

**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:

2020 National Institutes of Health – Office of Extramural Research Yearly Extramural Staff Training Survey

PURPOSE:

The overall purpose is to collect information once annually to assist in planning for training development and delivery. To ask all Extramural staff (federal employees and contractors) about training taken during the previous year; training needs; and training improvements.

DESCRIPTION OF RESPONDENTS:

This survey will be sent to extramural staff (program, review, and grants management) involved in the administration and oversight of the NIH funding process.

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/Needs Assessment</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: Rosalina Bray, OD/OER/DCO/Extramural Staff Training Office

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 |
|------------------------|--------------------|---------------------------------|------------------------------|--------------------|
| Federal Employee | 2500 | 1 | 15/60 | 625 |
| Government Contractor | 60 | 1 | 15/60 | 15 |
| Totals | | 2560 | | 640 |

| Category of Respondent | Total Burden Hours | Hourly Wage Rate* | Total Burden Cost |
|------------------------|--------------------|-------------------|--------------------|
| Federal Employee | 625 | \$44.00 | \$27,500.00 |
| Government Contractor | 15 | \$48.00 | \$ 720.00 |
| Totals | 640 | | \$28,220.00 |

*Cite source per bls.gov if applicable

Source: <https://www.bls.gov/cps/cpsaat39.htm>

FEDERAL COST: The estimated annual cost to the Federal government is \$ 15,938.16 _____

| Staff | Grade/Step | Salary* | % of Effort | Fringe (if applicable) | Total Cost to Gov't |
|-----------------------------------|------------|-----------|-------------|------------------------|---------------------|
| Federal Oversight | | | | | |
| Extramural Staff Training Officer | 14/5 | \$132,818 | 12% | 0 | \$15,938.16 |
| | | | | | |
| Contractor Cost | | | | | |
| | | | | | |
| Travel | | | | | |
| Other Cost | | | | | |
| | | | | | |
| Total | | | | | \$15,938.16 |

*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 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?

Fiscal Year baseline data from the NIH QVR/IMPACT II Database on individuals who have administrative oversight of grant processes.

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 SurveyMonkey

2. Will interviewers or facilitators be used? Yes No

Please make sure that all instruments, instructions, and scripts are submitted with the request.

See attached copy of on-line survey

