Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback" (OMB#: 0925-0668 Exp., date: 04/2022)

TITLE OF INFORMATION COLLECTION: Preclinical Test Tracking and Management System (PTTMS) Survey

PURPOSE:

This survey will be used to collect feedback and user satisfaction for the Preclinical Test Tracking and Management System (PTTMS). The PTTMS will capture requests from external researchers to access DMID's Preclinical Services Program and will include submission and execution of Non-Clinical Evaluation Agreements (NCEAs) and Service Request Forms (SRFs), as well as capturing test results from DMID contractors.

DESCRIPTION OF RESPONDENTS:

Respondents will include external requestors (outside of NIH) who access DMID's Preclinical Services Program and DMID-funded contractors and DMID staff who administer the program.

TYPE OF COLLECTION: (Check one)

[ ] Customer Comment Card/Complaint Form   [ ] Customer Satisfaction Survey
[X] Usability Testing (e.g., Website or Software   [ ] Small Discussion Group
[ ] Focus 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 <u>not</u> raise issues of concern to other federal agencies.
4. The results are <u>not</u> intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of <u>substantially</u> informing <u>influential</u> 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: <u>Tracy N. LaPorte</u>

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
Private Sector	42	1	15/60	11
Totals		42		**11**

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Private Sector	11	$24.98	$274.78
Totals			**$274.78**

*https://www.bls.gov/oes/current/oes_nat.htm

FEDERAL COST: The estimated annual cost to the Federal government is $2048.10.

Staff	Grade/Step	Salary*	% of Effort	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight					
Health Specialist	13/8	$122,310	1%		$1,223.10
Contractor Cost					
Scientific Program Manager		$82,534	1%		$825
Travel					
Other Cost					
Total					**$2048.10**

*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?

Respondents will be identified when they contact DMID staff to access the Preclinical Services Program.

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

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