OMB Control No.: 3095-0070 Expiration date: 1-31-2024

Request for Approval under the

"Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery" (OMB Control Number: 3095-0070)

TITLE OF INFORMATION COLLECTION: Feedback for the National Archives and Records Administration (NARA) 2021 Artificial Intelligence (AI) / Machine Learning (ML) Information Day

DATE OF REQUEST: 04/12/2021

PURPOSE: To survey the attendees of the NARA AI Information day and get their feedback about how they think the conference went. Hopefully, there is a similar form that has been used in the past by another group at NARA. Respondents registered for the event using Survey Monkey and then attended the April 8th meeting. The goal of this survey would be to ask them about their opinion of how the event was structured and if there could have been improvements.

DESCRIPTION OF RESPONDENTS:

TYPE OF COLLECTION: (Check one)

The respondents were attendees of National Archives and Records Administration (NARA) 2021 Artificial Intelligence (AI) / Machine Learning (ML) Information Day that was posted on SAM. (https://beta.sam.gov/opp/d2871166038d476a8e30534fe1f7cd46/view) There were 145 attendees to the event that NARA would like to better understand their view of the event and process.

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□ Custom er Com m ent Card/Com plaint Form □ Usability Testing (e.g., Website or Software) □ Focus Group	☑ Customer Satisfaction Survey☐ Sm all D iscussion G roup☐ 0 ther:

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 <u>not</u> 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 <u>substantially</u> informing <u>influential</u> 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: James Mischke

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

Personally Identifiable Information:

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 Is personally identifiable information (PII) collected If Yes, will any information that is collected be incomprised Privacy Act of 1974? ☐ Yes ☐ No If Yes, has an up-to-date System of Records Notice 	eluded in records	that are subject to	
Gifts or Payments: Is an incentive (e.g., money or reimbursement of experimentary of experiments? ☐ Yes ➤ No	nses, token of app	preciation) provide	ed to
BURDEN HOURS			
Category of Respondent	No. of Respondent	Participation Time	Burde n
Private Sector	145	5 min	12
Totals			
If you are conducting a focus group, survey, or plant provide answers to the following questions: The selection of your targeted respondents 1. Do you have a customer list or something similar to respondents and do you have a sampling plan for something similar to Yes □ No	hat defines the ur electing from this	niverse of potentia s universe?	1
If the answer is yes, please provide a description of bo the answer is no, please provide a description of how y respondents and how you will select them?			
The list of respondents would be the attendees of the Madministration (NARA) 2021 Artificial Intelligence (Day that was held on April 8 th . Only attendees to the	AI) / Machine Lea	arning (ML) Infor	
Administration of the Instrument 1. How will you collect the information? (Check all to web-based or other forms of Social Media (□ Telephone □ In-person □ M ail □ 0 ther, Explain 2. Will interviewers or facilitators be used? □ Yes Established Telephone □ Yes Established Telepho	if applicable, pleas	e add url)	
Please make sure that all instruments, instructions.		submitted with t	he

request.

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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)

DATE OF REQUEST: Enter the date the request is made.

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. Enter the date span "from" and "to" that this survey will be administered.

Submit all instruments, instructions, and scripts with the request.