

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

TITLE OF INFORMATION COLLECTION: PSCR Mission Critical Voice Virtual Roundtable April 2024

PURPOSE: Information from this form will be used to identify participants for the Mission Critical Voice roundtable discussion meeting. Additional questions contained within the form will be used to establish a baseline of mission critical communications usage among meeting participants, so that the meeting’s content can accurately reflect the participants’ backgrounds.

DESCRIPTION OF RESPONDENTS: The respondents of this form will be known stakeholders that have previously interacted with PSCR and/or the FirstNet Authority in the past. These stakeholders will be identified based on their previous experience in using, configuring, and/or researching mission critical communications within the first responder field, and will span all first responder disciplines (Fire, EMS, Police, and Dispatch).

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

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: Nina Argent

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 No

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden Hours
Individuals – public safety	25	10 minutes (.16 hours)	4.17 hours
Totals			

FEDERAL COST: The estimated annual cost to the Federal government is: If the burden hours are 4.17 and estimating an hourly rate of \$50 for a one-time, non-recurring event, the cost to the Federal government would be \$208.50.

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.

In order to identify our potential group of respondents, we will review our stakeholder lists to determine who may have previous experience in using, configuring, and/or researching mission critical communications within the first responder field, and will span all first responder disciplines (Fire, EMS, Police, and Dispatch). We will select a priority 25 individuals to initially reach out to. Depending on the RSVP responses, we will distribute the form to additional individuals as needed to ensure we have 20-25 participants for our small group discussion.

Administration of the Instrument

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

Required Additional Information

1. Line of Business: General Science and Innovation
2. Subfunction: Scientific and Technological Research and Innovation
3. Privacy Act System of Records: Not applicable.
4. Federal Registration citation information: Not applicable.
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