Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback" (OMB Control Number: 3135-0130)

TITLE OF INFORMATION COLLECTION: 2024 NEA Research Labs Summit Feedback Questionnaire

PURPOSE: Obtain feedback from attendees on the content, delivery, and overall satisfaction of the 2024 NEA Research Labs Summit.

NEA Research Labs is a national program that permits transdisciplinary research teams, grounded in the social and behavioral sciences, to engage with the NEA's five-year research agenda. Each Lab designs and implements its own research agenda and prepares reports and other products that contribute substantively to a wider understanding of NEA priority study topics. To learn more about the program, please visit the NEA website at https://www.arts.gov/initiatives/nea-research-labs.

The convening is a one-time event. Information received from the survey will be utilized to understand how satisfied and engaging the 2024 NEA Research Lab summit was as well as inform future NEA Research Labs sponsored in person and virtual convenings, trainings, and professional development opportunities.

DESCRIPTION OF RESPONDENTS: The respondents will be NEA Research Lab awardees who attend the summit.

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:			
. 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 <u>not</u> 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.			
5. 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:Melissa Menzer			
To assist review, please provide answers to the following question:			

1. Is personally identifiable information (PII) collected? [] Yes [x] No

Personally Identifiable Information:

 If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974? [] Yes [] No 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 reimparticipants? [] Yes [x] No	nbursement of expenses,	token of appreciation) j	provided to	
BURDEN HOURS				
Category of Respondent	No. of Respondents	Participation Time	Burden	
NEA Research Lab awardees	40	15 minutes	600 minutes	
Totals	40	15 minutes	10 hours	
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?				
We have a list of individuals register questionnaire will be sent to all individuals register. Administration of the Instrumen 1. How will you collect the inform [x] Web-based or other for [] Telephone [] In-person [] Mail [] Other, Explain 2. Will interviewers or facilitators	ividuals from the registr t nation? (Check all that a rms of Social Media	ation list who attend the		
Please make sure that all instrum			with the	

request.

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)

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 are submitted with the request.