

Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number 0690-0030)

TITLE OF INFORMATION COLLECTION: NIST MEP Emerging Leaders Program Data Collection

PURPOSE: The National Institute of Standards and Technology (NIST), Hollings Manufacturing Extension Partnership (MEP) has operating an Emerging Leadership Program for 9 years. This survey is to learn the effects and impacts of the Engineering Leaders (EL) program from the attendees and the Center Directors who sent staff. Center Directors who have not sent staff will be asked why. The results of this survey will be used to identify program improvements in the EL program.

DESCRIPTION OF RESPONDENTS: There are 99 past attendees from the classes year 1 – 6 who will be electronically surveyed. There are 12 center directors who have sent staff and another 15 who have not who will also be surveyed electronically.

TYPE OF COLLECTION: (Check one)

Customer Comment Card/Complaint Form
 Usability Testing (e.g., Website or Software)
 Focus Group

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 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.

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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 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
Individuals	126	10 mins	21 Hrs
Totals	126	10 mins	21 Hrs

FEDERAL COST: The estimated annual cost to the Federal government is The NIST Employee working on this collection with devote an estimated 50 hours during the year. The estimated costs is \$3,200.

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?

We have the list of Emerging Leader graduates and Center Directors we will be using.

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 No

Please submit all instruments, instructions, correspondences (emails, letters, etc.) to respondents, and scripts as separate documents along with this request document.

Every instrument must have the following displayed –

OMB Control No. 0690-0030

Expiration Date: 06/30/2017

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. 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.

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.

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: Workforce Management
2. Subfunction: Training and Employment Labor Rights
3. Privacy Act System of Records: Title: Not applicable
4. Federal Registration citation information: Volume 79 Pg. No. 9159, dated 2/18/14.
5. Number of respondents for small entities: Zero
6. Percentage of respondents reporting electronically:100%