

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

TITLE OF INFORMATION COLLECTION: 2020 NINDS Intramural Survey

PURPOSE: The purpose of this survey is to receive feedback from intramural scientists and trainees on what they think are the most exciting areas of neurology and neuroscience research and how we can strengthen intramural research and research training. This feedback will be used to improve the NINDS intramural program.

DESCRIPTION OF RESPONDENTS: Respondents will be NINDS Intramural faculty, staff, contractors, and fellows, as well as faculty from other NIH ICs.

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: Sophia Jeon, Ph.D. Health Science Policy Analyst, NINDS OSPP

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 |
|------------------------|--------------------|---------------------------------|------------------------------|--------------------|
| Individual | 100 | 1 | 15/60 | 25 |
| | | | | |
| Totals | | 100 | | 25 |

| Category of Respondent | Total Burden Hours | Wage Rate* | Total Burden Cost |
|------------------------|--------------------|------------|-------------------|
| Individual | 25 | \$40.19 | \$1004.75 |
| | | | |
| Totals | 25 | | \$1004.75 |

*Hourly wage rates for 19-1029 Biologic Scientist is \$40.19 (based on <http://www.bls.gov/oes/current/oes191029.htm>).

FEDERAL COST: The estimated annual cost to the Federal government is \$1,328.

| Staff | Grade/Step | Salary | % of Effort | Fringe (if applicable) | Total Cost to Gov't |
|------------------------------------|------------|-----------|-------------|------------------------|---------------------|
| Federal Oversight: | 14/5 | \$132,818 | 1% | | \$1,328 |
| | | | | | |
| | | | | | |
| Contractor Cost (optional): | | | | | |
| | | | | | |
| | | | | | |
| Travel (optional) | | | | | |
| Other Cost (optional) | | | | | |
| Total | | | | | \$1,328 |

The selection of targeted respondents

- 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 survey will be sent via email listservs to NINDS Intramural faculty, staff, contractors, and fellows, as well as faculty from other NIH ICs.

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.

Screenshots of the survey are attached.