# Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback" (OMB#: 0925-0648 Expiration Date: 5/31/2021)

**TITLE OF INFORMATION COLLECTION:** NIH ODSS STRIDES Initiative Training Assessment

#### **PURPOSE:**

The purpose of the assessment is to determine the extent to which the National Institutes of Health (NIH) Science and Technology Research Infrastructure for Discovery, Experimentation, and Sustainability (STRIDES) Initiative improved baseline knowledge and use of the cloud through a series of trainings facilitated by cloud service providers. The qualitative feedback will be collected after participants have taken each training. Information collected through the assessment will be used to influence or shape future training programs by tailoring content or delivery methods to meet researcher needs. The qualitative feedback will also be used to assess the training program's overall effectiveness, which will inform whether the STRIDES Initiative achieved one of its programmatic goals.

#### **DESCRIPTION OF RESPONDENTS:**

Respondents will be comprised of individuals who have recently participated in STRIDES Initiative trainings, both in-person and via NIH videocast. They will represent the NIH community, researchers, and academic institutions.

# TYPE OF COLLECTION: (Check one) [ ] Customer Comment Card/Complaint Form [ ] Usability Testing (e.g., Website or Software [ ] Focus Group [ ] 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 <u>not</u> raise issues of concern to other federal agencies.
- 4. The results are <u>not</u> intended to be disseminated to the public.
- 5. Information gathered will not be used for the purpose of <u>substantially</u> informing <u>influential</u> 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: Valerie C. Virta

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 [X] No

3.	If applicable,	has a System	or Records	Notice been p	oublished?	[ ] Yes [X] 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
Life Scientists	860	1	2/60	29
Totals		860		29

Category of Respondent	Total Burden Hours	Wage Rate*	Total Burden Cost
Life Scientists	29	\$38	\$1,102.00
Totals			\$1,102.00

<sup>\*</sup> https://www.bls.gov/oes/current/oes191099.htm

**FEDERAL COST:** The estimated annual cost to the Federal government is: <u>\$19.952.00</u>

				Fringe (if	<b>Total Cost to</b>
Staff	Grade/Step	Salary**	Effort	applicable)	Gov't
Federal Oversight					
Health Science					
Administrator	13/5	\$116,353	1%		\$1,164.00
Contractor Cost					\$18,361.00
Travel					
Other Cost					
Total					\$19,952.00

<sup>\*</sup> https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/20Tables/html/DCB.aspx

If you are conducting a focus group, assessment, 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?

[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?

Participants who registered for the training and provided their email address will be eligible to participate in the assessment. At the end of each training, participants will receive a follow-up email with a link to complete the assessment and asked to provide feedback. The assessment will be administered via Assessment Gizmo.

# **Administration of the Instrument**

1.	How will you collect the information? (Check all that apply)
	[X] Web-based or other forms of Social Media
	[ ] Telephone
	[ ] In-person
	[ ] Mail
	[ ] Other, Explain