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

# TITLE OF INFORMATION COLLECTION:

National Institute of Mental Health (NIMH) Outreach Partnership Program Annual Meeting Assessment Form

# PURPOSE:

The NIMH Outreach Partnership Program is a nationwide initiative through which NIMH supports 55 Outreach Partners - primarily nonprofit mental health organizations representing every state, the District of Columbia, and Puerto Rico - to disseminate NIMH-supported research and educational resources through their mental health outreach and education efforts. Attendance at the annual program meeting is required of all Outreach Partners. Information is collected to gauge the effectiveness of the meeting and to receive input in planning for subsequent meetings.

# DESCRIPTION OF RESPONDENTS:

Representatives of NIMH Outreach Partner organizations, mostly nonprofit mental health outreach, education and advocacy organizations work at the state and local levels to educate the public and other key stakeholders about mental health.

**TYPE OF COLLECTION:** (Check one)

Customer Comment Card/Complaint Form 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 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: Rajni Agarwal, Office of Science Policy, Planning, and Communications, 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? 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** |
| Private Sector - Sponsored Outreach Partners, Non-sponsored National Partners and others | 82 | 1 | 10/60 | 14  |
|  |  |  |  |  |
| Totals | 82 | 82 |  | 14  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Category of Respondent** | **Total Burden****Hours** | **Hourly Wage Rate\*** | **Total Burden****Cost** |
| Private Sector - Sponsored Outreach Partners, Non-sponsored National Partners and others |  14  | $20.36/hour | $285.04 |
|  |  |  |  |
| Totals | 14  |  | $285.04 |

\*Cite source per bls.gov if applicable - <https://www.bls.gov/oes/current/oes211094.htm>.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Staff** | **Grade/Step** | **Salary** | **% of Effort** | **Fringe (if applicable)** | **Total Cost** **to Gov’t** |
| **Federal Oversight** |  |  |  |  |  |
| NIMH Outreach Partnership Program Liaison | GS-13/5 | $52.66/hour | 4 hours |  | $210.64 |
| **Contractor Cost** |  |  |  |  |  |
| Event Coordinator |  | $30.41/hour | 1 hour |  | $30.41 |
| Travel |  |  |  |  |  |
| Other Cost |  |  |  |  |  |
| TOTAL |  |  |  |  | $241.05 |

**FEDERAL COST:** The estimated annual cost to the Federal government is: $241.05

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?

The targeted respondents represent NIMH Outreach and National Partner organizations and selected NIMH staff.

# 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

1. Will interviewers or facilitators be used? Yes

✔No

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