

**Request for Approval under the “Generic Clearance for the Collection of  
Routine Customer Feedback”**

**(OMB#: 0925-0648 Expiration Date: 05/2021)**

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**TITLE OF INFORMATION COLLECTION:**

NIH OAR and NIMH HIV-Related Intersectional Stigma (HIVIS) Workshop Participant Satisfaction Survey

**PURPOSE:**

Collect participants’ feedback on the NIH Office of AIDS Research (OAR) and NIMH three-phase virtual workshop on HIV-Related Intersectional Stigma (HIVIS).

**DESCRIPTION OF RESPONDENTS:**

Workshop participants included researchers and community partners in the field of HIV-related intersectional stigma.

**TYPE OF COLLECTION:** (Check *all that applies*)

- |   |  |
|---|--|
| <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: Gregory Greenwood, NIMH

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

**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

Amount: \_\_\_\_\_

Explanation for incentive: (include number of visits, etc.)

**ESTIMATED BURDEN HOURS and COSTS**

Category of Respondent	No. of Respondents	No. of Responses per Respondent	Time per Response (in hours)	Total Burden Hours
Private Sector	150	1	10/60	25
<b>Totals</b>		<b>150</b>		<b>25</b>

**COST TO RESPONDENTS**

Category of Respondent	Total Burden Hours	Wage Rate*	Total Burden Cost
Private Sector	25	\$41.29/hr	\$1,032
<b>Totals</b>			<b>\$1,032</b>

\* Private sector respondent wage rate data is from the Life Scientists, All Other (19-1099) category at [http://www.bls.gov/oes/current/oes\\_nat.htm#00-0000](http://www.bls.gov/oes/current/oes_nat.htm#00-0000).

**FEDERAL COST:** The estimated annual cost to the Federal government is \$ 121

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

\*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>.

**The selection of 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?

We will send an email to all workshop participants with a hyperlink leading to the satisfaction survey.

### **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

Survey form

Chart Abstraction

Other, Explain

2. Will interviewers, facilitators, or research coordinators be used?  Yes  No

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