Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback" (OMB Control Number: 3145-0215)

TITLE OF INFORMATION COLLECTION:

| Executive Summary Form: Receive Feedback Before Completing Your Proposa | Executive Summar | y Form: 1 | Receive | Feedback Before | Completing | Your Pro | posal |
|---|------------------|-----------|---------|-----------------|------------|----------|-------|
|---|------------------|-----------|---------|-----------------|------------|----------|-------|

PURPOSE:

The purpose of this survey is to gather information from individuals who are considering applying for an SBIR/STTR grant. The data gathered is basic, high-level information about a potential applicant's project/company. The information collected will be forwarded to a Program Director who will review it and send feedback to the respondent about whether their project meets the SBIR/STTR program's intellectual merit and commercial impact criteria.

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|--|---|--|--|--|--|--|
| DESCRIPTION OF RESPONDENTS: | | | | | | |
| Respondents are potential SBIR/STTR applicants. | | | | | | |
| | | | | | | |
| 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 [X] Other: <u>Potential Applicant Form</u> | | | | | |
| CERTIFICATION: | | | | | | |
| I certify the following to be true: The collection is voluntary. The collection is low-burden for respondents at 3. The collection is non-controversial and does not agencies. The results are not intended to be disseminated Information gathered will not be used for the p policy decisions. The collection is targeted to the solicitation of experience with the program or may have experience | ot raise issues of concern to other federal to the public. urpose of substantially informing influential opinions from respondents who have | | | | | |
| Name: Suzanne H. Plimpton, NSF Reports Clear | ance Officer | | | | | |
| To assist review, please provide answers to the following question: | | | | | | |
| Personally Identifiable Information: | | | | | | |

- 1. Is personally identifiable information (PII) collected? [X] Yes [] 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 [X] No **Gifts or Payments:**

| Is an incentive (e.g., money or reimbursement of experparticipants? [] Yes [X] No | nses, token of ap | preciation) provid | led to |
|--|-------------------------------------|---|----------------|
| BURDEN HOURS | | | |
| Category of Respondent | No. of Respondents | Participation Time | Burden |
| Attendees at events run by the Directorate for Engineering, Division of Industrial Innovation and Partnerships program staff | 1000 | 10 minutes | 167 hours |
| Totals | | | 167 hours |
| If you are conducting a focus group, survey, or plant provide answers to the following questions: The selection of your targeted respondents 1. Do you have a customer list or something similar the respondents and do you have a sampling plan for something similar the respondents and do you have a sampling plan for something similar the respondents and do you have a sampling plan for something similar than the same plant of the same provide a description of both the answer is no, please provide a description of how your same provide answer is no, please provide a description of how you have a sampling plant for some plant of the same provide answer is no, please provide a description of how you have a sampling plant for some plant of the same plant of the sa | nat defines the unelecting from thi | niverse of potenti s universe? Yes [X] No ch the sampling p | al lan)? If |
| respondents and how you will select them? Administration of the Instrument 1. How will you collect the information? (Check all the selection of Social Media [] Telephone [] In-person [] Mail [] Other, Explain 2. Will interviewers or facilitators be used? [] Yes [] | a | | |
| Please make sure that all instruments, instructions, request. Instructions for completing Request for Clearance for the Collection of Rou | r Approval uı | nder the "Gen | |

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.

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.

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.

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