

**Request for Approval under the “Generic Clearance for Requests
Meetings, Registrations for Events and Miscellaneous Forms”
(OMB Control Number: 0690-0038)**

TITLE OF INFORMATION COLLECTION: EDA Meeting and Speaking Request Intake Forms

PURPOSE: The Meeting Request and Speaker Request forms are electronic methods users can utilize in order to get in touch with EDA to request face to face meetings with EDA office representatives or EDA Leadership speaking engagements. These methods allow EDA to respond to these requests quickly and without requiring the user to fill out a Microsoft Word document and send that into EDA or calling on the phone and leaving a message.

DESCRIPTION OF RESPONDENTS: Primarily external users/organizations requesting meetings with EDA or external users/organizations requesting EDA leadership speak at their engagements.

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 | ☒ Other: <u>Meeting and Speaking Request Intake Forms</u> |

CERTIFICATION:

I certify the following to be true:

1. The collection is voluntary.
2. The collection is a 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: Jeffrey Roberson

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

Personally Identifiable Information:

1. Is personally identifiable information (PII) collected? ☒ Yes ☐ 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 ☒ No

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden Hours
External Users	400 (estimated)	3 minutes	20 hours
Totals	400		20 hours

EDA estimates that 100% of the surveys will be submitted electronically.

FEDERAL COST: The estimated annual and one-time cost to the Federal government is \$438 (2 hours of survey dissemination, 4 hours of survey review and processing; all costs calculated at GS-13 level plus 30% for overhead as per cost estimate guidelines).

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? [] Yes [X] 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 the respondents.

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

Required Additional Information

1. Line of Business: EDA/OEAC
2. Subfunction: PAD
3. Privacy Act System of Records: N/A
4. Federal Registration citation information: N/A
5. Number of respondents for small entities: 250
6. Percentage of respondents reporting electronically: 100%

Please submit all instruments, instructions, correspondences (emails, letters, etc.) to respondents, and scripts as separate documents along with this request document. Every instrument must have the following displayed –

OMB Control No. 0690-0038 and Expiration Date: 07/26/2026

Instructions for completing, Request for Approval under the “Generic Clearance Request for Meetings, Registrations for Events and Miscellaneous Forms.”

TITLE OF INFORMATION COLLECTION: Provide the name of the collection that is the subject of the request. (e.g. Form for registration)

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 that are submitted with the request.