Mini Supporting Statement A

Generic Sub-Study, “Analysis of Feedback from NIH SBIR and STTR Commercialization Assistance Program (CAP) Participants”

OMB No. 0925-0627

January 2016

Contact Information

**John (JP) Kim**

Small Business Innovation Research (SBIR) and Small Business Technology Transfer (STTR) Program Office

Office of Extramural Programs (OEP)/Office of Extramural Research (OER)/

Office of the Director (OD)/National Institutes of Health (NIH)

6705 Rockledge Drive, Suite 350; Bethesda, Maryland 20892-7963 |

Office:  (301) 435-0189

Fax:  (301) 480-0146

Email:  [KimJ@od6100m1.od.nih.gov](mailto:KimJ@od6100m1.od.nih.gov)

**Mini Supporting Statement A**

**A.1 Circumstances Making the Collection of Information Necessary**

The congressionally-mandated NIH SBIR and STTR Programs implement NIH’s mission by supporting U.S. small businesses that conduct early-stage life sciences research, with the intention of developing lifesaving technology with commercial potential. The Commercialization Assistance Program (CAP) provides market insight and data that can be used to help small businesses strategically position their technology in the marketplace, and is authorized by Public Law 112-81.

The NIH SBIR/STTR Office proposes to conduct a survey of SBIR and STTR CAP participants under OMB Control Number 0925-0627, expiration date 04/30/2017. This questionnaire will gather feedback from CAP participants about their experience with the program, including the quality of the services offered and the overall process.

**A.2 Purpose and Use of the Information Collection**

Information gathered will be used internally by the NIH SBIR/STTR Office to identify strengths and areas for improvement in current services, operations, and customer services provided by the CAP. These data will not be used to formulate or change policies. Rather, it will be used to enable the NIH SBIR/STTR Office to be responsive to its constituents. The form will be emailed to CAP participants and completed electronically.

**A.3 Use of Information Technology to Reduce Burden**

Each year CAP will provide technical assistance for up to 80 NIH SBIR/STTR companies, and the NIH SBIR/STTR Office will plan to gather data via an electronic form from a representative from as many of these businesses as possible about their overall experience with the program. Participation is completely voluntary.

The feedback form will be administered through an Internet link to Survey Monkey provided to respondents in an initial email. The email will provide an overview and goals of the form, and will request participant’s feedback. SurveyMonkey is a user-friendly online platform for gathering participant feedback via questionnaires, and NIH will include straightforward instructions for filling-out the feedback form. NIH SBIR/ STTR office staff will be receiving and reviewing all responses. Using electronic forms via SurveyMonkey is less time intensive and burdensome than for NIH to mail paper forms and encourage the small business to mail them back.

Individuals who do not complete the form within two weeks of the invitation email will be sent a second invitation email. Individuals will then have two additional weeks to complete the form, and once individuals complete the form and submit it, the link will expire. See Attachment 1 for screenshots of the form that include the OMB number.

**A.4 Efforts to Identify Duplication**

The NIH SBIR/STTR Office manages the CAP and will be the only program to collect these data. The program managers will ensure that duplicative assessments are not conducted.

**A.5 Impact on Small Businesses or Other Small Entities**

This form will be sent each year to small businesses that participated in the CAP. A form will be sent to approximately 80 small businesses at the conclusion of CAP each year.

**A.6 Consequences of Collecting the Information Less Frequently**

We are only sending one feedback form to CAP participants after they complete the program. This information is critical for helping revise the program for future participants.

**A.7 Special Circumstances Relating to the Guidelines of 5 CFR 1320.5**

This survey will be implemented in a manner that fully complies with 5 C.F.R. 1320.5.

**A.8 Comments in Response to the Federal Register Notice and Efforts to Consult Outside Agency**

N/A

**A.9 Explanation of Any Payment of Gift to Respondents**

No gifts will be provided for participation.

**A.10 Assurance of Confidentiality Provided to Respondents**

All information will be private to the extent permitted by law. No Personally Identifiable Information (PII) is collected and the Privacy Act does not apply.

**A.11 Justification for Sensitive Questions**

No sensitive information will be collected.

**A.12.1 Estimated Annualized Burden Hours**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **A.12-1 Estimated Annualized Burden Hours** | | | | |
| Types of Respondents | Number of Respondents | Number of Responses per Respondent | Average Time Per Response (in hours) | Annual Hour Burden |
| CAP Participants | 80 | 1 | 15/60 | 20 |

The NIH SBIR/STTR Office estimates that it will take respondents 15 minutes to answer an 11 question form. The form includes multiple-choice questions and fill-in the blank questions that are looking for short phrase responses or 1 or 2 sentences.

**A.12-2 ANNUALIZED COST TO RESPONDENTS**

A.12-2 Annualized Cost to the Respondents

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Type of Respondent | Number of Respondents | Number of Responses per Respondent | Average Burden Per Response  (in hours) | Hourly Wage Rate\* | Respondent Cost |
| CAP Participants | 80 | 1 | 15/60 | $37.01 | $740.20 |

\*The annual salary is $76,980 ($37.01 per hour) for a Medical Scientist. Source: Bureau of Labor Statistics (<http://www.bls.gov/ooh/life-physical-and-social-science/medical-scientists.htm#tab-1>)

**A.13 Estimate of Other Total Annual Cost Burden to Respondents or Record Keepers**

There are no additional costs to the respondent other than their time.

**A.14 Annualized Cost to the Federal Government**

Provide estimates of annualized cost to the Federal government. This includes FTE and contract cost.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Staff** | **Grade/Step** | **Salary** | **% of Effort** | **Fringe (if applicable)** | **Total Cost to Gov’t** |
| **Federal Oversight** |  |  |  |  |  |
| SBIR/STTR Program Manager | GS 14/10 | $141,555 | 5 |  | 7,077.75 |
| SBIR/STTR Program Manager | GS 14/10 | $141,555 | 5 |  | 7,077.75 |
|  |  |  |  |  |  |
| **Contractor Cost** |  |  |  |  |  |
|  |  | $90,000 | 5 |  | 4,500.00 |
| **Travel** |  |  |  |  |  |
| **Other Cost** |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total Cost** |  |  |  |  | 18,655.50 |

**A.15 Explanation for Program Changes or Adjustments**

N/A

**A.16 Plans for Tabulation and Publication and Project Time Schedule**

This information will be shared internally at NIH. The NIH SBIR/STTR Office does not have plans to publish it.

**A.17 Reason(s) Display of OMB Expiration Date is Inappropriate**

We are not requesting an exemption to the display of the OMB Expiration date.

**A.18 Exceptions to Certification for Paperwork Reduction Act Submissions**

This survey will comply with the requirements in 5 CFR 1320.9.