# Request for Approval under the "Generic Clearance for Requests Meetings, Registrations for Events and Miscellaneous Forms" (OMB Control Number: 0690-0038)

**TITLE OF INFORMATION COLLECTION:** Market Development Cooperator Program Project Narrative

**PURPOSE:** This form is designed to ease the burden on organizations in submitting a project narrative portion of a Market Development Cooperator Program application. The current process involves producing a long, labor-intensive report-styled project proposal. This form provides a structured, simplified way for an applicant to provide information for the grant program. The form will significantly reduce the burden on applicants and will reduce the burden on Government staff to collect, organize and prepare the responses for a panel review of applications.

applications.	
<b>DESCRIPTION OF RESPONDENTS</b> : Eligible organizations applying for the Market De	velopment Cooperator Program.
<b>TYPE OF COLLECTION:</b> (Check one) [ ] Customer Comment Card/Complaint Form [ ] Usability Testing (e.g., Website or Software [ ] Focus Group	[ ] Customer Satisfaction Survey [ ] Small Discussion Group [X] Other: <u>Project Narrative</u>
<ol> <li>CERTIFICATION:         <ol> <li>I certify the following to be true:</li> <li>The collection is voluntary.</li> <li>The collection is a low burden for respondents</li> <li>The collection is non-controversial and does nagencies.</li> </ol> </li> <li>The results are not intended to be disseminated in the properties of the properties.</li> <li>Information gathered will not be used for the properties of the collection is targeted to the solicitation of experience with the program or may have experience</li> </ol>	ot raise issues of concern to other federal d to the public. Durpose of substantially informing influential opinions from respondents who have
Name: <u>John Miller</u>	
To assist review, please provide answers to the fol	llowing question:
<ul> <li>Personally Identifiable Information:</li> <li>1. Is personally identifiable information (PII) col</li> <li>2. If Yes, will any information that is collected be Privacy Act of 1974? [] Yes [] No</li> <li>3. If Yes, has an up-to-date System of Records N</li> </ul>	e included in records that are subject to the
<b>Gifts or Payments:</b> Is an incentive (e.g., money or reimbursement of eparticipants? [] Yes [X] No	expenses, token of appreciation) provided to

#### **BURDEN HOURS**

Category of Respondent	No. of Respondents	Participation Time	<b>Burden Hours</b>
Private Sector	30	90 minutes	45
Totals	30	90 minutes	45

**FEDERAL COST:** The estimated annual cost to the Federal government is <u>\$239.35</u>

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? [ ] Yes [X] 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.

The form will be available on trade.gov/mdcp and on grants.gov for potential applicants to fill out as they apply for the Market Development Cooperator Program.

#### **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: International Affairs and Commerce
- 2. Subfunction: Global Trade
- 3. Privacy Act System of Records: N/A
- 4. Federal Registration citation information: N/A
- 5. Number of respondents for small entities: 6
- 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: 07/26/2026