

**Request for Approval under the “Conference, Meeting, Workshop, and Poster  
Session Registration Generic Clearance (OD)”  
(OMB#: 0925-0740 Exp Date: 05/2019)**

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**TITLE OF INFORMATION COLLECTION:**

Demographic Information Survey for Applicants to NIH Training and Fellowship Programs

**PURPOSE:**

The purpose of this survey is to collect voluntary demographic data on the race, ethnicity, sex, and disability status of individuals who are applicants to training and fellowship programs at the National Institutes of Health (NIH). This demographic information is needed to determine whether the NIH is attracting a diverse group of individuals who in many cases will be a part of the pool of future biomedical and behavioral scientists. Additionally, this information will equip the agency with information needed to target existing outreach efforts to underrepresented populations.

NIH Institutes and Centers request that the NIH Office of Equity, Diversity and Inclusion (EDI) collect and provide them with aggregate information on the demographics of applicants for their training and fellowship programs to aid them in assessing their diversity and inclusion strategies. However, EDI is currently unable to provide this information. Hence, we are requesting approval to collect this data.

**DESCRIPTION OF RESPONDENTS:**

This group of individuals are applicants for NIH training and fellowship programs.

**TYPE OF COLLECTION:** (Check one)

Abstract  
 Registration Form

Application  
 Other: Demographic Survey

**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.

Name: Shelma M. Little, 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

**Gifts or Payments:**

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? [ ] Yes [X] No

Amount: \_\_\_\_\_

Explanation for incentive: (include number of visits, etc.)

**ESTIMATED BURDEN HOURS and COSTS**

Category of Respondent	No. of Respondents	No. of Responses per Respondent	Time per Response (in hours)	Total Burden Hours
Applicants	10000	1	5/60	833
<b>Totals</b>	<b>10000</b>	<b>1</b>	<b>5/60</b>	<b>833</b>

Category of Respondent	Total Burden Hours	Wage Rate*	Total Burden Cost
Applicants	833	\$15.67	\$13,058.33
<b>Totals</b>	<b>833</b>	<b>\$15.67</b>	<b>\$13,058.33</b>

\*Cite source per bls.gov if applicable: NIH Office of Intramural Research & Education Training website [https://www.training.nih.gov/postbac\\_irta\\_stipend\\_levels](https://www.training.nih.gov/postbac_irta_stipend_levels)

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

Staff	Grade/Step	Salary	% of Effort	Fringe (if applicable)	Total Cost to Gov't
<b>Federal Oversight</b>					
Management Analyst	13/1	\$94,796	.50		\$473.98
<b>Contractor Cost</b>					
Travel					
Other Cost					
<b>Total</b>					\$473.98

**The selection of 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?

Applicants for NIH training and fellowship programs will be given the opportunity to respond electronically to the survey.

### **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

Survey form

Chart Abstraction

Other, Explain: via electronic survey

2. Will interviewers, facilitators, or research coordinators be used?  Yes  No

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