## Request for Approval under the “Department of Labor Generic Clearance for Outreach Activities”

## (OMB Control Number: 1225-0059)

**TITLE OF INFORMATION COLLECTION:**

Vendor Outreach Session Collection

**PURPOSE:**

Vendor Outreach Session (VOS) Collection entails the Department of Labor (DOL) utilizing an electronic registration tool to facilitate, engage, and provide access to the public for VOS events where they can learn more about DOL’s contracting opportunities.

The DOL hosts VOS in compliance with Federal agencies requirements to promote procurement opportunities for small businesses in accordance with Section 8(a) businesses of the Small Business Act, as amended by Public Law 95-507 (Sections 8 and 15) and Public Law 100-656 (Sections 502 and 503). The Federal Acquisition Streamlining Act of 1994 (Public Law 103-355) mandates similar efforts for small women-owned businesses. Public Law 106-50 created the program for service-disabled veteran-owned small businesses. Public Law 105-135 established the HUBZone program and Public Law 85-536 established HUBZone goals. Moreover, the Small Business Regulatory Enforcement Fairness Act of 1996 (Public Law 104-121) requires Federal agencies to make available to small businesses compliance guides and assistance on the implementation of regulations and directives of enforcement laws they administer which DOL makes available at VOS. Furthermore, VOS also support Executive Order 13985, *Advancing Racial Equity and Support for Underserved Communities through the Federal Government* (EO 13985), where the President directed agencies to make Federal contracting and procurement opportunities more readily available to all eligible vendors, and to remove barriers faced by underserved individuals and communities.

In addition, the Office of Small and Disadvantaged Business Utilization (OSDBU) administers DOL’s responsibilities to ensure contracting opportunities are available for eligible vendors who are small, small disadvantaged, women-owned, HUBZone, and service-disabled veteran-owned and therefore, require VOS Collection for engagement with these vendors. OSDBU also serves as the Department’s central referral point for small business regulatory and compliance information.

It is important to note that EO 13985 calls for a comprehensive approach to advancing equity for all, including socioeconomic small businesses and traditionally underserved entrepreneurs. DOL’s VOS Collection supports maximizing socioeconomic disadvantaged small businesses, and traditionally underserved entrepreneurs’ participation in its contracting opportunities to the maximum extent practicable both at the prime and subcontracting level.

**DESCRIPTION OF RESPONDENTS**:

The target audience includes: The vendor community including socioeconomic disadvantaged small businesses, and traditionally underserved entrepreneurs.

**TYPE OF COLLECTION:** (Check one)

[ ] Customer Comment Card/Complaint Form ] Customer Satisfaction Survey

[ ] Usability Testing (e.g., Website or Software [ ] Small Discussion Group

[ ] Focus Group [X ] Other: Voluntary Registration

**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: Gladys M. Bailey\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To assist review, please provide answers to the following questions:

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected? [X ] 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 [ X ] No
3. If Applicable, has a System or Records Notice been published? [] Yes [ X ] 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** |
| Private Sector | 1,050 | 5 minutes | 87.5 hours |
| State, Local, and Tribal Governments | 100 | 5 minutes | 8.3 hours |
| Individuals and/or Households | 200 | 5 minutes | 16.67 hours |
| **Sub-total for Event Registration** | **1,350** |  | **112.47 hours** |
|  |  |  |  |
| Vendor Outreach (Initial) | 1,050 | 9 minutes | 157.5 hours |
| Vendor Outreach (Updates) | 1,050 | 2 minutes | 35 hours |
| **Sub-total for Vendor Outreach** |  |  | **192.5 hours** |
|  |  |  |  |
| **Totals** | **2,400** |  | **304.97 hours** |

**FEDERAL COST:** The estimated annual cost to the Federal government is **$14,696**.

[[1]](#footnote-2)The estimated annual cost to the federal government is $14,696. This estimate is based on staff spending approximately 5 minutes reviewing and categorizing the responses ([2,400 x 5 mins/60] x $73.48 = $14,696).

**If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:**

**N/A**

**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?

**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

1. 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 the “Generic Clearance for Outreach Activities”

**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: 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.

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

1. The cost is based on GS-13, Step 10 pay. *See* <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/24Tables/html/DCB_h.aspx> incorporating the 4.7% General Schedule Increase and a Locality Payment of 33.26% For the Locality Pay Area of Washington-Baltimore-Arlington, DC-MD-VA-WV-PA

   Total Increase: 5.31% Effective January 2024 [↑](#footnote-ref-2)