Request for Approval under the "Generic Clearance Collection for Meetings, Events, Registrations, and Miscellaneous Forms" (OMB Control Number: 0690-0038)

TITLE OF INFORMATION COLLECTION: Director's Office Form

PURPOSE: The information collected within the Director's Office Form will be used to schedule meetings with the NIST Director or the NIST Associate Director of Laboratory Programs.

DESCRIPTION OF RESPONDENTS: This information collection supports the NIST Director's Office Scheduling Initiative, designed to facilitate efficient and effective engagement with stakeholders. Respondents include a wide array of individuals and organizations requesting meetings or events with the NIST Director or the NIST Associate Director of Laboratory Programs. These respondents are key stakeholders critical to advancing NIST's mission of promoting innovation, industrial competitiveness, and scientific progress.

Respondents will submit their requests via a user-friendly webform integrated with Salesforce. This form will capture essential details such as event specifics, agenda items, anticipated attendees, and any supporting documents. The streamlined process improves scheduling efficiency, enhances communication, and enables the Director's Office to manage and track stakeholder engagements comprehensively.

By integrating the webform with Salesforce, this initiative will enhance program customer service and provide a holistic view of interactions. This system aligns with NIST's broader goals of fostering transparency, collaboration, and innovation in its 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	[X] Other: Scheduling

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: _____Leah Kauffman_____

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

Personally Identifiable Information:

1. Is personally identifiable information (PII) collected? [X] Yes [ ] No
2. If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974? [X] 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 Hours
Individuals and Households	10	5 minutes	50 minutes
Federal Government	155	5 minutes	12 hours 55 minutes
Private Sector	80	5 minutes	6 hours 40 minutes
State and Local Government	15	5 minutes	1 hour 15 minutes
Totals	**260**		**21 hours 40 minutes**

FEDERAL COST: The estimated annual cost to the Federal government is ____$6,599.97____

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 [ ] 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: General Science and Innovation
2. Subfunction: Scientific and Technological Research and Innovation
3. Privacy Act System of Records: Commerce / DEPT. 23 - Information Collected Electronically in Connection with Department of Commerce Activities, Events, and Programs.
4. Federal Registration citation information: 78 FR 42038
5. Number of respondents for small entities: 0
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: 07/31/2026

Instructions for completing Request for Approval under the "Generic Clearance Collection for Meetings, Events, Registrations, and Miscellaneous Forms"

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 that are submitted with the request.