

Request for Approval under the Department of Labor Generic Clearance for Outreach Activities

(OMB Control Number: 1225-0059)

TITLE OF INFORMATION COLLECTION: Apprentice Trailblazer Application

PURPOSE:

The Apprentice Trailblazer Initiative is designed to create a national network of diverse apprentices and apprenticeship graduates (graduates) of all ages and backgrounds to feature their stories and hear their perspectives, show how Registered Apprenticeships increase opportunities for underserved populations, and bring awareness to other career seekers who may be interested in becoming apprentices. The first cohort of Apprentice Trailblazers will include current youth apprentices and recent graduates. Future cohorts of Apprentice Trailblazers will include adult apprentices.

Apprentice Trailblazers will hold the position for 1 year and provide an annual commitment to undertake activities of their choice to promote Registered Apprenticeship, including but not limited to, assisting to create peer apprentice working groups, promoting Registered Apprenticeship on social media, or serving as a speaker at Department of Labor events or panels promoting Registered Apprenticeship.

The **Apprentice Trailblazer Application** link gives apprentices/graduates an opportunity to apply to become an Apprentice Trailblazer. The application requests the following: 1) contact information for the apprentice/graduate and their Registered Apprenticeship employer; 2) why the apprentice/graduate should be an Apprentice Trailblazer and their qualifying attributes; 3) commitment from the apprentice/graduate to undertake optional activities to promote, expand, diversify, and strengthen Registered Apprenticeship over the upcoming year; 4) commitment from the Registered Apprenticeship employer to provide oversight for their apprentice/graduate's participation; and 5) parent/legal guardian consent for any apprentice/graduate under age 18 and not emancipated.

DESCRIPTION OF RESPONDENTS: Respondents are Registered Apprenticeship employers, apprentices/graduates who are interested in serving as Apprentice Trailblazers, and if applicable, parents/legal guardians of apprentices/graduates under age 18 and not emancipated.

TYPE OF COLLECTION: (Check one)

- | | |
|--|--|
| ☐ Customer Comment Card/Complaint Form | ☐ Customer Satisfaction Survey |
| ☐ Usability Testing (e.g., Website or Software) | ☐ Small Discussion Group |
| ☐ Focus Group | ☒ Other: <u>Application to be Apprentice Trailblazer</u> |

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: Victoria Cosentino

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, is the information that will be collected included in records that are subject to the Privacy Act of 1974? ☐ Yes ☒ No
3. If Applicable, has a System or Records Notice 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
Individuals and Households	250	10 minutes each	41.7 hours
Private Sector	150	10 minutes each	25 hours
State, local, or Tribal Governments	50	10 minutes each	8.3 hours
Federal Government	50	10 minutes each	8.3 hours
Totals	500	40 minutes	83 hours

FEDERAL COST: The estimated annual cost to the Federal government is
\$215

If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:

N/A – Respondents will self-select by accessing the website application.

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?

Eligibility criteria is included in the application. The eligibility criteria will be used to select applicants to become Apprentice Trailblazers.

Administration of the Instrument

1. How will you collect the information? (Check all that apply)
[X] Web-based or other forms of Social Media
Percentage of Respondents Reporting Electronically: 100%
[] Telephone
[] In-person
[] Mail
[] Other, Explain
2. Will interviewers or facilitators be used? [] Yes [X] No

Please make sure that all instruments, instructions, and scripts are submitted with the request.

Instructions for completing Request for Approval under the Generic Clearance

TITLE OF INFORMATION COLLECTION: Provide the name of the collection that is the subject of the request. (e.g. Comment card for soliciting feedback on XXXXX)

PURPOSE: Provide a brief description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

DESCRIPTION OF RESPONDENTS: Provide a brief description of the targeted group or groups for this collection of information. These groups must have experience with the program.

TYPE OF COLLECTION: Check one box. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

CERTIFICATION: Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

Personally Identifiable Information: Provide answers to the questions.

Gifts or Payments: If you answer yes to the question, please describe the incentive and provide a justification for the amount.

BURDEN HOURS:

Category of Respondents: Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households; (2) Private Sector; (3) State, local, or tribal governments; or (4) Federal Government. Only one type of respondent can be selected.

No. of Respondents: Provide an estimate of the Number of respondents.

Participation Time: Provide an estimate of the amount of time required for a respondent to participate (e.g., fill out a survey or participate in a focus group)

Burden: Provide the Annual burden hours.

FEDERAL COST: Provide an estimate of the annual cost to the Federal government.

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. Please provide a description of how you plan to identify your potential group of respondents and how you will select them. If the answer is yes, to the first question, you may provide the sampling plan in an attachment.

Administration of the Instrument: Identify how the information will be collected. More than one box may be checked. Indicate whether there will be interviewers (e.g., for surveys) or facilitators (e.g., for focus groups) used.

Please make sure that all instruments, instructions, and scripts are submitted with the request.