

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

**TITLE OF INFORMATION COLLECTION:** User Survey for Extreme Light Infrastructure

**PURPOSE:**

Collect customer feedback on interest in using and/or collaborating with the European Extreme Light Infrastructure (ELI) facilities. This information will be used to consider the level of interest of the scientific community in engaging with the ELI facilities.

**DESCRIPTION OF RESPONDENTS:**

Scientific community involved in laser technology and/or use of scientific light source and high intensity laser infrastructure.

**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: Suzanne H. Plimpton, NSF Reports Clearance Officer

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, 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  No

## BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden
Individuals	60	15 minutes	15
<b>Totals</b>	<b>60</b>	15 minutes	<b>15</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is \_\$0\_\_\_\_\_

**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 survey will be distributed via mailing lists to the relevant scientific communities. The number of respondents is expected to be limited in number such that no sampling plan will be necessary.*

### **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  
[ x ] Other, Explain: Via e-mail.
2. Will interviewers or facilitators be used? [ ] Yes [ x ] No

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

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

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**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.

**Text of the Survey:**

Subject/Title: User Survey for Extreme Light Infrastructure

Text:

Dear Colleagues:

This is a query intended to get a sense of the US scientific community interest in taking advantage of capabilities to be offered by the three ELI facilities scheduled to become fully operational over the next 2-3 years. A conversation about potential US gov't interactions with the planned ELI consortium are beginning to take place, and it is important that the US approach to this discussion is motivated by the interests of the relevant parts of the US scientific community. With this in mind, please, email your responses to the following questions to [vlukin@nsf.gov](mailto:vlukin@nsf.gov) by COB December 12, 2018, or as soon as possible thereafter.

Q1: Of the top 5 research projects you would like to pursue over the next 5 years, on the scale of 0-5 where 0 represents no interest and 5 represents the highest priority, what would be the priority of a project that would include experiments at or further laser technology development for/with one of the ELI facilities? This can include a theory or computational project coupled to an experiment at one of the ELI facilities.

Q2: If your answer to the above is anything other than 0, please, provide a brief paragraph describing the goals of the project. (Please, do not include any proprietary information in your response.)

Q3: On a scale of 1-5, where 1 is least likely and 5 is most likely, how likely is it that your project will be able to secure ELI facility time and/or cooperation without any formal agreements between the US gov't agencies and the ELI consortium?