## Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 1557- 0248)

**TITLE OF INFORMATION COLLECTION:**

Office of the Comptroller of the Currency – Community Bank Director Workshops

**PURPOSE:**

During OCC’s Community Bank Director Workshops we plan to hold approximately 25 workshops a year with each workshops averaging about 25-30 attendees. We plan to offer workshops across the country on Building Blocks, Compliance Risk, Credit Risk, Risk Governance, and Operational Risk.

At the start of each workshop, we would like to ask basic questions to identify who is in the audience, such as from a national bank/FSA/mutual. This would be done so instructors can adjust conversation if the majority of the group are outside directors.

**DESCRIPTION OF RESPONDENTS**:

Respondents would typically be directors of community banks.

**TYPE OF COLLECTION:** (Check one)

[ ] Customer Comment Card/Complaint Form [**x**] Customer Satisfaction Survey

[ ] Usability Testing (e.g., Website or Software) [ ] Small Discussion Group

[] Focus 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.

**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 expenses, token of appreciation) provided to participants? [ ] Yes [**X**] No

**BURDEN HOURS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category of Respondent**  | **No. of Respondents** | **Burden****Per****Response** | **Frequency** | **Total** |
| Workshop Participant | 700 | 1 minute | 1 | 12 hours |
| **Totals** |  |  |  | **12 hours** |

**FEDERAL COST:** The estimated annual cost to the Federal government is zero.

**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 [X] 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?

The sample will be all of the e-mail addresses which were provided when the participants registered for the event.

**Administration of the Instrument**

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

[ ] Web-based or other forms of Social Media

[ ] Telephone

[X] In-person

[ ] Mail

[] Other, Explain (e-mail)

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

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

Attached: Community Bank Director Workshop Questions