

**Request for Approval under the “Generic ICR Name”  
(OMB Control Number: 1225-0059)**

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**TITLE OF INFORMATION COLLECTION:** Apprenticeship Ambassador Commitment Reporting

**PURPOSE:**

The Apprenticeship Ambassador Initiative is a campaign that creates a national network of employers, labor organizations, industry associations, program sponsors, educators, workforce intermediaries, community-based organizations, and other stakeholders to serve as champions for expanding and diversifying Registered Apprenticeship. Apprenticeship Ambassadors serve for a term of two years and support the Department of Labor’s goals of modernizing Registered Apprenticeship; increasing diversity, equity, inclusion, and accessibility in Registered Apprenticeships (RA); engaging industry in new and emerging sectors; and expanding pre-apprenticeship, youth apprenticeship and degree apprenticeships.

When applying to become an Apprenticeship Ambassador, each Ambassador committed to undertake activities to promote, expand, and diversify Registered Apprenticeship over the upcoming year. At the end of each year, the Ambassadors will report on those commitments and what activities they have completed. This **Apprenticeship Ambassador Commitment Reporting Form** will be used to capture the Ambassador accomplishments over the last year and provide information for the Department of Labor to track the engagement activities of the Ambassadors in promoting, expanding, and diversifying Registered Apprenticeship.

**DESCRIPTION OF RESPONDENTS:** Respondents are organizations that applied and were selected to serve as Apprenticeship Ambassadors. They include employers, labor organizations, industry associations, education organizations, workforce professionals, and community-based organizations.

**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>Apprenticeship Ambassador Commitment Reporting Form</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: Wendy Slee, Program Analyst

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			
Private Sector	300	6 minutes each	30 hours
State, local, or Tribal Governments	100	6 minutes each	10 hours
Federal Government	50	6 minutes each	5 hours
<b>Totals</b>			<b>45 hours</b>

**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 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?

Respondents will be existing Apprenticeship Ambassadors that applied and were chosen to be part of the Apprenticeship Ambassador Initiative. All participation, including completing this commitment tracking form, is voluntary.

### **Administration of the Instrument**

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

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

### **Instructions for completing Request for Approval under a Generic Clearance**

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**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.**