## Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback" (OMB Control Number: 3133-0188)

**TITLE OF INFORMATION COLLECTION:** CURE Minority Depository Institution Symposium Evaluation

**PURPOSE:** The National Credit Union Administration (NCUA) seeks feedback on the content of the MDI Symposium offered through the agency's Office of Credit Union Resources and Expansion (CURE).

The Symposium evaluations are designed to collect information from the respondents about the sessions held at the Symposium and how well the topics covered addressed the needs of MDI credit unions. The evaluations will be available online through the agency's Survey Monkey account. Respondents will receive an invitation by email with a link to the evaluation included.

**DESCRIPTION OF RESPONDENTS**: An evaluation will be issued to participants attending the MDI Symposium which will include MDI credit unions and other stakeholders in the industry. CURE has contacts within these organizations directly and through other contacts within the industry.

| TYPE OF | <b>COLLECTION:</b> ( | (Check one) |
|---------|----------------------|-------------|
|---------|----------------------|-------------|

| [ ] Customer Comment Card/Complaint Form        | [ ] Customer Satisfaction Survey |
|---|----------------------------------|
| [] Usability Testing (e.g., Website or Software | [] Small Discussion Group        |
| [] Focus Group                                  | [X] Other: Survey Monkey         |

## **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 <u>not</u> 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 <u>substantially</u> informing <u>influential</u> 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.

Program Contact: Ronald Goode, CURE

To assist review, please provide answers to the following question:

| Personall  | v Identifiable | e Information:     |
|------------|----------------|--------------------|
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| <ol> <li>Is personally identifiable information (PII) co</li> <li>If Yes, will any information that is collected Privacy Act of 1974? [ ] Yes [ ] No N/A</li> <li>If Yes, has an up-to-date System of Records N/A</li> </ol> | be included in records | that are subject to   |         |
|--|------------------------|-----------------------|---------|
| Gifts or Payments: Is an incentive (e.g., money appreciation) provided to participants?  |                        | expenses, token of    | •       |
| BURDEN HOURS   |                        |                       |         |
| Category of Respondent   | No. of<br>Respondents  | Participation<br>Time | Burde   |
| Credit Unions (Individuals) & Other Industry<br>Stakeholders   | 60                     | 6 Minutes             | 6       |
| Totals   | 60                     |                       | 6       |
| If you are conducting a focus group, survey, of provide answers to the following questions:  The selection of your targeted respondents: In that defines the universe of potential respondents from this universe?           | Oo you have a customer | list or something     | similar |
| If the answer is yes, please provide a description<br>the answer is no, please provide a description of<br>respondents and how you will select them?   |                        |                       |         |
| The feedback form will be sent to all attendees o selection, it will be a census of those attending.   | f the 2-day Symposium  | There will be no      |         |
| Administration of the Instrument  1. How will you collect the information? (Chec.)   |                        | i. There will be in   | sample  |