

**Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB#: 0925-0648 Exp., date: 03/2018)**

**TITLE OF INFORMATION COLLECTION:** DrugAbuse.gov Website Feedback Survey

**PURPOSE:**

To understand the value of the content on the National Institute on Drug Abuse (NIDA) website to individual visitors. The feedback received will assist in our continuous improvement of the content and means of content delivery on the website.

**DESCRIPTION OF RESPONDENTS:**

Participants will include visitors to the NIDA website

**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: Mark Fleming

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	12,000	1	1/60	200
<b>Totals</b>	<b>12,000</b>	12000		<b>200</b>

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Individuals	200	\$25.92	\$4,990
<b>Totals</b>	200	\$25.92	\$4,990

- BLS. (2016, October). Table A-1. Current and real (constant 1982-1984 dollars) earnings for all employees on private nonfarm payrolls, seasonally adjusted. Retrieved December 13, 2016, from <http://www.bls.gov/news.release/realer.t01.htm>

**FEDERAL COST:** The estimated annual cost to the Federal government is \$9,428.26

Staff	Grade/Step	Salary	% of Effort	Fringe (if applicable)	Total Cost to Gov't
<b>Federal Oversight</b>					
Branch Chief	13/2	\$95,217	1.5		\$1,428.26
<b>Contractor Cost</b>		\$80,000	10		8,000.00
Travel					
Other Cost					
<b>Total</b>					\$9,428.26

**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 [ X ] 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?

**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