

**Request for Approval under the “Generic Clearance for the Collection of  
Routine Customer Feedback” (OMB#: 0925-0648 ExpDate:03/2018)**

---

**TITLE OF INFORMATION COLLECTION:**

NIH Office of Intramural Training & Education (OITE) – Community College Day Feedback

**PURPOSE:**

The National Institutes of Health (NIH) carries out and funds biomedical research in an effort to prevent and cure common and rare diseases. We also train the next generation of doctors, researchers, and medical support staff who will improve human health in the future, both across the country and around the world. NIH Community College Day provides community college students and faculty an opportunity to visit the NIH Bethesda campus and to learn about careers and training opportunities in biomedical and health care fields.

**DESCRIPTION OF RESPONDENTS:**

Participants in Community College Day (CCD) are community college students and community college faculty. Participants receive no financial support from the NIH.

**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: Patricia Wagner, PhD (wagnerpa@od.nih.gov; 240-476-3619)

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  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
Individual (Student Participants)	640	1	10 / 60	107
Individual (Faculty Participants)	60	1	10 / 60	10
<b>Totals</b>	<b>700</b>	<b>700</b>		<b>117</b>

The Hourly Wage Rate was estimated based on the NIH Trainee Stipend Tables and estimate cost of a Community College tenured salary. Details about the NIH Trainee Stipend tables may be found at: <https://oma1.od.nih.gov/manualchapters/person/2300-320-7/>.

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Individual (Student Participants)	107	\$13.79	\$1,476.00
Individual (Faculty Participants)	10	\$24.04	\$241.00
<b>Totals</b>	<b>117</b>		<b>\$1,717.00</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is \$299.00.

The NIH Federal Employee and Contractor Salaries were estimated based on the locality pay for the DC-MD-VA-WV-PA salary table:  
<https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2016/DCB.pdf>.

Staff	Grade/Step	Salary	% of Effort	Fringe (if applicable)	Total Cost to Gov't
<b>Federal Oversight</b>					
Director, OITE	Title 42	\$200,000.00	0.10%	~	\$200.00
Director, Community College Programs	G13-S03	\$98,289.00	0.10%	~	\$99.00
<b>Contractor Cost</b>					
Travel	~	~	~	~	~
Other Cost	~	~	~	~	~
<b>Total Cost</b>	~	~	~	~	<b>\$299.00</b>

**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?

[X] 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 OITE will ask all NIH Community College Day participants to provide feedback about their experiences and opinion about the material being presented.

**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 – may use paper format for distribution
2. Will interviewers or facilitators be used?  Yes  No

**Collection Form**

OITE-OMBFT-CommunityCollegeDay-Feedback-Collection.pdf