

**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) – NIH Native American Visit Week Feedback

PURPOSE:

The NIH/OITE hosts an Annual Native American NIH Visit Week, an enrichment program designed to bring Native American, Alaska native, and Native Hawaiian students to the NIH to learn about careers in the biomedical sciences and healthcare. Participants attend science career workshops, interact with scientists, participate in journal clubs and informational interviews, and network with professionals.

DESCRIPTION OF RESPONDENTS:

The OITE wishes to collect feedback from students participating in the NIH Native American Visit Week. Participants do not receive financial support from the NIH, but rather from a non-federal source.

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 [X] No

ESTIMATED BURDEN HOURS and COSTS

The Hourly Wage Rate was estimated based on the NIH Trainee Stipend Tables. Details about the NIH Trainee Stipend tables may be found at:

<https://oma1.od.nih.gov/manualchapters/person/2300-320-7/>.

Category of Respondent	No. of Respondents	No. of Responses per Respondent	Time per Response (in hours)	Total Burden Hours
Individual (Student Participants)	10	1	5 / 60	1
Totals	10	10		1

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Individual (Student Participants)	1	\$13.79	\$14.00
Totals	1		\$14.00

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>.

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

Staff	Grade/Step	Salary	% of Effort	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight					
Director, OITE	Title 42	\$200,000.00	0.10%	~	\$200.00
Special Coordinator	GS13-S03	\$98,289.00	0.10%	~	\$99.00
Contractor Cost					
Travel	~	~	~	~	~
Other Cost	~	~	~	~	~
Total Cost	~	~	~	~	\$299.00

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 OITE will ask all participants in the NIH Visit Week to complete and submit the feedback form.

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