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 Service Disabled Veteran-Owned Small Business Program on Thursday, November 14, 2024.

PURPOSE:

The U.S. Department of Transportation's Office of Small and Disadvantaged Business Utilization (OSDBU) will host its 2nd Annual in-person Service-Disabled Veteran Owned Small Business (SDVOSB) event at USDOT Headquarters on Thursday, November 14, 2024. In honor of Veteran's Day, we celebrate and recognize our veterans and their service to this great nation with a day-long event focused on small business opportunities, access to capital and networking.

The event will kick-off with remarks from Departmental Leadership. The first half of the day will also include panel sessions with subject matter experts on how to do business with USDOT, best practices for federal contracting, and how to increase SDVOSB utilization. The afternoon session will be dedicated to **one-on-one business matchmaking** via our Connections MarketPlace (CMP) and an interactive **Business Expo. This event is open to all small businesses. Pre-registration is required.**

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 attendees for the SDVOSB event. The attendees are members of the small business community as well as industry and transportation stakeholders and organizations.

TYPE OF COLLECTION: (Check one)

[X] Customer Comment Card/Complaint Form
[ ] Usability Testing (e.g., Website or Software
[ ] Focus Group
[ ] Customer Satisfaction Survey
[ ] Small Discussion Group
[ ] 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)	300	.20 Hours	1.0
Totals	**300**	.20 hours	**1.0**

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 methods.*

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?

[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) 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)
   - [X] Web-based or other forms of Social Media
   - [ ] Telephone
   - [ ] In-person
   - [ ] Mail
   - [ ] Other, Explain
2. Will interviewers or facilitators be used? [ ] Yes [X] 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.