## 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:** 2020 NLM CDE User Satisfaction Survey

**PURPOSE:**

The National Library of Medicine (NLM) wishes to collect qualitative feedback on the needs of users regarding the web-based Common Data Elements (CDE) system repository. Voluntarily obtained input from participants will be used to improve the user experience and functionality of the system and enhance the customer’s satisfaction with the CDE features and functionality.

**DESCRIPTION OF RESPONDENTS**:

Participants will be users of the Common Data Elements (CDE) repository system.

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

[ ] Customer Comment Card/Complaint Form [X] 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: Robin Taylor

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

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected? [ ] Yes [X] 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 an up-to-date 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 | 15/60 | 13 |
|  |  |  |  |  |
| **Totals** |  | **50** |  | **13** |

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

\*BLS National Occupational Employment and Wage Estimates

<https://www.bls.gov/oes/current/oes_nat.htm>

**FEDERAL COST:** The estimated annual cost to the Federal government is: $**8229.95**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Staff** | **Grade/Step** | **Salary\*\*** | **% of Effort** | **Fringe (if applicable)** | **Total Cost to Gov’t** |
| **Federal Oversight** |  |  |  |  |  |
| Technical Information Specialist | 12/2 | $89,213 | 1% |  | $892.13 |
|  |  |  |  |  |  |
| **Contractor Cost** |  |  |  |  |  |
| Project Manager |  | $326,352.00 | 1% |  | $3263.52 |
| Reengineering Specialist |  | $203,715.20 | 2% |  | $4074.30 |
|  |  |  |  |  |  |
| Travel |  |  |  |  | N/A |
| Other Cost |  |  |  |  | N/A |
| **Total** |  |  |  |  | **$8229.95** |
|  |  |  |  |  |  |

\*\*Federal salary is from <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/20Tables/html/DCB.aspx> and contractor rates are NITAAC/eGOS.

**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 NLM identified individuals will be selected users of the Common Data Elements system.

**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:

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

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