

**NIST**  
**CHIPS.GOV**

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.

FORM ID: CHIPS-0001-0001  
Revision Date: 04/22/2021

**Requestor Information**

First name:  Last name:   
 Business email:  Business Phone number:   
 Business Organization:  Are you currently working for the Department of Defense?

**Contact Information**

Personal email for home (if different from business):  Personal email for home (if different from business):   
 Personal or home business email (if different from business):  Personal or home Organization (Business):

**Information About this Request**

What is the purpose of this request?  Type of request:   
 How do you intend to use the information?  Will you provide sensitive or confidential information?

What is the nature of this request?  Personal information type:

Requestor's current address (if different from business):   
 Requestor's Organization:  Additional Requestor Information:

Requestor's address:  Length of working time for business:   
 First address (if different):  Second address (if different):   
 Will you be present?  Please specify the number of anticipated attendees:

Other requestor contact information (e.g., contact for NIST staff who are outside your organization):

**Disclosures, etc... Section**

**NIST** NATIONAL INSTITUTE OF STANDARDS AND TECHNOLOGY  
 100 Bureau Street  
 Gaithersburg, MD 20899  
 301-975-3000  
[www.nist.gov](#)

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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-Department of  
Commerce User

# Requestor Information Section for a non-DOC user



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 #0693-0092

Expiration Date: 08/31/2023

## Requestor Information

\* First name

\* Last name

\* Business Email

\* Business Phone number

\* Business Organization

\* Do you currently work for the Department of Commerce? (If you misrepresent your affiliation, CHIPS reserves the right to reject your request)

## 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  
--Select--  
Drop Down Values: Announcement, Briefing, Event, Fireside Chat, Interview, Keynote, Meeting, Panel, Roundtable, Webinar

\* Title of event or meeting

\* Who is the event host?

\* Will the event be onsite or virtual?  
Onsite  
Drop Down Values: Onsite, Virtual

Please provide the city of the event or meeting  
Field only appears if answer to "Will the event be onsite or virtual?" is Onsite

\* Please provide the state of the event or meeting  
--Select--  
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 purpose of this request?

\* Expected discussion topics

Please select if there will be a CHIPS or DOC speaking role  
Yes  
Drop Down Values: Yes, No

Requested Speaker  
--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

Additional Speaker Information  
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)

Preferred date/time

\* Date  \* Time

Length of speaking time (in minutes)

1st alternative date/time

Date  Time

2nd alternative date/time

Date  Time

\* Will press be present?

--Select--

Drop Down Values:

Yes

No

Please provide the number of anticipated attendees

Field only appears if answer to "Will press be present?" is Yes

\* If this request is for a meeting: If you anticipate that VIPS will attend, please provide names and titles

Submit

# Disclosure for a non-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 0693-0092. 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](mailto: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.

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Dept of  
Commerce User



# Requestor Information Section for a DOC user



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 #0693-0092

Expiration Date: 08/31/2023

## Requestor Information

\* First name

\* Last name

\* Business Email

\* Business Phone number

\* Business Organization

\* Do you currently work for the Department of Commerce? (If you misrepresent your affiliation, CHIPS reserves the right to reject your request)

Is this request proactive or reactive?

# Requestor Information Section for a DOC user



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 #0693-0092

Expiration Date: 08/31/2023

## Requestor Information

\* First name

\* Last name

\* Business Email

\* Business Phone number

\* Business Organization

\* Do you currently work for the Department of Commerce? (If you misrepresent your affiliation, CHIPS reserves the right to reject your request)

Is this request proactive or reactive?

Do you recommend that CHIPS staff take this meeting?

## 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  
--Select--  
Drop Down Values: Announcement, Briefing, Event, Fireside Chat, Interview, Keynote, Meeting, Panel, Roundtable, Webinar

\* Title of event or meeting

\* Who is the event host?

\* Will the event be onsite or virtual?  
Onsite  
Drop Down Values: Onsite  
Virtual

Please provide the city of the event or meeting  
Field only appears if answer to "Will the event be onsite or virtual?" is Onsite

\* Please provide the state of the event or meeting  
--Select--  
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 purpose of this request?

\* Expected discussion topics

Please select if there will be a CHIPS or DOC speaking role  
Yes  
Drop Down Values: Yes  
No

Requested Speaker  
--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

Additional Speaker Information  
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)

Preferred date/time

\* Date

\* Time

Length of speaking time (in minutes)

1st alternative date/time

Date

Time

2nd alternative date/time

Date

Time

\* Will press be present?

Drop Down Values:

Yes

No

Please provide the number of anticipated attendees

Field only appears if answer to "Will press be present?" is Yes

\* If this request is for a meeting: If you anticipate that VIPS will attend, please provide names and titles

Submit

# Disclosure for DOC User

Submit

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All Fields Shown  
with Drop Downs

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\* First name

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\* Business Organization

\* Do you currently work for the Department of Commerce? (If you misrepresent your affiliation, CHIPS reserves the right to reject your request)

Is this request proactive or reactive?

Do you recommend that CHIPS staff take this meeting?



**Contact Information**

Internal contact first name

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

Internal contact last name

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 this request**

\*Type of request

--Select--  
Values: Announcement, Briefing, Event, Fireside Chat, Interview, Keynote, Meeting, Panel, Roundtable, Webinar

\*Title of event or meeting

\*Who is the event host?

\*Will the event be onsite or virtual?

Onsite  
Values: Onsite, Virtual

Please provide the city of the event or meeting

Field only appears if Onsite

\*Please provide the state of the event or meeting

--Select--  
Field only appears if Onsite;  
Values: [2 letter codes for all US states]

\*What is the purpose of this request?

\*Expected discussion topics

Please select if there will be a CHIPS or DOC speaking role

Yes  
Values: Yes/No

**Preferred date/time**

\*Date

\*Time

**1st alternative date/time**

Date

Time

\*Will press be present?

Please provide the number of anticipated attendees

\*Please provide any additional information relating to this request

Submit

Length of speaking time (in minutes)

**2nd alternative date/time**

Date

Time

Please provide press information

\* If this request is for a meeting: If you anticipate that VIPS will attend, please provide names and titles

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