

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

TITLE OF INFORMATION COLLECTION:

HHS SBIR/STTR Showcase Conference Feedback

PURPOSE:

The purpose of this information collection is to collect feedback from HHS-supported small business awardees funded to attend and present at events intended to facilitate partnerships towards commercialization. The information will be used to gauge the utility and effectiveness of the event for attendees in achieving the objective of facilitating partnerships towards commercialization. This information may be used in future decision-making by HHS employees about whether to continue supporting this program.

DESCRIPTION OF RESPONDENTS:

Representatives of small business program (SBIR/STTR) awardee companies

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: Betty Royster

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

ESTIMATED BURDEN HOURS and COSTS

Category of Respondent	No. of Respondents	No. of Responses per Respondent	Time per Response (in hours)	Total Burden Hours
Private Sector (for profit)	500	1	15/60	125
Totals	500	500		125

Category of Respondent	Total Burden Hours	Wage Rate*	Total Burden Cost
Private Sector (for profit)	125	\$42.56	\$5,320
Totals	125		\$5,320

*Cite source per bls.gov if applicable

Used median hourly wage for Occupation code 19-1000 Life Scientists, as respondents are likely to be the Principal Investigators for SBIR/STTR awardees,
http://www.bls.gov/oes/current/naics4_541700.htm

FEDERAL COST: The estimated annual cost to the Federal government is \$5,626

Staff	Grade/Step	Salary	% of Effort	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight					
Jennifer Shieh, Health Scientist Administrator	14/2	\$112,517	5%		\$5,626
Contractor Cost					
Travel					
Other Cost					
Total					\$5,626

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 universe of potential respondents is limited to representatives of small business awardees from the HHS SBIR/STTR programs that participate in events where HHS SBIR/STTR programs have financially supported participation by small business awardees at those events.

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

2. Will interviewers or facilitators be used? Yes No

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