

# PAPERWORK REDUCTION ACT SUBMISSION

**Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the supporting statement, and any additional documentation to: Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street NW, Washington, DC 20503.**

<p>1. Agency/Sub agency originating request DOC/BIS/OTE</p>	<p>2. OMB control number <span style="float: right;">b. <input type="checkbox"/> None</span> a. <u>0694</u> - <u>0119</u></p>
<p>3. Type of information collection (<i>check one</i>)</p> <p>a. <input checked="" type="checkbox"/> New Collection</p> <p>b. <input type="checkbox"/> Revision of a currently approved collection</p> <p>c. <input type="checkbox"/> Extension of a currently approved collection</p> <p>d. <input type="checkbox"/> Reinstatement, without change, of a previously approved collection for which approval has expired</p> <p>e. <input type="checkbox"/> Reinstatement, with change, of a previously approved collection for which approval has expired</p> <p>f. <input type="checkbox"/> Existing collection in use without an OMB control number</p> <p>For b-f, note Item A2 of Supporting Statement instructions</p>	<p>4. Type of review requested (<i>check one</i>)</p> <p>a. <input checked="" type="checkbox"/> Regular submission</p> <p>b. <input type="checkbox"/> Emergency - Approval requested by ___/___/___</p> <p>c. <input type="checkbox"/> Delegated</p> <p>5. Small entities Will this information collection have a significant economic impact on a substantial number of small entities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>6. Requested expiration date a. <input checked="" type="checkbox"/> One year from approval date b. <input type="checkbox"/> Other Specify:</p>
<p>7. Title Defense Industrial Base Assessment: U.S. Rocket Propulsion Industry</p>	
<p>8. Agency form number(s) (<i>if applicable</i>) None</p>	
<p>9. Keywords Industrial analysis, defense industrial base, rocket propulsion, additive manufacturing, test and evaluation, research and development, diminishing manufacturing sources and material shortages, supplier and program interdependencies, competitive challenges, sole source, supply disruptions, foreign sourcing and dependencies, best practices, supply chain network, components and services, workforce, cybersecurity.</p>	
<p>10. Abstract The Bureau of Industry and Security's Office of Technology Evaluation (OTE) is conducting an industrial base survey and assessment of the U.S. rocket propulsion industry. The domestic rocket propulsion industrial base consists of organizations responsible for the development, production, and sustainment of products and services supporting U.S. Government (both military-related and civilian) and commercial propulsion-related systems. This study is being performed at the request of the U.S. National Aeronautics and Space Administration (NASA), Marshall Space Flight Center (MSFC). The principal goal of this survey and assessment is to gain an understanding of the supply chain network supporting propulsion-related systems. This joint effort will identify interdependencies between respondents, suppliers, customers, and U.S. Government agencies while also benchmark performance across multiple tiers of the propulsion industry. The resulting database will allow NASA to develop planning and acquisition strategies to ensure the availability and security of the propulsion supply chain and raise awareness of diminishing domestic manufacturing and technological capabilities, among other issue areas.</p>	
<p>11. Affected public (<i>Mark primary with "P" and all others that apply with "x"</i>)</p> <p>a. <input type="checkbox"/> Individuals or households      d. <input type="checkbox"/> Farms</p> <p>b. <input checked="" type="checkbox"/> Business or other for-profit      e. <input type="checkbox"/> Federal Government</p> <p>c. <input type="checkbox"/> Not-for-profit institutions      f. <input type="checkbox"/> State, Local or Tribal Government</p>	<p>12. Obligation to respond (<i>check one</i>)</p> <p>a. <input type="checkbox"/> Voluntary</p> <p>b. <input type="checkbox"/> Required to obtain or retain benefits</p> <p>c. <input checked="" type="checkbox"/> Mandatory</p>
<p>13. Annual recordkeeping and reporting burden</p> <p>a. Number of respondents <u>400</u></p> <p>b. Total annual responses <u>400</u></p> <p>    1. Percentage of these responses collected electronically <u>99%</u></p> <p>c. Total annual hours requested <u>5,600</u></p> <p>d. Current OMB inventory <u>195,400</u></p> <p>e. Difference <u>189,800</u></p> <p>f. Explanation of difference</p> <p>    1. Program change</p> <p>    2. Adjustment</p>	<p>14. Annual reporting and recordkeeping cost burden (<i>in thousands of dollars</i>)</p> <p>a. Total annualized capital/startup costs <u>0</u></p> <p>b. Total annual costs (O&amp;M) <u>0</u></p> <p>c. Total annualized cost requested <u>0</u></p> <p>d. Current OMB inventory <u>0</u></p> <p>e. Difference <u>0</u></p> <p>f. Explanation of difference</p> <p>    1. Program change <u>0</u></p> <p>    2. Adjustment <u>0</u></p>
<p>15. Purpose of information collection (<i>Mark primary with "P" and all others that apply with "X"</i>)</p> <p>a. <input type="checkbox"/> Application for benefits      e. <input type="checkbox"/> Program planning or management</p> <p>b. <input type="checkbox"/> Program evaluation      f. <input checked="" type="checkbox"/> Research</p> <p>c. <input type="checkbox"/> General purpose statistics      g. <input checked="" type="checkbox"/> Regulatory or compliance</p> <p>d. <input type="checkbox"/> Audit</p>	<p>16. Frequency of recordkeeping or reporting (<i>check all that apply</i>)</p> <p>a. <input type="checkbox"/> Recordkeeping      b. <input type="checkbox"/> Third party disclosure</p> <p>c. <input checked="" type="checkbox"/> Reporting</p> <p>    1. <input type="checkbox"/> On occasion      2. <input type="checkbox"/> Weekly      3. <input type="checkbox"/> Monthly</p> <p>    4. <input type="checkbox"/> Quarterly      5. <input type="checkbox"/> Semi-annually      6. <input type="checkbox"/> Annually</p> <p>    7. <input type="checkbox"/> Biennially      8. <input checked="" type="checkbox"/> Other (describe) <u>One-time</u></p>
<p>17. Statistical methods Does this information collection employ statistical methods <input type="checkbox"/> Yes      <input checked="" type="checkbox"/> No</p>	<p>18. Agency Contact (person who can best answer questions regarding the content of this submission)</p> <p>Name: <u>XXXXX, ICB Liaison for BIS</u></p> <p>Phone: <u>(202) 482-XXXX</u></p>

## 19. Certification for Paperwork Reduction Act Submissions

On behalf of this Federal Agency, I certify that the collection of information encompassed by this request complies with 5 CFR 1320.9

**NOTE:** The text of 5 CFR 1320.9, and the related provisions of 5 CFR 1320.8(b)(3), appear at the end of the instructions. *The certification is to be made with reference to those regulatory provisions as set forth in the instructions.*

The following is a summary of the topics, regarding the proposed collection of information, that the certification covers:

- (a) It is necessary for the proper performance of agency functions;
- (b) It avoids unnecessary duplication;
- (c) It reduces burden on small entities;
- (d) It used plain, coherent, and unambiguous terminology that is understandable to respondents;
- (e) Its implementation will be consistent and compatible with current reporting and recordkeeping practices;
- (f) It indicates the retention period for recordkeeping requirements;
- (g) It informs respondents of the information called for under 5 CFR 1320.8(b)(3):
  - (i) Why the information is being collected;
  - (ii) Use of information;
  - (iii) Burden estimate;
  - (iv) Nature of response (voluntary, required for a benefit, mandatory);
  - (v) Nature and extent of confidentiality; and
  - (vi) Need to display currently valid OMB control number;
- (h) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to be collected (see note in Item 19 of instructions);
- (i) It uses effective and efficient statistical survey methodology; and
- (j) It makes appropriate use of information technology.

If you are unable to certify compliance with any of the provisions, identify the item below and explain the reason in Item 18 of the Supporting Statement.

Signature of Senior Official or designee	Date
--	------

Agency Certification (signature of Assistant Administrator or head of MB staff for L.O.S or of the Director of a Program or Staff Office)

Signature

Date

Roger Clark, Chief Information Officer for BIS

Signature of BIS Clearance Officer

Signature

Date

Sheleen Dumas, Departmental Clearance Officer