

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

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**TITLE OF INFORMATION COLLECTION:** Diverse Voices Speaker Series Feedback Form (ORWH/OD)

**PURPOSE:**

The Office of Research on Women’s Health (ORWH) is hosting a virtual speaker series in 2021, to disseminate research findings relevant to the health of women. The sessions will be open to the public. An event feedback form will be sent to attendees after each session. Information collected from the feedback form will be used for program evaluation, to inform future topic selection, and for quality improvement of ORWH events.

**DESCRIPTION OF RESPONDENTS:**

Expected event attendees include healthcare professionals, healthcare students, biomedical and social and behavioral researchers, program and scientific administrators, and other interested members of the public.

**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: Elizabeth Barr

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
Individuals	600	1	5/60	50
<b>Totals</b>		600		<b>50</b>

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
General public	17	\$25.72	\$437
Health scientists	17	\$37.28	\$634
Healthcare practitioners	17	\$40.21	\$684
<b>Totals</b>			<b>\$1,755</b>

\* Hourly wage rates are based on Bureau of Labor and Statistics tables ([https://www.bls.gov/oes/current/oes\\_nat.htm](https://www.bls.gov/oes/current/oes_nat.htm)). General public occupation title "All Occupations" code 00-0000. Medical & health scientists occupation title "Life, Physical, and Social Science Occupations" code 19-0000. Healthcare practitioners occupation title "Healthcare Practitioners and Technical Occupations" code 29-0000.

**FEDERAL COST:** The estimated annual cost to the Federal government is \$1,213.16.

Staff	Grade/Step	Salary*	% of Effort	Fringe (if applicable)	Total Cost to Gov't
<b>Federal Oversight</b>					
Social and Behavioral Scientist Administrator	14/1	\$121,316	1%		\$1,213.16
<b>Contractor Cost</b>					
Travel					
Other Cost					
<b>Total</b>					<b>\$1,213.16</b>

\*the Salary in table above is cited from <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/20Tables/html/DCB.aspx>

**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?

An email will be sent to all registrants following each event session. The email will include the following statement, with hyperlink to the feedback form:

*“Please [click here](#) to complete a short feedback survey. We thank you for taking the time to complete it; the results are anonymous and help us improve future ORWH event offerings.”*

### **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.**