

Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: XXXX-YYYY)

TITLE OF INFORMATION COLLECTION: Electronic survey for the Pathways 2 Entrepreneurship Program on September 10, 2024.

PURPOSE:

USDOT’s Office of Small and Disadvantaged Business Utilization (OSDBU) has been developing a new program in support of the Departmental equity action plan’s focus on wealth creation to provide opportunities for small, disadvantaged businesses to gain insight and pivot into potential new lines of business focused on emerging technologies; this program is referred to as **“Pathways to Entrepreneurship Program”** or more simply **“P2E”**.

On Tuesday, September 10, 2024, OSDBU will be launching a pilot program experience called, "Pathways of Entrepreneurship (P2E): Powering Small Businesses In Emerging Transportation Markets" both in-person at DOT HQ in Washington, D.C., as well as virtually via live broadcast. The pilot experience will provide participants with the knowledge, skills, and resources to navigate cutting-edge technology markets and contribute to wealth-building in underserved communities. Specifically, the pilot experience will serve as a prototype of the proposed six-month program anticipated to be launched in 2025; and will provide an overview focused on emerging technologies inclusive of Autonomous Vehicles (AVs), Electric Vehicles (EVs), and Unmanned Aerial Vehicles (UAVs). Additionally, the pilot experience will allow participants a valuable and meaningful opportunity to provide feedback prior to USDOT OSDBU finalizing the P2E Program launch anticipated in 2025.

The collection of feedback and information will be used solely for the review by OSDBU staff to gain insight for planning future outreach, information sharing and technical assistance for the small business community.

DESCRIPTION OF RESPONDENTS:

The respondents of this survey will be in-person or virtual attendees for the Pathways 2 Entrepreneurship Program pilot. The attendees are members of the small business community as well as industry and transportation stakeholders and organizations.

TYPE OF COLLECTION: (Check one)

- | | |
|--|---|
| <input checked="" 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 type="checkbox"/> Other:_____. |

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: Tyra Redus, Director, Office of Small and Disadvantaged Business Utilization (OSDBU)

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, will any information that is collected be included in records that are subject to the Privacy Act of 1974? [] Yes [] No *(Not Applicable)*
3. If Yes, has an up-to-date System of Records Notice (SORN) been published? [] Yes [] No *(Not Applicable)*

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
(2) Private Sector (Small business owners)	500	.20 hours	100
(3) State, local, or tribal governments	100	.20 hours	20
Totals (400 virtual + 200 in-person)	600		120

FEDERAL COST: The estimated annual cost to the Federal government is -0-

If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions: *OSDBU will not employ any of the aforementioned statistical methods*

The selection of your targeted respondents *(Not Applicable)*

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?
[X] 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?

The respondents will consist of those participants who registered and attended (in-person or virtually) and provided feedback to the survey on a voluntary basis.

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 the Collection of Routine Customer Feedback”

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 xxxx)

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 are submitted with the request.

