

**Request for Approval under the “Generic Clearance Collection for Meetings,
Events, Registrations, and Miscellaneous Forms”
(OMB Control Number: 0690-0038)**

TITLE OF INFORMATION COLLECTION:

Ocean Exploration Education Professional Development Opportunities for Educators

PURPOSE: To gather registration information from educators and the ocean interested public who will be attending NOAA Ocean Exploration Education Professional Development Opportunities for Educators (both virtual and in-person programs). The intent of this customer information is to learn about where participants are joining from and what they’re teaching so that examples used in events can be as relevant as possible for the audience. The NOAA Ocean Exploration education team intends to use this information to advertise future professional development opportunities to registrants and to inform program reach which will help the team identify geographic gaps and strategically promote future events.

DESCRIPTION OF RESPONDENTS: The Professional Development Opportunities for Educators announcement and link for the registration form will be distributed via the NOAA Ocean Exploration website, social media, and newsletter, by partners hosting regional onsite and virtual professional development opportunities, and through regional and national listservs. Respondents will be from various education sectors, including formal K12 educators, informal education facilities, institutions of higher education, nonprofit organizations, or the ocean interested public looking to learn more about the deep sea and/or ocean exploration technologies.

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 type="checkbox"/> Small Discussion Group |
| <input type="checkbox"/> Focus Group | <input checked="" type="checkbox"/> Other: <u>Registration</u> |

CERTIFICATION:

I certify the following to be true:

1. The collection is voluntary.
2. The collection is a 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: Liz Hoadley

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 [X] No

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden Hours
Individuals or households	400	2 minutes	13.3
Totals	400		13.3

FEDERAL COST: The estimated annual cost to the Federal government is \$1227

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? [X] 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 the respondents.

Yes, the list is of subscribers and followers of our Ocean Exploration Education website, newsletter, and social media, past professional development opportunity participants, as well as subscribers to regional and national ocean education focused listservs.

Administration of the Instrument

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

Required Additional Information

1. Line of Business: Natural Resources
2. Subfunction: Conservation, Marine and Land Management
3. Privacy Act System of Records: COMMERCE/DEPT-23
4. Federal Registration citation information: 78 FR 42038
5. Number of respondents for small entities: 0
6. Percentage of respondents reporting electronically: 100

Please submit all instruments, instructions, correspondences (emails, letters, etc.) to respondents, and scripts as separate documents along with this request document. Every instrument must have the following displayed –

OMB Control No. 0690-0038
Expiration Date: 07/31/2026

Instructions for completing Request for Approval under the “Generic Clearance Collection for Meetings, Events, Registrations, and Miscellaneous Forms”

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 xxxx)

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. Note: Agencies should only collect PII to the extent necessary, and they should only retain PII for the period of time that is necessary to achieve a specific objective.

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 per row.

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: Multiply the Number of responses and the participation time and divide by 60.

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.

Submit all instruments, instructions, and scripts that are submitted with the request.