

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

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**TITLE OF INFORMATION COLLECTION:** Customer Satisfaction with the Contribution of Site Visits to Assess Institutional Training Grant Applications

**PURPOSE:** The Office of Scientific Review (OSR) at NIGMS is conducting an analysis to determine the usefulness of site visits as part of the peer review of institutional training grant applications. Site visits are performed on a rotating basis by reviewers currently serving on the four NIGMS standing study sections (TWD-A, -B, -C, -D) that review these applications. OSR proposes to survey reviewers serving on the four TWD study sections for feedback on their experiences during site visits and how satisfied they are with this approach to help assess training grant applications. The responses from the feedback survey will contribute to determining the level of customer satisfaction amongst reviewers for how peer review is conducted at NIGMS.

**DESCRIPTION OF RESPONDENTS:** Individuals currently serving on the four NIGMS standing study sections (TWD-A, -B, -C, -D) will be surveyed. These are the individuals that participate in site visits as part of the peer review process and are therefore the customers.

**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: Stephanie L Constant, Ph.D.

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	67	1	10/60	11
<b>Totals</b>	<b>67</b>	<b>67</b>		<b>11</b>

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Individuals	11	45	\$495
<b>Totals</b>			<b>\$495</b>

\*Cite source per bls.gov if applicable

Medical scientists - <https://www.bls.gov/news.release/pdf/ocwage.pdf>

**FEDERAL COST:** The estimated annual cost to the Federal government is \$105\_\_\_\_\_

Staff	Grade/Step	Salary	% of Effort	Fringe (if applicable)	Total Cost to Gov't
<b>Federal Oversight</b>					
Extramural Support Staff	7/6	\$52,434	0.2		\$105
<b>Contractor Cost</b>					
Travel					
Other Cost					
<b>Total</b>					<b>\$105</b>

**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?

The list of customers we plan to survey are the current members on the four TWD standing review committees. All members from all four committees will be surveyed, so no sampling will be involved.

**Administration of the Instrument**

1. How will you collect the information? (Check all that apply)  
[ ] Web-based or other forms of Social Media  
[ ] Telephone  
[X] In-person  
[X] Mail - eMail  
[ ] Other, Explain
2. Will interviewers or facilitators be used? [ ] Yes [X] No

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