Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback" (OMB#: 0925-0648 Exp., date: 05/31/2021)

TITLE OF INFORMATION COLLECTION:
NIH Sexual & Gender Minority (SGM) Research Regional Workshop- Customer Feedback

PURPOSE:
The Sexual & Gender Minority Research Office (SGMRO) wishes to collect feedback from participants of the one-day NIH Sexual and Gender Minority (SGM) Regional Workshop. The goal of the workshop is to enhance the grant application process knowledge for researchers and potential researchers, who are interested in SGM health, and to interact with NIH staff closer to their home institution. The responses will be used to improve and expand the program for future participants.

DESCRIPTION OF RESPONDENTS:
Respondents are participants of the workshop, which includes university faculty, postdoctoral fellows, graduate students, researchers, science administrators, and advocacy group in SGM health-related disciplines.

TYPE OF COLLECTION: (Check one)

[ ] Customer Comment Card/Complaint Form   [X] Customer Satisfaction Survey
[ ] Usability Testing (e.g., Website or Software   [ ] Small Discussion Group
[ ] 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: Irene Avila, PhD (avilai@mail.nih.gov; 301-594-9701)

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
Individuals	100	1	5/60	8
Totals		100		**8**

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
	8	$27.60	$221
Totals			**$221**

*Cite source per bls.gov if applicable
https://www.bls.gov/oes/2018/may/oes_nat.htm#19-0000

FEDERAL COST: The estimated annual cost to the Federal government is **$397.36**

Staff	Grade/Step	Salary*	% of Effort	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight					
Federal – 1	GS-14-3	$125,005	0.15%		$225
	GS-12-2	$86,179	0.2%		$172.36
Contractor Cost					
Contractor					
Travel					
Other Cost					
Total					**$397.36**

*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?

                                                  [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?

        The SGMRO will ask all of the workshop participants to complete and submit the feedback form at the end of the meeting.

Administration of the Instrument
1. How will you collect the information? (Check all that apply)
   [ ] Web-based or other forms of Social Media
   [ ] Telephone
   [X] In-person
   [ ] Mail
   [ ] Other, Explain
2. Will interviewers or facilitators be used? [ ] Yes [X] No

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