

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: Survey to Assess the Quality of Grant Review and Meeting Format Among NIH Center for Scientific Review (CSR) Reviewers

PURPOSE: NIH depends on CSRs’ peer review process to ensure that all NIH grant applications receive fair, independent, expert, and timely reviews that are free from inappropriate influences. To help assess and maintain the quality and efficiency of peer review at CSR, NIH has developed a new process that includes, among other measures, surveys to hear reviewers’ opinions about the quality of the review in which they participated in. Because of the COVID-19 pandemic, CSR had to shift all their review meetings online, using the Zoom online platform. The purpose of this data collection is to assess the quality of the review and determine whether there was any impact on the quality of the review due to the new virtual meeting format. Feedback from reviewers will help CSR understand reviewers’ experiences with virtual review meetings and how virtual review meetings can be improved to ensure high quality reviews.

DESCRIPTION OF RESPONDENTS: Respondents will be approximately 5,000 NIH CSR grant reviewers serving on review meetings during the summer of 2020. Most of these individuals are research scientists who work at academic universities across the U.S.

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: Hope Cummings _____

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 [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
NIH CSR Grant Reviewers	5,000	1	4/60	333
Totals		5,000		333

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Individuals	333	\$37.28	\$12,414.24
Totals			\$12,414.24

*The wage rate was obtained from https://www.bls.gov/oes/2019/may/oes_nat.htm#19-0000

FEDERAL COST: The estimated annual cost to the Federal government is 2,668.94

Staff	Grade/Step	Salary*	% of Effort	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight					
Health Scientist Administrator	GS-14/4	133,447	2%		2,668.94
Contractor Cost					N/A
Travel					N/A
Other Cost					N/A
Total					2,668.94

*the Salary in table above is cited from <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2020/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 customer list will consist of individuals who served the NIH Center for Scientific Review as grant reviewers on select review meetings during the summer of 2020. The rosters from the review meetings will be used as the participant list. Most of these individuals are research scientists who work at academic universities across the U.S.

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.