

**Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 3235-0731)**

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**TITLE OF INFORMATION COLLECTION:** U.S. Securities and Exchange Commission (SEC)/Division of Investment Management (IM) Post Event Survey

**PURPOSE:** To collect feedback on events sponsored or co-sponsored by the SEC’s IM. This feedback will help us shape future events to make them more effective.

**DESCRIPTION OF RESPONDENTS:** Persons who attended an event sponsored or co-sponsored by IM.

**TYPE OF COLLECTION:** (Check one)

- |  |  |
|--|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form          | <input type="checkbox"/> Customer Satisfaction Survey      |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software) | <input checked="" 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: Michael Spratt, Assistant Director, IM

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, will any information that is collected be included in records that are subject to the Privacy Act of 1974?  Yes  No
3. 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 expenses, token of appreciation) provided to participants?  Yes  No

## BURDEN HOURS

| Category of Respondent | No. of Respondents | Participation Time | Burden          |
|------------------------|--------------------|--------------------|-----------------|
| Students               | 600                | 5 minutes          | 50 hours        |
|                        |                    |                    |                 |
| <b>Totals</b>          | <b>600</b>         |                    | <b>50 hours</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  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?

We will identify potential groups by contacting professors and asking to speak with students they teach. We also may contact members of student run organizations to meet with their members. While we will know the names of professors and/or members of student run organizations that we contact, we will not know the names of other respondents.

### 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  
 Other, Explain
2. Will interviewers or facilitators be used?  Yes  No