

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: Feedback on the Center for Scientific Review’s (CSR) 2019 New Chair Orientation

PURPOSE: NIH depends on CSRs’ peer review process to ensure that all NIH grant applications receive fair, independent, expert, and timely reviews that are free from inappropriate influences. A critical element in achieving this kind of peer-review is the choice of the study section Chair. Distinguished senior scientists are nominated by CSR Scientific Review Officers (SROs) to serve as study section Chairs. To orient new Chairs to critical issues in peer review and assist them in achieving peer review of the highest quality and fairness, CSR has expended considerable effort in providing an orientation to new Chairs. To better understand the effectiveness and quality of the New Chair Orientation, CSR proposes to conduct a survey to assess new Chairs’ satisfaction with the orientation they received. Information collected from the survey will help refine and improve the quality of future CSR new Chair orientations.

DESCRIPTION OF RESPONDENTS: Respondents will be approximately 100 NIH CSR grant reviewers who are transitioning to serve as study section Chairs. Most of these individuals are research scientists who work at academic universities across the U.S.

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: Hope Cummings _____

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	100	1	5/60	8.33
Totals	100	1	5/60	8.33

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Individuals	8.33	\$35.76	\$297.88
Totals	8.33	\$35.76	\$297.88

*The wage rate was obtained from https://www.bls.gov/oes/2017/may/oes_nat.htm#19-0000

FEDERAL COST: The estimated annual cost to the Federal government is 2,500.10

Staff	Grade/Step	Salary*	% of Effort	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight					
Health Scientist Administrator	GS-14/3	125,005	2%		2,500.10
Contractor Cost					N/A
Travel					N/A
Other Cost					N/A
Total					2,500.10

*the Salary in table above is cited from <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2019/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 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 customer list will consist of all individuals who will serve as new Chairs for upcoming NIH CSR study sections and who attended the New Chair Orientation. The New Chair Orientation registration list/roster will be used as the participant list. Most of these individuals are research scientists who work at academic universities across the U.S.

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.