

ASKCHIPS

This screen shot shows what the user sees at first login. Users must choose either Yes or No in the “Do you currently work for Department of Commerce?...” question for additional fields to appear.

When first logging in:

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 Engagements & Inquiries

Thank you for your interest in CHIPS for America. To request a meeting with a CHIPS staff member, or an appearance at an event, please complete this form.

OMB Control #0693-0092
Expiration Date: 09/30/2026

Requestor Information

* First name	* Last name
* Business Email	* Business Phone number
	(123) 456-7890
* Business Organization	* Do you currently work for the Department of Commerce? (If you misrepresent your affiliation, CHIPS reserves the right to reject your request)
	--Select--

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with an information collection subject to the requirements of the Paperwork Reduction Act of 1995 unless the information collection has a currently valid OMB Control Number. The approved OMB Control Number for this information collection is 0693-0092. Without this approval, we could not conduct this information collection. Public reporting for this information collection is estimated to be approximately 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information collection. All responses to this information collection are voluntary. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to askchips@chips.gov.

Privacy Act Statement
Pursuant to 5 U.S.C. § 552a(e)(3), this Privacy Act Statement serves to inform you of why the U.S. Department of Commerce (the Department), National Institute of Standards and Technology (NIST) is requesting the information on this form.

AUTHORITY: The Department is authorized to collect the information on this form pursuant to the CHIPS Incentives Program is authorized by Title XCIX—Creating Helpful Incentives to Produce Semiconductors for America of the William M. (Mac) Thornberry National Defense Authorization Act for Fiscal Year 2021 (Pub. L. 116-283, referred to as the CHIPS Act or Act), as amended by the CHIPS Act of 2022 (Division A of Pub. L. 117-167).

PURPOSE: The primary use of the information submitted to NIST through CHIPS External Affairs Office is to schedule and coordinate engagements with CHIPS stakeholders. CHIPS engagement requests may be submitted via the web portal at <https://askchips.chips.gov/> or the engagement request can be logged by a Department employee as a result of an engagement with an interested entity submitted via email, phone, or any means of contact. The web form submission is preferred as a simple method to provide all information associated with an engagement request. If submission is via any system other than the web-based application, a Department employee will submit the information into the system.

ROUTINE USES: The information is used for the purposes set forth above and may be shared with Department of Commerce staff for work-related purposes. In addition to those disclosures generally permitted under the Privacy Act of 1974, as amended, § 5 U.S.C. 552a(b), records maintained as part of this system of records may be disclosed subject to all of the published routine uses as identified in the Privacy Act System of Records Notice COMMERCE/DEPT-10 <https://www.commerce.gov/opog/privacy/SORN/SORN-DEPT-10>, Executive Correspondence Files.

CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION : Providing this information is voluntary. However, failure to provide the requested information may result in an inability for NIST CHIPS to process, review, and/or act on such requests.

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U.S. DEPARTMENT OF COMMERCE

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NIST

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OMB Control #0693-0092

Expiration Date: 06/30/2026

Requestor Information

* First name 	* Last name
* Business Email 	* Business Phone number () - () / -
* Business Organization 	* Do you currently work for the Department of Commerce? If you misrepresent your affiliation, CHIPS reserves the right to reject your request. No v

Contact Information

External contact first name (if different from requester) 	External contact last name (if different from requester)
External contact business email (if different from requester) 	External Contact Organization (Business)

Information about this request

* Type of request Select v	* Title of event or meeting
* How is the event held? 	* Will the event be onsite or virtual? Select v
* What is the purpose of this request? 	Expected discussion topics

Please select if there will be a CHIPS or DOE speaking role

Select

Preferred date/time

Date 	Time
------------------------------	------------------------------

Length of speaking time (in minutes)

1st alternative date/time

Date 	Time
------------------------------	------------------------------

2nd alternative date/time

Date 	Time
------------------------------	------------------------------

* Will you be present?

Select

Please provide the number of anticipated attendees

If this request is for a meeting, if you anticipate that NPS will attend, please provide names and titles

Submit

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Requester information section for non-DOC user(s):





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OMB Control #0693-0092
Expiration Date: 09/30/2026

Requestor Information

* First name	* Last name
* Business Email	* Business Phone number
	(123) 456-7890
* Business Organization	* Do you currently work for the Department of Commerce? (If you misrepresent your affiliation, CHIPS reserves the right to reject your request)
	No

Contact information section for non-DOC user(s):

Contact Information

External contact first name (if different from requestor)	External contact last name (if different from requestor)
External contact business email (if different from requestor)	External Contact Organization (Business)

Information about this request section for non-DOC user(s) (same for DOC user(s)):

Information about this request

* Type of request --Select-- Drop Down Value(s) – Announcement, Briefing, Event, Fireside Chat, Interview, Keynote, Meeting, Panel, Roundtable, Webinar Complete this field.	* Title of event or meeting
* Who is the event host? 	* Will the event be onsite or virtual? Onsite Drop Down – Onsite Virtual
* Please provide the city of the event or meeting Field only appears if answer to “Will the event be onsite or virtual?” is “Onsite”	* Please provide the state of the event or meeting --Select-- Field only appears if answer to “Will the event be onsite or virtual?” is “Onsite” Drop down values: [2 letter codes for all US States]
* What is the purpose of this request? 	Expected discussion topics
Please select if there will be a CHIPS or DOC speaking role Yes Drop Down – Yes No	Additional Speaker Information Field only appears if answer to “Please select if there will be a CHIPS or DOC speaking role” is “Yes.”
Requested Speaker --Select-- Short answer text (Not Drop Down)	

Information about this request section for non-DOC user(s) (same for DOC user(s)):

Preferred date/time

* Date

* Time

Length of speaking time (in minutes)

1st alternative date/time

Date

Time

2nd alternative date/time

Date

Time

* Will press be present?

--Select--

Drop Down – Yes

No

Please provide the number of anticipated attendees

Field only appears if answer to “Will press be present?” is “Yes.”

If this request is for a meeting: If you anticipate that VIPS will attend, please provide names and titles

Submit

Disclosure for non-DOC user(s):

Submit

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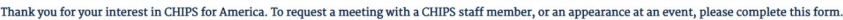
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NIST



Requestor Information

Is this request proactive or reactive?

--Select--

External contact first name (if different from requestor)	External contact last name (if different from requestor)
External contact business email (if different from requestor)	External Contact Organization (Business)

Please select if there will be a CHIPS or DOC speaking role

--Select--

* Will press be present? Please provide the number of anticipated attendees

If this request is for a meeting: If you anticipate that VIPS will attend, please provide names and titles	Please provide any additional information relating to this request

Submit

Privacy Act Statement

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Requester information section for DOC user(s):



**Engagements
& Inquiries**

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* Business Email	* Business Phone number
	(123) 456-7890
* Business Organization	* Do you currently work for the Department of Commerce? (If you misrepresent your affiliation, CHIPS reserves the right to reject your request)
	Yes
Is this request proactive or reactive?	
--Select--	

Contact Information Section for DOC user(s):

Contact Information

External contact first name (if different from requestor)

External contact last name (if different from requestor)

External contact business email (if different from requestor)

External Contact Organization (Business)

Information about this request section for DOC user(s) (same for non-DOC user(s)):

Information about this request

* Type of request

Complete this field.

* Title of event or meeting

* Who is the event host?

* Will the event be onsite or virtual?

* Please provide the city of the event or meeting

* Please provide the state of the event or meeting

* What is the purpose of this request?

Expected discussion topics

Please select if there will be a CHIPS or DOC speaking role

Requested Speaker

Additional Speaker Information

Information about this request section for DOC user(s) (same for non-DOC user(s)):

Preferred date/time

Date

Time

Length of speaking time (in minutes)

1st alternative date/time

Date

Time

2nd alternative date/time

Date

Time

Will press be present?

--Select--

Drop Down – Yes

No

Please provide the number of anticipated attendees

Field only appears if answer to “Will press be present?” is “Yes.”

If this request is for a meeting: If you anticipate that VIPS will attend, please provide names and titles

Submit

Disclosure for DOC user(s):

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All fields shown with dropdowns:





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* First name	* Last name
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	(123) 456-7890
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	Yes
Is this request proactive or reactive?	Do you recommend that CHIPS staff take this meeting?
Reactive	--Select--

Contact Information

External contact first name (if different from requestor)	External contact last name (if different from requestor)
External contact business email (if different from requestor)	External Contact Organization (Business)

Information about this request

* Type of request	* Title of event or meeting
--Select-- Values: Announcement, Briefing, Event, Fireside Chat, Interview, Keynote, Meeting, Panel, Roundtable, Webinar	
* Who is the event host?	* Will the event be onsite or virtual?
	Onsite Values: Onsite, Virtual
Please provide the city of the event or meeting	* Please provide the state of the event or meeting
 Field only appears if Onsite	--Select-- Field only appears if Onsite; Values: [2 letter codes for all US states]
* What is the purpose of this request?	* Expected discussion topics
Please select if there will be a CHIPS or DOC speaking role	
Yes Values: Yes/No	
Preferred date/time	
* Date	* Time
1st alternative date/time	
Date	Time
* Will press be present?	Please provide press information
Yes	
Please provide the number of anticipated attendees	* If this request is for a meeting: If you anticipate that VIPs will attend, please provide names and titles
* Please provide any additional information relating to this request	

Submit

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