

Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB#: 0925-0648 ExpDate:03/2018)

TITLE OF INFORMATION COLLECTION: Awardees Feedback Survey on NHLBI PAR-10-005 and PAR-13-002, NHLBI Clinical Trial Pilot Studies (R34)

PURPOSE:

The purpose of this data collection is to understand how this program altered awardees’ plans about the design and feasibility of their original proposals, whether the investigators plan to apply for funding from NIH or elsewhere, and whether this program met the needs of the awardees. This information will directly inform NHLBI’s future approach to providing service to the clinical trial research community. This information is not contained in the progress or final reports.

DESCRIPTION OF RESPONDENTS:

The intended respondents are the awardees of NHLBI PAR-10-005 and PAR-13-002, NHLBI Clinical Trial Pilot Studies (R34).

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: Gail Weinmann, MD. Email: weinmang@nhlbi.nih.gov

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
Individuals	29	1	1	29
Totals	29	29		29

Category of Respondent	Total Burden Hours	Wage Rate*	Total Burden Cost
Individuals	29	\$91	\$2,639
Totals	29		\$2,639

*Source: <http://www.bls.gov/oes/current/oes291069.htm#nat>

FEDERAL COST: The estimated annual cost to the Federal government is \$875.00. These data will allow staff to make decisions, based upon data, rather than basing decisions on assumptions.

Staff	Grade/Step	Salary	% of Effort	Fringe (if applicable)	Total Cost to Gov't
Medical Officer	AD/00/10	200,000	0.05%		100
Program Analyst	GS/12/01	77,490	1%		775
Contractor Cost					N/A
N/A					
Travel					
Other Cost					
Total					\$875.00

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 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?

The respondents are investigators who were awarded grants under these two Funding Opportunity Announcements. Contact information is in the NIH databases for all awardees. Awardees will be sent an email asking for free text answers to questions.

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
 Other, Explain email
2. Will interviewers or facilitators be used? Yes No

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

Questions are attached.