# TITLE OF INFORMATION COLLECTION:

Presidential Symposium Leadership Survey

**[ X] SURVEY [ ] FOCUS GROUP [ ] SOFTWARE USABILITY TESTING**

**DESCRIPTION OF THIS SPECIFIC COLLECTION**

Specify all relevant information, including

1. Intended purpose: The purpose of this survey is to gather data to measure the Minority-Serving and Under-Resourced Schools most requested training topics for our Spring Summer workshops.
2. Need for the collection: To gain customer feedback
3. Planned use of the data: Specific feedback will help to determine if the second symposium will be held.
4. Date and location(s): The survey will be conducted November 21th,, 2019, electronically
5. Collection procedures: Attendees/participants will be sent a link to the electronic survey using the email address they provided
6. Number of focus groups, surveys, usability testing sessions: one survey per attendee
7. Description of respondents/participants. The participants will consist of Financial Aid Administrators or their designated representatives

*State whether the data collection will be completed one time will be collected on an annual basis, or other.* **Annually**

*Attach a copy of the proposed collection instrument, e.g., survey questions, focus group script, usability testing plan. If a focus group also includes a survey, include both.*

**AMOUNT OF ANY PROPOSED STIPEND OR INCENTIVE:** N/A

**BURDEN HOUR COMPUTATION** *(Number of responses (X) estimated response or participation time in minutes (/60) = annual burden hours):*

|  |  |  |  |
| --- | --- | --- | --- |
| **Category of Respondent**  | **No. of Respondents** | **Participation Time** | **Burden** |
| Financial Aid Administrators | 687 | 5 minutes | 1 hour\* |
|  |  |  |  |
| **Totals** | 687 | 5 minutes | 1 hour\* |

\*The 1 hour is posted to the submission as the burden hours are already included in the generic collection approved by OMB under 1845-0045.

**BURDEN COST COMPUTATION** *(this is only required when a stipend is being offered)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category of Respondent**  | **No. of Respondents** | **Hourly** **Rate** | **Response Time** | **Total** |
|  |  |  |  |  |
|  |  |  |  |  |
| **Totals** |  |  |  |  |

**STATISTICAL INFORMATION**

***If statistical methods are to be used, fully describe the methodology, sample selection, expected response rates, and any other concepts needed to provide a full understanding of those methods.***

**REQUESTED APPROVAL DATE:**  11/18//2019

**NAME OF CONTACT PERSON:** Freda Donald

**TELEPHONE NUMBER:** 202 377-3600

**MAILING LOCATION:** UCP Rm 31J1, 830 First Street NE, Washington, DC 20202

**ED DEPARTMENT, OFFICE:** Federal Student Aid, School Experience, Minority-Serving and Under-Resourced Schools Division