

**Request for Approval under the “Department of Labor Generic Clearance for Outreach Activities”
(OMB Control Number: 1225-0059)**

TITLE OF INFORMATION COLLECTION:

Apprenticeship Information Benefitting Veterans

PURPOSE:

To collect specific information about Registered Apprenticeship programs that will assist veterans and other stakeholders identify programs that have been approved under chapters 30 through 36 of title 38, United States Code, and collect the data necessary to fulfill the requirements of Title II, Section 213, of the Consolidated Appropriations Act, 2023 (Public Law 117-328).

Section 213 of the Consolidated Appropriations Act, 2023 directed the Assistant Secretary of Labor for the Veterans’ Employment and Training Service of the Department of Labor (DOL) , in coordination with the Secretary of Veterans Affairs (VA), to establish a user-friendly website (or update an existing website) that is available to the public on which veterans can find information about apprenticeship programs registered under the National Apprenticeship Act and approved under chapters 30 through 36 of title 38, U.S.C. Such information shall be searchable and sortable by occupation and location, and include, with regard to each such program, the following:

- Description of the program
- Cost to the veteran
- Contact information
- Whether the program has been endorsed by a veterans service organization or nonprofit organization that caters to veterans
- Whether the organization prefers to hire veterans
- Any certifications or degrees earned by completing the program

The information collected will be displayed on www.Apprenticeship.gov. The web-based form on the site will be launched in January 2025.

DESCRIPTION OF RESPONDENTS:

The respondents are Registered Apprenticeship program sponsors and participating employers.

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>Web-based 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: George Durgin

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

Personally Identifiable Information:

1. Is personally identifiable information (PII) collected? [] Yes [X] 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 [X] No

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden
Registered Apprenticeship program sponsors and participating employers	3,000	15 minutes	750 hours
Totals	3,000	15 minutes	750 hours

FEDERAL COST: The estimated annual cost of this proposed information collection to the Federal government is **\$19,782**.

Program Analyst, GS 13, Step 1 as of January 2024; Hourly rate is \$56.52.¹

It will take 7 minutes to review each respondent. For 3,000 respondents, it will take a total of 350 hours.

350 hours multiplied by the hourly rate of \$56.52 is \$19,782.

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

¹ The cost is based on GS-13, Step 1 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

Respondents are Registered Apprenticeship program sponsors who are invited to provide answers to the ICR's questions in order to be identified on the Department's website as an organization that is focused on serving veterans.

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
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 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.