Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback" (OMB Control Number: 3046-0048)

TITLE OF INFORMATION COLLECTION:

FEPA Training Conference Survey

PURPOSE:

Title VII of the Civil Rights Act of 1964 allows EEOC to cooperate with state and local agencies to carry out its investigatory functions, *see* 42 U.S.C. §2000e-8(b), and pursuant to that authority EEOC has entered into worksharing agreements and contracts with state and local Fair Employment Practices Agencies (FEPAs) for processing of charges of discrimination. These agreements allow for dual filing of charges with EEOC and the FEPA when both federal and state laws cover the allegations made in the charges, with some dual-filed charges being investigated by EEOC and some by the FEPAs. As part of the agreements with these state and local agencies, EEOC annually sponsors a training conference for its FEPA partners. At the conclusion of each course, EEOC seeks feedback from participants on the effectiveness of the presentation.

DESCRIPTION OF RESPONDENTS:

Employees of the state and local Fair Employment Practices Agencies who attend the annual EEOC-sponsored FEPA training conference.

TYPE OF COLLECTION: (Check one)	
[] Customer Comment Card/Complaint Form [] Usability Testing (e.g., Website or Software [] Focus Group	[x] 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 <u>not</u> raise issues of concern to other federal agencies.
- 4. The results are <u>not</u> intended to be disseminated to the public.
- 5. Information gathered will not be used for the purpose of <u>substantially</u> informing <u>influential</u> 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:	Erin Norris_	

To assist review, please provide answers to the following question:

 Personally Identifiable Information: Is personally identifiable information (PII) collected? [] Yes [x] No If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974? [] Yes [] No 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 experparticipants? [] Yes [x] No	nses, token of ap	preciation) provic	led to		
BURDEN HOURS					
Category of Respondent	No. of Respondents	Participation Time	Annual Burden		
(3) State or local government – FEPA Conference Attendees	170	2 minutes per response	5.67 hours		
Totals	170	2 minutes per response	5.67 hours		
FEDERAL COST: The estimated annual cost to the last to the following questions:	G				
The selection of your targeted respondents1. 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 bot the answer is no, please provide a description of how y respondents and how you will select them?	,		•		
All participants in the training event will be ask experience.	ed to provide fe	edback on their			
Administration of the Instrument 1. How will you collect the information? (Check all the last of Social Media)	nat apply)				

2. Will interviewers or facilitators be used? [] Yes [x] No

[] Telephone [x] In-person [] Mail

[] Other, Explain

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"

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 (in minutes) 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 Respondents and the Participation Time then 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.