# 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: 2019 CDE Repository User Interviews

#### **PURPOSE:**

The National Library of Medicine (NLM) wishes to collect qualitative information on the user needs regarding the Common Data Elements (CDE) Repository. User feedback regarding their needs will be used to improve the user experience and functionality of the Repository.

# **DESCRIPTION OF RESPONDENTS:**

Individuals will be users of the CDE Repository with expertise in CDEs and related systems.

<b>TYPE OF COLLECTION:</b> (Check one)	
[ ] Customer Comment Card/Complaint Form [ ] Usability Testing (e.g., Website or Software [ ] Focus Group	[ ] Customer Satisfaction Survey [X] Small Discussion 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: Robin Taylor

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

## **Personally Identifiable Information:**

- 1. Is personally identifiable information (PII) collected? [X] Yes [] No
- 2. If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974? [ ] Yes [X] No
- 3. If Yes, has a System of Records Notice (SORN) 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 or Households	50	1	1	50
Totals		50		50

Category of Respondent	Total Burden	Wage Rate*	Total Burden	
	Hours	_	Cost	
Individuals or Households	50	\$24.98	\$1249.00	
Totals			\$1249.00	

<sup>\*</sup>The General Public wage rate was obtained from <a href="https://www.bls.gov/oes/2018/may/oes\_nat.htm#00-0000">https://www.bls.gov/oes/2018/may/oes\_nat.htm#00-0000</a>

**FEDERAL COST:** The estimated annual cost to the Federal government is: \$27,755.74

				Fringe (if applicable)	Total Cost to Gov't
Staff	Grade/Step	Salary**	Effort		
Federal Oversight					
Technical Information Specialist	12/1	\$83,398.00	2%		\$1,667.96
Contractor Cost					
Project Manager		\$326,352.00	3%		\$9,790.56
Reengineering Specialist		\$203,715.20	8%		\$16,297.22
Travel					N/A
Other Cost					N/A
Total					\$27,755.74

<sup>\*\*</sup>The Salary in table above is cited from <a href="https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/19Tables/html/DCB.aspx">https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/19Tables/html/DCB.aspx</a>

# 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?

The selected individuals identified for NLM to conduct the information collection interviews will be users of the CDE Repository with known expertise in the realm of CDEs and related systems.

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

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