

Request for Approval under the “Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery (NICHD)”

(OMB#: 0925-0643 ExpDate:2/28/2021)

TITLE OF INFORMATION COLLECTION:

9th Annual Meeting of T32 Trainees Post-Meeting Feedback

PURPOSE:

The Ninth Annual Meeting of T32 Trainees will be held virtually on August 31-September 1, 2020 due to the coronavirus pandemic. NICHD would like to collect feedback from participants on the virtual format, meeting content, speaker selection, and breakout rooms. Feedback will be collected through Survey Monkey. Participant feedback is used to determine which speakers were effective in meeting the goals of their presentations, to determine what content areas are of most interest to participants for future meetings, the relevance and quality of topics presented for the T32 trainees, and if any logistical/technical issues need to be addressed. Feedback is shared with the meeting planning committee but not the public.

DESCRIPTION OF RESPONDENTS:

The feedback questionnaire will be sent to all meeting participants which include fellows, fellowship program directors, FDA staff, NIH staff, and other meeting participants. We estimate approximately 100 participants will attend.

TYPE OF COLLECTION: (Check one)

- Customer Comment Card/Complaint Form
 Usability Testing (e.g., Website or Software)
 Focus Group

- Customer Satisfaction Survey
 Small Discussion Group
 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: Aaron Pawlyk, Ph.D, Program Director, Obstetric and Pediatric Pharmacology and Therapeutics Branch, NICHD

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 [X] 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

Form Name	Category of Respondents	Number of Respondents	Number of Responses per Respondent	Average Burden Per Response (in hours)	Total Annual Burden Hours
Principles of Pediatric Clinical Pharmacology Feedback Request	Individuals or Households	100	1	10/60	17
Total			100		17

Category of Respondents	Total Burden Hours	Wage Rate*	Total Burden Cost
Individuals or Households	17	\$29.77	\$506.09
Totals			\$506.09

* Bureau of Labor Statistics/Occupational Employment and Wages, May 2019: Occupational Code 19-1042, Medical Scientists, national estimates for 25th percentile (<https://www.bls.gov/oes/current/oes191042.htm>). This estimate falls within the range allowed for postdoctoral trainees on T32 grants (<https://grants.nih.gov/grants/guide/notice-files/NOT-OD-19-036.html>).

FEDERAL COST: The estimated annual cost to the Federal government is \$1,732.30

Staff	Grade/Step	Salary	% of Effort	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight					
Program Officer	GS-15, Step 4	\$144,945	1.0	N/A	\$1,449.45
Contractor Cost (T&M Contract)		\$56.57 per hour	5 hours		\$282.85
Travel					
Other Cost					
Total					\$1,732.30

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 questionnaire will be sent to all participants at the 9th Annual Meeting of T32 Trainees.

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.