

# **Request for Approval under the SEC’s “OASB Generic Clearance” (OMB Control Number 3235-0787)**

---

## **TITLE OF INFORMATION COLLECTION:**

**PURPOSE:** The U.S. Securities and Exchange Commission (SEC)’s Office of the Advocate for Small Business Capital Formation (Office) is seeking to collect responses and feedback from individuals who register for, and attendees of, events (Events). The Events will be organized and hosted by organizations external to the SEC, and the Office’s staff will be participating in the Events, which are scheduled for September-October 2025. The responses and feedback collected will help the Office understand better the audience attending the Event, their role in the small business ecosystem, and the effectiveness of the Event and related programming and materials. Collecting the responses and feedback will help the Office ensure that future outreach efforts and other program initiatives are effective, responsive to customer and stakeholder needs, and consistent with the Office’s mission [as set forth in the Securities Exchange Act of 1934 (15 U.S.C. §§ 78d and 78qq)]. The SEC may discuss general takeaways from the responses in external reports, to the extent they provide helpful context for such external reports.

**DESCRIPTION OF RESPONDENTS:** Individuals who register for, and attendees of, the Events will provide responses to feedback questions. These attendees may include government officials, entrepreneurs, investors, private businesses, and/or law firms attending on their behalf, and anyone from the public interested in attending.

## **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>Feedback Questions</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: Kimberly Dinwoodie

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

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected? ☐ Yes ☒ No
2. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974? ☐ Yes ☒ No
3. If Applicable, has a System or Records Notice been published? ☒ Yes ☐ No

**Gifts or Payments:**

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? ☐ Yes ☒ No

**BURDEN HOURS**

Respondent Category	Number of Respondents	Participation Time	Burden Hours
Event Attendees	500	2 minutes each	16.7 hours
<b>Totals</b>			

**FEDERAL COST:** There is no anticipated 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**

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 [X] 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)  
[X] Web-based or other forms of Social Media  
[ ] Telephone  
[ ] In-person  
[ ] Mail  
[ ] Other
2. Will interviewers or facilitators be used? [ ] Yes [X] No

**Please make sure that all instruments, instructions, and scripts are submitted with the request.**

## INSTRUCTIONS

---

**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.

**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.

**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.