Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback" (OMB Control Number: 2700-0153)

TITLE OF INFORMATION COLLECTION: NASA Office of Small Business Programs Quarterly Outreach Events Series

PURPOSE: The NASA Office of Small Business Programs offers a series of quarterly outreach events with in-depth education, training, and networking relevant to small businesses. These events provide the opportunity to ask questions directly to key points of contact at the Agency.

DESCRIPTION OF RESPONDENTS: The small business vendor community.

TYPE OF COLLECTION: (Check one)

[ ] Customer Comment Card/Complaint Form
[ ] Usability Testing (e.g., Website or Software
[ ] Focus Group
[x] 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: Truphelia M. Parker, Program Specialist, NASA Office of Small Business Programs

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
3. If Yes, has an up-to-date System of Records Notice (SORN) 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
Individuals or Households	50	5 minutes	4.2 hours
Private Sector	200	5 minutes	16.7 hours
State, local, or tribal governments	25	5 minutes	2.1 hours
Federal Government	25	5 minutes	2.1 hours
Totals	300		25 hours

FEDERAL COST: None

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

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?

Survey respondents will be those who attend the event and will receive a post-program survey for completion.

Administration of the Instrument

1. How will you collect the information? (Check all that apply)
   [x] Web-based
   [ ] 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.