yes  No  Not Applicable
- c. **If Applicable, has a System or Records Notice been published?**  
 Yes  No  Not Applicable

**7. INCENTIVES:**

- a. **Is an incentive provided to participants?**  Yes  No
- b. **If Yes, provide the amount or value of the incentive?** \$\_\_\_N/A\_\_\_.
- c. **If Yes, provide a statement justifying the use and amount of the incentive.**  
N/A

**8. BURDEN ESTIMATES:**

<b>Information Collection</b>	<b>Number of Respondents</b>	<b>Participation Time (hours)</b>	<b>Burden Hours</b>
Community Bank Advisory Council Post-Meeting Survey	16	.17	3
Credit Union Advisory Council Post-Meeting Survey	16	.17	3
Academic Research Council Post-Meeting Survey	16	.17	3
<b>Totals</b>	48	////////////////////	9

**9. FEDERAL COST:** The estimated annual cost to the Federal government is \$\_\_\_0\_\_\_.

## 10. CERTIFICATION:

By submitting this document, the Bureau certifies the following to be true:

- The collection is voluntary.
- The collection is low-burden for respondents and low-cost for the Federal Government.
- The collection is non-controversial and does not raise issues of concern to other federal agencies.
- The results are not intended to be disseminated to the public.
- Information gathered will not be used for the purpose of substantially informing influential policy decisions.
- 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.
- The results will not be used to measure regulatory compliance or for program evaluation.

