

**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: Ukrainian Business Mentorship Assessment Form

PURPOSE:

To solicit applications from Ukrainian women entrepreneurs who attended the Commerce webinar on March 20th, 2024, to be matched with U.S.-based mentors.

DESCRIPTION OF RESPONDENTS:

Members of the public.

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>Application form</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: Agnes Pawelkowska

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 | 50 | 30 minutes | 50 |
| | | | |
| Totals | 50 | 30 minutes | 50 |

FEDERAL COST: The estimated annual cost to the Federal government is \$562.10.

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 No

The potential respondents will include Ukrainian women-owned businesses, who registered to join the March 20th, 2024, webinar titled *Mentoring Ukrainian Women to Success*. The webinar was jointly developed and organized by the U.S. Department of Commerce and the American Chamber of Commerce (AmCham) in Ukraine.

AmCham in Ukraine will electronically send the business assessment questionnaire document to all who registered for the webinar, and it will collect responses. A third party will help match respondents with a U.S.-based mentor. After 6-8 U.S. mentors are found, the U.S. Department of Commerce will start a pilot mentorship cohort, which will potentially continue with groups of 6-8 mentors/mentees on a rolling basis, assuming interest continues from both sides.

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
 Mail
 Other, Explain
2. Will interviewers or facilitators be used? Yes 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: N/A
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

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

TITLE OF INFORMATION COLLECTION: Provide the name of the collection that is the subject of the request. (e.g. Form for registration)

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.