## Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 3137-0081)

**TITLE OF INFORMATION COLLECTION:** Event Evaluation: IMLS Community Catalyst Listening Sessions

**PURPOSE:**

The one-day Community Catalyst Listening Sessions will be held in four locations nationwide—Philadelphia, Chicago, and two to be determined, at local libraries or museums. Attendees will include representatives from two cohorts of IMLS Community Catalyst grantees.

IMLS seeks to gather feedback from the meeting attendees about the content and logistics of the meeting and suggestions for future such meetings.

**DESCRIPTION OF RESPONDENTS**:

Meeting attendees will be approximately four groups of 25 representatives of local community members working with the Community Catalyst grantee organizations. Up to 30 other respondents will be individuals from federal agencies (including IMLS), the cohort evaluator DePaul University), and other local stakeholders. Meeting attendees will be asked to respond to the survey (Attachment A), which will be provided in their meeting packet. Attendees will be asked to hand in their survey at the end of the day, with ample time during the meeting to complete the short survey.

**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.

Name:\_\_\_Marvin Carr\_\_\_\_\_\_\_\_\_\_\_\_

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

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected? [ ] Yes [X] No
2. If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974? [ ] Yes [ ] No *Not Applicable*
3. If Yes, has an up-to-date System of Records Notice (SORN) been published? [ ] Yes [ ] No *Not Applicable*

**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** | **Participation Time** | **Burden** |
| Meeting attendees  | 100 | 10 min/resp. | 17 hr |

**FEDERAL COST:** The estimated annual cost to the Federal government is $500\_\_\_\_\_\_\_\_\_

**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? [**X**] Yes [ ] 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?

A sample will not be drawn. The customer list is the list of attendees at the IMLS Tribal Libraries Convening. Each attendee will be given a hard-copy survey and asked to complete it before they leave the meeting.

**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

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