

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

**TITLE OF INFORMATION COLLECTION:**

National Institute of Mental Health (NIMH) Outreach Partnership Program Annual Meeting Assessment Form

**PURPOSE:**

The NIMH Outreach Partnership Program is a nationwide initiative through which NIMH supports 55 Outreach Partners - primarily nonprofit mental health organizations representing every state, the District of Columbia, and Puerto Rico - to disseminate NIMH-supported research and educational resources through their mental health outreach and education efforts. Attendance at the annual program meeting is required of all Outreach Partners. Information is collected to gauge the effectiveness of the meeting and to receive input in planning for subsequent meetings.

**DESCRIPTION OF RESPONDENTS:**

Representatives of NIMH Outreach Partner organizations, mostly nonprofit mental health outreach, education and advocacy organizations work at the state and local levels to educate the public and other key stakeholders about mental health.

**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: Rajni Agarwal, Office of Science Policy, Planning, and Communications, NIMH

To assist review, please provide answers to the following questions:

**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? N/A  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 - Sponsored Outreach Partners, Non-sponsored National Partners and others	82	1	10/60	14
Totals	82	82		14

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Private Sector - Sponsored Outreach Partners, Non-sponsored National Partners and others	14	\$20.36/hour	\$285.04
Totals	14		\$285.04

\*Cite source per bls.gov if applicable - <https://www.bls.gov/oes/current/oes211094.htm>.

**FEDERAL COST:** The estimated annual cost to the Federal government is: \$241.05

Staff	Grade/Step	Salary	% of Effort	Fringe (if applicable)	Total Cost to Gov't
<b>Federal Oversight</b>					
NIMH Outreach Partnership Program Liaison	GS-13/5	\$52.66/hour	4 hours		\$210.64
<b>Contractor Cost</b>					
Event Coordinator		\$30.41/hour	1 hour		\$30.41
Travel					
Other Cost					
TOTAL					\$241.05

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 targeted respondents represent NIMH Outreach and National Partner organizations and selected NIMH staff.

**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.**