**Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback”**

**(OMB#: 0925-0648 ExpDate: 05/2021)**

# TITLE OF INFORMATION COLLECTION: Office of Intramural Training & Education (OITE) – Summer Internship Program (SIP) - Feedback

# PURPOSE:

The National Institutes of Health (NIH) carries out and funds biomedical research in an effort to prevent and cure common and rare diseases. We also train the next generation of doctors, researchers, and medical support staff who will improve human health in the future, both across the country and around the world. Finally, we aim to enhance the diversity of the biomedical workforce. The Summer Internship Program (SIP) is designed to bring college (including community college) students, graduate students, and professional school students to the NIH during the summer to perform short-term research projects.

The SIP feedback form is an anonymously submitted form designed to give the OITE a better understanding of the trainee population, their experience at the NIH, and future ambitions.  The information collected will be used to determine whether the SIP trainees are a diverse group and if not, develop methods to increase the diversity.  Sensitive questions include the following: age, gender identity, sexual orientation, marital status, parenting responsibility, race/ethnicity, citizenship, English as first language, disabilities, and academic degrees.  Many of these questions will assist the OITE in determining what additional services and support are needed to maximize the trainees’ research/career development and perception of the NIH as a welcoming and inclusive environment.

# DESCRIPTION OF RESPONDENTS:

The OITE will ask participants in the Summer Internship Program (SIP) to complete the SIP Feedback form prior to their departure. Participants in the SIP must fulfill the following eligibility requirements:

* are 17 years of age or older on June 15,
* are U.S. citizens or permanent residents, AND
* are enrolled at least half-time in and accredited college (including community college) or university as an undergraduate, graduate, or professional student at the time of application\*, OR
* have been accepted into accredited college or university program for the fall semester.

**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: Patricia Wagner, PhD wagnerpa@od.nih.gov; 240-476-3619

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, is the information that will be collected included in records that are subject to the Privacy Act of 1974? [X] Yes [ ] No
3. If Applicable, has a System or Records Notice been published? [X] Yes [ ]

**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** | **Number of Respondents** | **Number of Responses Per Respondent** | **Time per Response**  **(in hours)** | **Total Burden Hours** |
| Individual (NIH Trainees) | 900 | 1 | 20 / 60 | 300 |
| **Totals** |  | **900** |  | **300** |

**COST TO RESPONDENT**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category of Respondent** | **Total Burden**  **Hours** | **Wage Rate** | **Total Burden**  **Cost** |
| Individual (NIH Trainees) | 300 | $13.34 | $4,002.00 |
| **Totals** |  |  | **$4,002.00** |

NIH Student IRTA Stipend Table - <https://www.training.nih.gov/student_irta_stipend_levels>.

**FEDERAL COST:** The estimated annual cost to the Federal government is $189.00.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Staff** | **Grade / Step** | **Salary** | **% of Effort** | **Fringe**  **(if applicable)** | **Total Cost to Gov’t** |
| **Federal Oversight** |  |  |  |  |  |
| OITE Deputy Director | Title 42 | $182,000.00 | 0.05% | ~ | $91.00 |
| OITE SIP Director | G13-S03 | $103,435.00 | 0.10% | ~ | $104.00 |
| **Contractor Cost** | **~** | **~** | **~** | **~** | **~** |
| Travel | ~ | ~ | ~ | ~ | ~ |
| Other Cost | ~ | ~ | ~ | ~ | ~ |
| **Total** | **~** | **~** | **~** | **~** | **$189.00** |

The estimated hourly wage is based on the projected highest degree awarded for each participant based on the GS salary table for the Washington, DC area: https://[www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2018/DCB.pdf.](http://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2018/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 OITE will ask all Summer Internship Program (SIP) participants to complete the feedback form before their departure.

# 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