

This side is showing the full form in its entirety for a non-DOC user. A user would have to zoom out to see the form like this. The following slides will break this form down and show each section as the user will see them at a normal scale. The first set of slides will flow through the fields for a non-DOC user. The second set will flow through the screens for a DOC user.

Requestor Information Section

Contact Information Section

Information About this Request Section

Information About this Request Section [continued]

Disclosures, etc... Section

Non-Dept of Commerce User

Requestor Information Section for a non-DOC user



CHIPS.GOV



Thank you for your interest in CHIPS for America. To request a meeting with a CHIPS staff members and the chips staff members are considered in the chips and the chips staff members are considered in the chips staff members and chips staff members are chips and chips are chips and chips are chips are chips are chips and chips are chips are chips are chips are chips and chips are ch	per, or an appearance at an event, please complete this form.
OMB Control #0693-XXX	
Expiration Date: XX/XX/XXXX	As soon as we can, we will include an icon called a "Tool Tip" that when the user puts their
Requestor Information	mouse over the icon a pop-up window (small) is displayed that will state something like, "Mis-representation of your status will result in the request being rejected".
*First name	*Last name
*Business Email	*Business Phone number
	(123) 456-7890
*Business Organization	* Do you currently work for the Department of Commerce?
	No Values: Yes/No

Contact Information Section for a non-DOC user

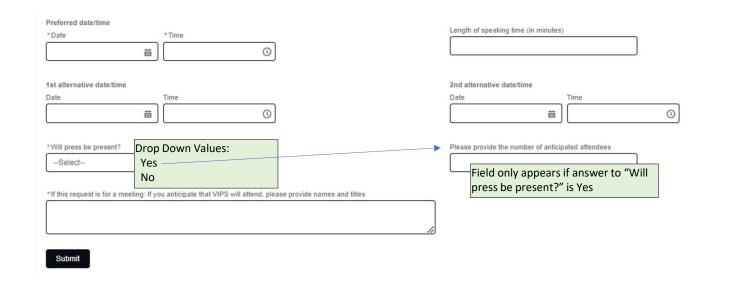
Contact Information	
External contact first name (if different from requestor)	External contact last name (if different from requestor)
External contact business email (if different from requestor)	External Contact Organization (Business)

Information about this request Section for a non-DOC user (is the same for a DOC user)

Information about this request

Type of request			Title of event or meeting
Select	Drop Down Values: Announcement, Briefing, Event, Fireside Chat, Interview, Keynote, Meeting, Panel, Roundtable, Webinar		
*Who is the even	t host?		*Will the event be onsite or virtual?
			Onsite Drop Down Values: Onsite Virtual
Please provide the	e city of the event or meeting		* Please provide the state of the event or meeting
Field	only appears if answer to "Will the event be onsite or virtual?" is Onsite		Field only appears if answer to "Will the event be onsite or virtual?" is Onsite Drop Down Values: [2 letter codes for all US states]
*What is the purp	ose of this request?		*Expected discussion topics
Yes Drop	ere will be a CHIPS or DOC speaking role Down Values: Yes No	<u>a</u>	
Select	Field only appears if answer to "Please select if there will be a CHIPS or DOC speaking role" is "Yes". Drop Down Values: Secretary of Commerce - Gina Raimondo Deputy Secretary - Don Graves Under Secretary of Commerce/Director of NIST - Laurie Locascio CHIPS Program Office Director - Michael Schmidt CHIPS R&D Office Director NSTC Director CHIPS R&D Metrology Director Other	•	Field only appears if answer to "Please select if there will be a CHIPS or DOC speaking role" is "Yes".

Information About this Request Section [continued] for a non-DOC user (is the same for a DOC user)



Disclosures for a non-DOC user (is the same for a DOC user)

Submit

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with an information collection subject to the requirements of the Paperwork Reduction Act of 1995 unless the information collection has a currently valid OMB Control Number. The approved OMB Control Number for this information collection is 0693-XXXX. Without this approval, we could not conduct this information collection. Public reporting for this information collection is estimated to be approximately 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information collection. All responses to this information collection are voluntary. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to askchips@chips.gov.

PRIVACY ACT NOTICE

The collection, maintenance, and disclosure of this information is governed by the Privacy Act of 1974 (5 U.S.C. § 552a).

Authority: The CHIPS Incentives Program is authorized by Title XCIX—Creating Helpful Incentives to Produce Semiconductors for America of the William M. (Mac) Thornberry National Defense Authorization Act for Fiscal Year 2021 (Pub. L. 116-283, referred to as the CHIPS Act or Act), as amended by the CHIPS Act of 2022 (Division A of Pub. L. 117-167).

Purpose: Information provided will be used by the CHIPS External Affairs Office to schedule and coordinate engagements with CHIPS stakeholders.

Routine Uses: The information is used for the purposes set forth above and may be shared with Department of Commerce staff for work-related purposes. In addition to those disclosures generally permitted under the Privacy Act of 1974, as amended, § 5 U.S.C. 552a(b), records maintained as part of this system of records may be disclosed subject to all of the published routine uses as identified in the Privacy Act System of Records Notice COMMERCE/DEPT-10, Executive Correspondence Files.

Voluntary Disclosure: Providing the information requested on this form is voluntary. CHIPS engagement requests may be submitted via the web portal at https://askchips.chips.gov/ or the engagement request can be logged by a Department employee as a result of an engagement with an interested entity submitted via email, phone, or any means of contact. The web form submission is preferred as a simple method to provide all information associated with an engagement request. If submission is via any system other than the web-based application, a Department employee will submit the information into the system.



Dept of Commerce User

Requestor Information Section for a DOC user

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-Select-

Thank you for your interest in CHIPS for America. To request a meeting with a CHIPS staff member, or an appearance at an event, please complete this form.		
OMB Control #0693-XXX		
Expiration Date: XX/XX/XXXX		
Requestor Information		
*First name	*Last name	
*Business Email	*Business Phone number	
	(123) 456-7890	
*Business Organization	*Do you currently work for the Department of Commerce?	
	Yes	
Is this request proactive or reactive?		

Field only appears if "Do you currently work for the Department of Commerce" field = Yes;

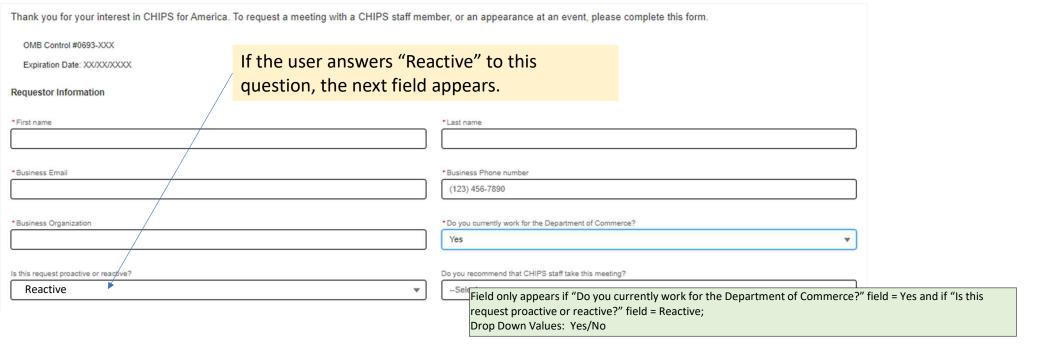
Drop Down Values: Proactive, Reactive

If the user answers "Yes" to this question, the next field below appears.

Requestor Information Section for a DOC user

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Contact Information Section for a DOC user

These fields only appear if the user selected "Yes" in the "Do you currently work for the Department of Commerce?" field (see previous slide).

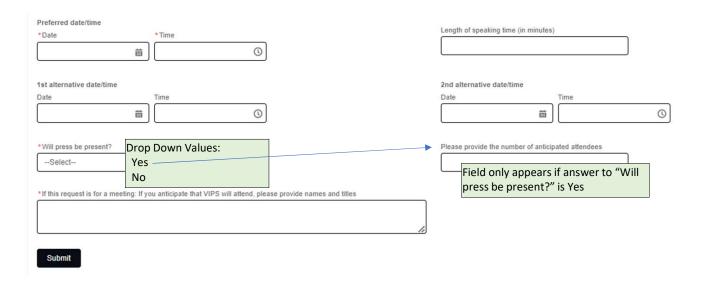
Contact Information	
Internal contact first name	Internal contact last name
Internal contact business email	
External contact first name (if different from requestor)	External contact last name (if different from requestor)
External contact business email (if different from requestor)	External Contact Organization (Business)

Information about this request Section for a DOC user (is the same for a non-DOC user)

Information about this request

*Type of request	<u> </u>		*Title of event or meeting
Select	Drop Down Values: Announcement, Briefing, Event, Fireside Chat, Interview, Keynote, Meeting, Panel, Roundtable, Webinar	▼	
*Who is the ever	nt host?		*Will the event be onsite or virtual?
			Onsite Drop Down Values: Onsite Virtual
Please provide th	ne city of the event or meeting		*Please provide the state of the event or meeting
Field	only appears if answer to "Will the event be onsite or virtual?" is Onsite		Field only appears if answer to "Will the event be onsite or virtual?" is Onsite Drop Down Values: [2 letter codes for all US states]
*What is the pur	pose of this request?		*Expected discussion topics
			Additional Speaker Information
Select	Field only appears if answer to "Please select if there will be a CHIPS or DOC speaking role" is "Yes". Drop Down Values: Secretary of Commerce - Gina Raimondo Deputy Secretary - Don Graves Under Secretary of Commerce/Director of NIST - Laurie Locascio CHIPS Program Office Director - Michael Schmidt CHIPS R&D Office Director NSTC Director CHIPS R&D Metrology Director Other	•	Field only appears if answer to "Please select if there will be a CHIPS or DOC speaking role" is "Yes".

Information About this Request Section [continued] for a DOC user (Is the same for a non-DOC user)



Disclosures for a DOC user (is the same for a non-DOC user)

Submit

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All Fields shown with drop downs



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Thank you for your interest in CHIPS for America. To request a meeting with a CHIP	PS staff member, or an appearance at an event, please complete this form.
OMB Control #0693-XXX	
Expiration Date: XX/XX/XXXX	
Requestor Information	
* First name	*Last name
*Business Email	*Business Phone number
	(123) 456-7890
*Business Organization	*Do you currently work for the Department of Commerce?
	Yes Values: Yes/No
Is this request proactive or reactive?	Do you recommend that CHIPS staff take this meeting
Field only appears if "Do you currently work for the Department of	Field only appears if "Do you currently work for the Department of Commerce?" field = Yes and if "Is this request proactive or reactive?"
Commerce" field = Yes;	field = Reactive;
Values: Proactive, Reactive	Values: Yes/No

Contact Information

Internal contact first name	Internal contact last name
Field only appears if "Do you currently work for the Department of Commerce" field = Yes;	Field only appears if "Do you currently work for the Department of Commerce" field = Yes;
Internal contact business email	
Field only appears if "Do you currently work for the Department of Commerce" field = Yes;	
External contact first name (if different from requestor)	External contact last name (if different from requestor)
External contact business email (if different from requestor)	External Contact Organization (Business)

No dropdowns

Information about thi	s request	
*Type of request		*Title of event or meeting
Select	Values: Announcement, Briefing, Event, Fireside Chat, Interview, Keynote, Meeting, Panel, Roundtable, Webinar	
*Who is the event host?		*Will the event be onsite or virtual?
		Onsite Values: Onsite, Virtual
Please provide the city of t	the event or meeting	*Please provide the state of the event or meeting
	Field only appears if Onsite	Field only appears if Onsite; Values: [2 letter codes for all US states]
*What is the purpose of th	nis request?	*Expected discussion topics
Please select if there will b	ve a CHIPS or DOC speaking role Values: Yes/No	
Requested SpeakerSelect	Field only appears if Speaking Role = Yes; Values: Secretary of Commerce - Gina Raimondo; Deputy Secretary - Don Graves; Under Secretary of Commerce/Director of NIST - Laurie Locascio; CHIPS Program Office Director - Michael Schmidt; CHIPS R&D Office Director; NSTC Director; CHIPS R&D Metrology Director; Other	Additional Speaker Information Field only appears if Speaking Role = Yes

Preferred date/time	Langth of analysis time (in migutes)
*Date *Time	Length of speaking time (in minutes)
1st alternative date/time	2nd alternative date/time
Date Time	Date Time
*Will press be present?	Please provide press information
Yes 🔻	
Values: Yes/No	Field only appears if Press = Yes
Please provide the number of anticipated	* If this request is for a meeting: If you anticipate that VIPS will attend, please provide names and titles
attendees	
*Please provide any additional information relating to this request	
Submit	

Submit

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