

**Request for Approval under the
“Generic Clearance for the Collection of Routine Customer Feedback”
OMB Control No. 0690-0030**

TITLE OF INFORMATION COLLECTION: Customer Service Feedback Form Technology Startup Companies.

PURPOSE: To conduct a short, voluntary survey among U.S.-based startup technology companies exhibiting at the 2015 Consumer Electronics Show (CES) industry trade show to determine if current service needs in export assistance are being served by current ITA service products. Collected feedback will help determine what modifications can be implemented to improve the quality of services offered to startup companies in the technology industry.

DESCRIPTION OF RESPONDENTS: Respondents will be U.S.-based startup technology companies exhibiting at the Consumer Electronics Show.

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: Cary Ingram

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, will any information that is collected be included in records that are subject to the Privacy Act of 1974? Yes No
3. If Yes, has an up-to-date System of Records Notice (SORN) been published? Yes No

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 Hours
Private Sector	200	15 Minutes	50 hrs.
Totals	200	15 Minutes	50 hrs.

Ongoing collection? Yes___ or No_X__

FEDERAL COST: The estimated annual cost to the Federal government is \$150

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?
[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?

A listing of potential respondents is included. The sampling plan is to speak with U.S.-based tech startup companies exhibiting at the trade show to ask the questions in person during general outreach conducted on the show floor. We will also invite companies to take the online survey if time does not allow for in-person surveying.

Administration of the Instrument

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

Required Additional Information (check ROCIS in IC List for this info --- needed for OCIO staff to complete request)

1. Line of Business: International Affairs and Commerce

2. Subfunction: Global Trade

3. Privacy Act System of Records: Title:

4. Federal Registration citation information: Volume Pg. No.

5. Number of respondents for small entities: 200

6. Percentage of respondents reporting electronically: 75%

PLEASE READ THESE INSTRUCTIONS CAREFULLY BEFORE SUBMITTING

Instructions for completing Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback”

TITLE OF INFORMATION COLLECTION: Provide the name of the collection that is the subject of the request. (e.g., Customer Satisfaction Survey for Commerce.gov Website)

PURPOSE: Provide a description of the program, system, or product offered to customers, 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.

DESCRIPTION OF RESPONDENTS: Provide a brief description of the targeted group or groups for this collection of information. These groups must have experience with the program.

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: Provide answers to the questions. Note: 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.

Gifts or Payments: If you answer yes to the question, please describe the incentive and provide a justification for the amount.

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. **If an ongoing collection (check yes/no), provide respondents and burden hour totals for duration of your collection up to three years (length of OMB approval).**

Example: 3 times a year x 3 yrs (2017) x 25 respondents = 225 responses x 15 mins = 56 hrs.

FEDERAL COST: Provide an estimate of the annual cost to the Federal government.

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. Please provide a description of how you plan to identify your potential group of respondents and how you will select them. If the answer is yes, to the first question, you may provide the sampling plan in an attachment.

Administration of the Instrument: Identify how the information will be collected. More than one box may be checked. Indicate whether there will be interviewers (e.g., for surveys) or facilitators (e.g., for focus groups) used.

Submit all instruments, instructions, and scripts are submitted with the request.

Required Additional Information (check ROCIS in IC List for this info --- needed for OCIO staff to complete request)

1. Line of Business:

2. Subfunction:

3. Privacy Act System of Records: Title:

4. Federal Registration citation information: Volume Pg. No.

5. Number of respondents for small entities: 100

6. Percentage of respondents reporting electronically: 75%