

Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB#: 0925-0678 ExpDate:08/2016)

TITLE OF INFORMATION COLLECTION: 2015 Brain Research through Advancing Innovative Neurotechnologies (BRAIN) Principle Investigators’ (PI) Meeting Conference Survey

PURPOSE: The purpose of this survey is to receive feedback from the attendees of the 2015 BRAIN PI meeting regarding their overall satisfaction with the meeting (e.g. topics covered, presentation quality, organization of the meeting, etc.). These survey results will be used to inform planning of future (2016) BRAIN PI meeting.

DESCRIPTION OF RESPONDENTS: Respondents are meeting attendants including NIH-funded investigators and associated scientific staff (e.g., postdocs) from academic institutions around country who attended the NIH sponsored 2015 BRAIN PI Meeting on December 10-11, 2015 in North Bethesda, MD.

TYPE OF COLLECTION: (Check one)

- | | |
|--|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form | <input checked="" 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 type="checkbox"/> Other: _____ |

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: Dana Schloesser, Ph.D. Health Specialist, NINDS DER

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 [X] No

ESTIMATED BURDEN HOURS and COSTS

Category of Respondent	No. of Respondents	No. of Responses per Respondent	Time per Response (in hours)	Total Burden Hours
Individual	398	1	3/60	20
Totals	398	398		20

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Individual	20	\$48.69	\$973.80
Totals	20		\$973.80

*Wage rate for Medical Scientists (Occupation code 19-1042) as found on <http://www.bls.gov/oes/current/oes191042.htm>

FEDERAL COST: The estimated annual cost to the Federal government is \$369.23

Staff	Grade/Step	Salary	% of Effort	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight	13/1	\$73,846	0.5		\$369.23
Contractor Cost					
Travel					
Other Cost					
Total					\$369.23

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 the complete list of attendee to the BRAIN PI meeting held on Dec. 10-11, 2015, which numbers 398. We do not plan to sample this population, but rather send the survey to the entire list of attendees.

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, Explain
2. Will interviewers or facilitators be used? [] Yes [] No

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