

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

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**TITLE OF INFORMATION COLLECTION:** Feedback from NINR GovDelivery Subscribers

**PURPOSE:**

The purpose of this information collection is to better understand the type of person who is subscribing to the National Institute of Nursing Research’s (NINR) email subscription service, GovDelivery, and to also help NINR determine whether to include additional subscription topics to its current topics list. Collecting this type of information will help NINR provide more relevant content to better serve its audiences and to better understand the type of people who are most interested in receiving our content.

**DESCRIPTION OF RESPONDENTS:** People who would like to receive more information from the Institute on various topics including Events, News and Notes (NINR’s monthly e-newsletter), Palliative Care: Conversations Matter® (NINR’s pediatric palliative care campaign), Publications, and Training.

**TYPE OF COLLECTION:** (Check one)

- |   |  |
|---|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form         | <input 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 checked="" type="checkbox"/> Other: <u>Feedback</u> |

**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: Diana Finegold

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**

<b>Category of Respondent</b>	<b>No. of Respondents</b>	<b>No. of Responses per Respondent</b>	<b>Time per Response (in hours)</b>	<b>Total Burden Hours</b>
Individuals	20,000	1	1/60	333
<b>Totals</b>		<b>20,000</b>		<b>333</b>

<b>Category of Respondent</b>	<b>Total Burden Hours</b>	<b>Hourly Wage Rate*</b>	<b>Total Burden Cost</b>
	333	\$28	\$9324
<b>Totals</b>			<b>\$9324</b>

\*<https://www.bls.gov/news.release/empsit.t19.htm>

**FEDERAL COST:** The estimated annual cost to the Federal government is \$1058.00

<b>Staff</b>	<b>Grade/Step</b>	<b>Salary*</b>	<b>% of Effort</b>	<b>Fringe (if applicable)</b>	<b>Total Cost to Gov't</b>
<b>Federal Oversight</b>					
Health Communications Specialist	13/3	\$105,782	1%		\$1058
<b>Contractor Cost</b>					
Travel					
Other Cost					
<b>Total</b>					<b>\$1058</b>

\*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 register for email updates through NINR's website. When signing up for updates, they will answer the questions. NINR will not have any control over who decides to answer the questions or not since the questions are optional when subscribing for email updates.

### **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