



DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health
Center for Scientific Review
Office of the Director
6701 Rockledge Dr., Rm. 3016
Bethesda, Maryland 20892-7776

April 25, 2013

SUBMISSION OF INFORMATION COLLECTION
UNDER GENERIC CLEARANCES

DATE OF REQUEST: 4/25/13
SUB AGENCY (I/C): CSR

TITLE: 2012 Integrated Review Group (IRG) Stakeholder Survey

GENERIC CLEARANCE UNDER OMB# 0925-0474 **EXP. DATE:** 10/31/2014

ABSTRACT:

The mission of CSR is to ensure that NIH research grant applications receive fair, independent, expert and timely scientific review. Study section Reviewers play a crucial role in this peer review process since they participate in the scientific discussions. To better understand the effectiveness and quality of the study sections to identify and prioritize applications with the most promising science, assess peer review operations and study section performance given recent changes incorporated with the NIH Enhancing Peer Reviewer initiative, CSR proposes to conduct a survey of a third IRG, the Population Sciences and Epidemiology IRG, under the OMB control number 0925-0474, with expiration date 10/31/2014. The survey will assess Reviewers satisfaction with CSR in engaging the best reviewers, the training they received, and peer review outcomes. The information collected from the survey will help refine and improve the quality of future operational efforts and training. Automated information technology will be used to collect and process data for this survey. Participation in the survey will be strictly voluntary and individual respondents will not be identified. CSR will not provide payment or other forms of remuneration to respondents in collecting feedback.

TOTAL ANNUAL BURDEN APPROVED: 1438 Hours

BURDEN USED TO DATE: 168 Hours

BURDEN THIS REQUEST: 23 Hours

IS RACE AND ETHNICITY DATA COLLECTED AS REQUIRED?
 YES X NO N/A

OBLIGATION TO RESPOND:

 X VOLUNTARY

 REQUIRED TO OBTAIN OR RETAIN BENEFITS

 MANDATORY

HOW WILL THIS SURVEY BE OFFERED?

 X WEB SITE

 TELEPHONE INTERVIEW

_____ MAIL RESPONSE

_____ IN PERSON INTERVIEW

_____ OTHER: _____

CONTACT INFORMATION:

NAME: Mary Ann Noecker Guadagno

TELEPHONE NUMBER: 301-435-1251

EMAIL ADDRESS: mary.guadagno@nih.gov