

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

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**TITLE OF INFORMATION COLLECTION:** ODP Pathways to Prevention Survey

**PURPOSE:**

The purpose of the survey is to determine if the Office of Disease Prevention (ODP) Pathways to Prevention (P2P) workshop series meets the participant’s needs and to assess their level of satisfaction. Information collected in the survey will also be used to develop and enhance future workshops based on the participants’ interests.

**DESCRIPTION OF RESPONDENTS:**

Respondents will comprise of individuals who participate in the ODP P2P workshop both in-person and via NIH videocast. They will represent the NIH community, researchers, academic institutions, advocacy organizations, and other governmental and non-governmental agencies.

**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: Deborah Langer

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
Private Sector - Nonprofit	350	1	10/60	58
<b>Totals</b>	<b>350</b>	<b>350</b>		<b>58</b>

Category of Respondent	Total Burden Hours	Wage Rate*	Total Burden Cost
Private Sector – Nonprofit	58	\$ 39.03	\$ 2276.75
<b>Totals</b>	<b>58</b>		<b>\$ 2276.75</b>

\*Cite source per bls.gov if applicable  
 19-0000; [Life, Physical, and Social Science Occupations](http://www.bls.gov/oes/current/naics4_541700.htm);  
[http://www.bls.gov/oes/current/naics4\\_541700.htm](http://www.bls.gov/oes/current/naics4_541700.htm)

**FEDERAL COST:** The estimated annual cost to the Federal government is: \$ 1842.24

Staff	Grade/Step	Salary	% of Effort	Fringe (if applicable)	Total Cost to Gov't
<b>Federal Oversight</b>					
Senior Communications Advisor	13/3	\$ 98,289	1.0		\$982.89
<b>Contractor Cost</b>		\$57.29/hr. @ 15 hr.			\$859.35
Travel					
Other Cost					
<b>Total</b>					<b>\$1842.24</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?

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?

Participants who registered for the workshop (in-person and videocast viewers) and provided their email address will be eligible to participate in the survey. At the end of the workshop, participants will receive a follow-up email with a link to complete the survey and asked to provide feedback. The survey will be administered via Survey Monkey.

### **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.**