

**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:**

NIMH Intramural Research Program Office of Fellowship Training (OFT) Annual Trainee Survey

**PURPOSE:** To assess the effectiveness of the intramural training program at NIMH and to identify areas of potential improvement/growth.

**DESCRIPTION OF RESPONDENTS:** Researcher trainees participating in the NIMH Intramural Research Program who are recipients of an NIH Intramural Research Training Award (IRTA).

**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: Janet Clark, Ph.D., Division of Intramural Research Programs, 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? N/A  Yes  No
3. If applicable, has a System or Records Notice been published? N/A  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/Households – Non-FTE Trainees	66	1	10/60	11
Totals	66	66		11

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Individuals/Households – Non-FTE Trainees	11	\$22.69/hr	\$249.59
Totals	11		\$249.59

\*Source per [www.bls.gov](http://www.bls.gov) – Education, Training and Library Workers, All Other - <https://www.bls.gov/oes/current/oes259099.htm>

**FEDERAL COST:** The estimated annual cost to the Federal government is: \$2,810

Staff	Grade/Step	Salary	% of Effort	Fringe (if applicable)	Total Cost to Gov't
<b>Federal Oversight</b>					
Director for Fellowship Training	15/9	\$162,000	0.5%		\$810
<b>Contractor Cost</b>					
Management Analyst		\$100,000	2%		\$2,000
Travel					
Other Cost					
TOTAL					\$2,810

\*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?  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?

All current NIMH Intramural Research Program trainees will be contacted for participation in the 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
- Other, Explain

2. Will interviewers or facilitators be used?  Yes  No