Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback" (OMB#: 0925-0648 Exp., date: 05/2021)

TITLE OF INFORMATION COLLECTION: Customer Satisfaction Survey for the Innovative Clinical Trials Resource (ICTR) Website.

PURPOSE: The purpose of this customer satisfaction survey is to collect feedback on the public facing Innovative Clinical Trials Resource (ICTR) Website. The National Heart, Lung, and Blood Institute (NHLBI) funded the ICTR program to: 1) provide infrastructure and expertise to support awardees of the NHLBI "Catalyzing Innovation in Late Phase Clinical Trial Design and Statistical Analysis Plans Initiative funding opportunity announcement; and 2) develop and provide an educational program on the application of non-traditional clinical trial design and analysis for the NHLBI research community. The ICTR program website houses educational material on non-traditional clinical trial designs; resources for the scientific research community; and programmatic announcements and updates. This survey will solicit feedback on the quality and usefulness of the materials and resources developed by the program.

DESCRIPTION OF RESPONDENTS:

We anticipate that respondents will primarily be Physician Scientists from the Heart, Lung, Blood, and Sleep scientific research community

TYPE OF COLLECTION: (Check one)

[ ] Customer Comment Card/Complaint Form
[ ] Usability Testing (e.g., Website or Software
[ ] Focus Group
[**X**] 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: Erin E Smith

To assist review, please provide answers to the following question:

Personally Identifiable Information:

1. Is personally identifiable information (PII) collected? [ ] Yes [**X**] 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**
Physician Scientists	50	1	5/60	4
Totals	**50**	50		4

Category of Respondent	**Total Burden Hours**	**Hourly Wage Rate***	**Total Burden Cost**
Physician Scientists	4 hours	99.00	396.00
Totals			396.00

https://www.bls.gov/oes/current/oes_nat.htm#19-0000

FEDERAL COST: The estimated annual cost to the Federal government is $545.07

Staff	**Grade/Step**	**Salary***	**% of Effort**	**Fringe (if applicable)**	**Total Cost to Gov't**
Federal Oversight					
Contracting Office Representative (COR)	14/5	129,869	0.002		259.70
Contractor Cost		57.07 (per hour)	5 hours		285.35
Travel					
Other Cost					
Total					545.05

*the Salary in table above is cited from https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2018/DCB.pdf

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 [x] 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?

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Administration of the Instrument

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