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The primary purpose of collecting this information is to enable NSF to identify outcomes of projects funded under NSF awards for use in management evaluation and for reporting to the Administration and Congress, especially under the Government Performance and Results Act, 5 U.S.C. 306 and 39 U.S.C. 2801–2805. In addition, it also helps NSF to evaluate the progress and results of NSF-funded projects for program management, evaluation or reporting.

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Per the Federal Cybersecurity Enhancement Act of 2015, your data are protected from cybersecurity risks through screening of the federal information systems that transmit your data. Information collected under this form will be kept confidential. Any information released publicly (such as statistical summaries) will be in a form that does not personally identify you or other respondents. Your response is voluntary and failure to provide some or all of the requested information will not in any way adversely affect you.

I-Corps Hubs - Record of Participation

Pursuant to 5 CFR 1320.5(b), an agency may not conduct or sponsor, and a person is not required to respond to an information collection unless it displays a valid OMB control number. The OMB control number for this collection is 3145-XXXX. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions.

Send comments regarding this burden estimate and any other aspect of this collection of information, including suggestions for reducing this burden, to: Suzanne H. Plimpton, Reports Clearance Officer, National Science Foundation, 2415 Eisenhower Ave., Suite W18200, Alexandria, VA 22314; telephone (703) 292-7556; or send email to splimpto@nsf.gov.

**Required Field*

Part I. Logistical Information. Please use the information provided by the Hubs upon completion of the I-Corps Hubs Program to fill out the following fields.

- * 1-1. Name of the I-Corps Hub:
- * 1-2. Name of your I-Corps Team:
- * 1-3. I-Corps Team Numerical Identifier (4-digit):
- * 1-4. Month and Year of Program Completion: Month Year

Part II. About the Participant. This section asks for your name, job title, contact information, gender, race, ethnicity, disability and veteran status.

**Required Field*

- * 2-1. Name (Last Name, First Name, Middle Initial) *:
- * 2-2. Current Job Title*:
- * 2-3. Email address*:

2-4. Are you male or female?

- Male
- Female
- Prefer not to answer

2-5. Are you Hispanic or Latino? (Select one)

- No, I am not Hispanic or Latino
- Yes, I am Mexican or Chicano
- Yes, I am Puerto Rican
- Yes, I am Cuban

- Yes, I am Other Hispanic or Latino
- Prefer not to answer

2-6. What is your racial background? (Select one or more)

- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Asian
- Black or African American
- White
- Prefer not to answer

2-7. The following questions are designed to help us better understand the educational and/or career paths of individuals with specific functional limitations. What is the USUAL degree of difficulty you have with...

Mark one (X) in each row.

	NONE	SLIGHT	MODERATE	SEVERE	UNABLE TO DO	PREFER NOT TO ANSWER
SEEING words or letters in ordinary newsprint (with glasses/contact lenses, if you usually wear them)						
HEARING what is normally said in conversation with another person (with hearing aid, if you usually wear one)						
WALKING without human or mechanical assistance or using stairs						
LIFTING or carrying something as heavy as 10 pounds, such as a bag of groceries						
CONCENTRATING, REMEMBERING, or MAKING DECISIONS because of a physical, mental or emotional condition						

2-8. Have you ever served on active duty in the U.S. Armed Forces, Reserves, or National Guard?

Select one.

- Never served in the military
- Only on active duty for training in the Reserves or National Guard
- Currently on active duty
- On active duty in the past, but not now
- Prefer not to answer