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

TITLE OF INFORMATION COLLECTION: Alcohol Research Current Review Author Feedback phone call

PURPOSE:

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) would like to ask invited authors about their experiences in publishing an article with the NIAAA journal "Alcohol Research Current Reviews" to help improve the process, decrease the work load on the authors and increase the likelihood of future author acceptance.

DESCRIPTION OF RESPONDENTS:

Respondents will be researchers that have accepted the invitation to write a review article for the

NIAAA journal "Alcohol Research Current Revie	
TYPE OF COLLECTION: (Check one)	
[] Customer Comment Card/Complaint Form [] Usability Testing (e.g., Website or Software [] Focus Group in-Chief	[] Customer Satisfaction Survey[] Small Discussion Group[x] Other: <u>Individual call from the Editor-</u>
CERTIFICATION:	
 I certify the following to be true: The collection is voluntary. The collection is low-burden for respondents The collection is non-controversial and does a agencies. The results are not intended to be disseminated. Information gathered will not be used for the policy decisions. The collection is targeted to the solicitation of experience with the program or may have experience. 	not raise issues of concern to other federal ed to the public. purpose of substantially informing influential formings from respondents who have
Name:_Dr. Troy Zarcone	
To assist review, please provide answers to the fo	ollowing question:
 Personally Identifiable Information: Is personally identifiable information (PII) co If Yes, is the information that will be collected Privacy Act of 1974? [] Yes [] No If Applicable, has a System or Records Notice 	d included in records that are subject to the

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

Category of Respondent	No. of Respondents	No. of Responses per	Time per	Total
		Respondent	Response	Burden
			(in hours)	Hours
Individuals and	12	1	30/60	6
Households				
Totals	12	12		6

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Individuals and Households	6	\$39.46	\$236.76
Totals	6		\$236.76

^{*} https://www.bls.gov/ooh/life-physical-and-social-science/medical-scientists.htm

FEDERAL COST: The estimated annual cost to the Federal government is \$1,445.00

				Fringe (if applicable)	Total Cost to Gov't
Staff	Grade/Step	Salary*	% of Effort	аррисиоте)	GUV C
Federal Oversight					
Health Science					
Administrator	14/9	\$1,445.00	1%	n/a	\$1,445.00
Contractor Cost					
Travel					
Other Cost					
Total					\$1,445.00

If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:

The selection of	f your	targeted	respondents
------------------	--------	----------	-------------

1.	Do you have a customer list or something similar that defines the universe of J	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?

Administration of the Instrument

1.	How will you collect the information? (Check all that apply)
	[] Web-based or other forms of Social Media
	[x] Telephone
	[] In-person
	[] Mail
	[] Other, Explain
2.	Will interviewers or facilitators be used? [] Yes [x] No