

PLEASE READ THESE INSTRUCTIONS CAREFULLY BEFORE SUBMITTING

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., Customer Satisfaction Survey for Commerce.gov Website)

PURPOSE: Provide a description of the program, system, or product offered to customers, 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. If an ongoing collection (check yes/no), provide respondents and burden hour totals for duration of your collection up to three years (length of OMB approval).

Example: 3 times a year x 3 yrs (2017) x 25 respondents = 225 responses x 15 mins = 56 hrs.

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.

Required Additional Information (check ROCIS in IC List for this info --- needed for OCIO staff to complete request)

1. Line of Business: International Affairs and Commerce
2. Subfunction: Global Trade
3. Privacy Act System of Records: Title: N/A
4. Federal Registration citation information: Volume N/A Pg. No.
5. Number of respondents for small entities: N/A
6. Percentage of respondents reporting electronically: 100%

**Request for Approval under the
“Generic Clearance for the Collection of Routine Customer Feedback”
OMB Control No. 0690-0030**

TITLE OF INFORMATION COLLECTION: Post-Workshop Survey | Global CBPR Forum
Workshop: Taking Off

PURPOSE: The International Trade Administration (ITA) hosted a workshop on the Global Cross-Border Privacy Rules (CBPR) Forum from May 15-17, 2024. This information collection is so that ITA, as the workshop organizers, can understand which parts of the workshop were most successful and how to improve future workshops.

DESCRIPTION OF RESPONDENTS: Industry, government, and academics working in the field of data protection and privacy.

TYPE OF COLLECTION: (Check one)

- | | |
|--|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form | <input type="checkbox"/> Customer Satisfaction Survey |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software) | <input type="checkbox"/> Small Discussion Group |
| <input type="checkbox"/> Focus Group | <input checked="" type="checkbox"/> Other: <u>Post Workshop Survey</u> |

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 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: Sarah Pham, Policy Advisor, Global Data Policy, International Trade Administration

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

Personally Identifiable Information:

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

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden Hours
Workshop participant	130	6 minutes	13 hrs
Totals	130	6 minutes	13 hrs

Ongoing collection? Yes___ or No_X__

FEDERAL COST: The estimated annual cost to the Federal government is ___\$0___

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?

Administration of the Instrument

1. How will you collect the information? (Check all that apply)
[] Web-based or other forms of Social Media
[] Telephone
[] In-person
[] Mail
[X] Other, Explain
2. Will interviewers or facilitators be used? [] Yes [X] No

Please submit all instruments, instructions, correspondences (emails, letters, etc.) to respondents, and scripts as separate documents along with this request document.

Every instrument (survey/form) or correspondence to respondents must have the following displayed –

OMB Control No. 0690-0030

Expiration Date: 07/31/2023 and

The standard PRA Notwithstanding statement informing respondents of the OMB control number's legal significance in accordance with 5 CFR 1320.5(b).