

**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:

NIH Rehabilitation Research 2020: Envisioning a Functional Future Conference Participant Survey

PURPOSE:

To get feedback from conference participants on the quality of the content and the virtual format from the NIH Rehabilitation Research 2020: Envisioning a Functional Future Conference October 15-16, 2020.

The information will be used to inform NIH staff on future conferences and virtual platform usage.

DESCRIPTION OF RESPONDENTS:

Researchers from academic medical institutions and universities, clinicians, trainees, advocates, and consumers of rehabilitation research who register for the conference, approximately 1500 people.

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: Theresa Cruz, Director, National Center for Medical Rehabilitation Research

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	1500	1	15/60	375
Totals		1500		375

COST TO RESPONDENT

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Individuals	375	\$37.28	\$13,980
Totals			\$13,980

* Bureau of Labor Statistics/Occupational Employment and Wages, May 2019: Occupational Code 19-0000, Life, Physical and Social Science Occupations, national estimates for mean hourly wage <https://www.bls.gov/oes/current/oes190000.htm>).

FEDERAL COST: The estimated annual cost to the Federal government is \$1,336

Staff	Grade/Step	Salary*	% of Effort	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight	11/10	\$93,638	1%		\$936
Contractor Cost		\$400			\$400
Travel					
Other Cost					
Total					\$1,336

*the Salary in table above is cited from <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2020/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?

[X] 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 available to participants who registered for the NIH Rehabilitation Research 2020: Envisioning a Functional Future Conference held on October 15 and 16, 2020.

Administration of the Instrument

1. How will you collect the information? (Check all that apply)

[X] Web-based or other forms of Social Media

[] Telephone

[] In-person

[] Mail

[] Other, Explain

2. Will interviewers or facilitators be used? [] Yes [X] No

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