

**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:** NIH Training Center Survey

**PURPOSE:** To assess student satisfaction of NIH Training Center (NIHTC) hosted classes. The survey collects information on the following:

- Overall instructor
- Course Content
- Customer Service of NIHTC staff
- NIHTC Facilities and Equipment
- Length of the class
- Overall experience
- Lessons learned from the class and whether it will be applied

**DESCRIPTION OF RESPONDENTS:** Respondents consist of NIH employees that enroll in NIHTC sponsored trainings that are facilitated by NIHTC staff and/or external facilitation staff. The respondent pool is primarily Federal employees; however, occasionally contract staff will participate as well.

**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: Shima Daneshpour

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

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected? [ ] Yes [ x ] 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**

Category of Respondent	No. of Respondents	No. of Responses per Respondent	Time per Response (in hours)	Total Burden Hours
Federal Government Contractors	225	1	5/60	19
<b>Totals</b>		225		<b>19</b>

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Federal Government Contractors	19	\$31.54	\$599.26
<b>Totals</b>			<b>\$599.26</b>

\*Cite source per bls.gov if applicable [https://www.bls.gov/oes/current/oes\\_nat.htm](https://www.bls.gov/oes/current/oes_nat.htm)

**FEDERAL COST:** The estimated annual cost to the Federal government is \$ 8267

Staff	Grade/Step	Salary*	% of Effort	Fringe (if applicable)	Total Cost to Gov't
<b>Federal Oversight</b>					
NIHTC Deputy Director	GS 14/10	\$152,352	1%		\$1523.52
NIHTC Program Manager	GS 13/5	\$112, 393	6%		\$6743.58
<b>Contractor Cost</b>					
Travel					
Other Cost					
<b>Total</b>					<b>\$8267</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       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 survey will be distributed to all staff who participate in a training session. Participation in the survey is voluntary.

**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, Paper Evaluations distributed after class
2. Will interviewers or facilitators be used?  Yes  No

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