

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

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**TITLE OF INFORMATION COLLECTION:** Division of Scientific Categorization and Analysis (DSCA) Communication Survey (OD/OER/ORIS)

**PURPOSE:** The purpose of this survey is to receive feedback from the Research, Condition and Disease Categorization (RCDC) points of contact, RCDC Governance Committee and Manual Categorization System (MCS) points of contact. The results will be used to improve the training experience and offerings as well as communications provided by our division to NIH staff.

**DESCRIPTION OF RESPONDENTS:** Respondents are the RCDC and MCS points of contact for their IC that assist with our official reporting process.

**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: \_\_Jessica Lobo, Scientific Information Analyst, OD/OER/ORRA/DSCA\_\_\_\_\_

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
Federal Government	163	1	6/60	16
<b>Totals</b>	<b>163</b>	163		<b>16</b>

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Federal Government	16	\$25.72	\$411.52
<b>Totals</b>			<b>\$411.52</b>

\*Hourly wage rates for 00-0000 All Occupations  
[https://www.bls.gov/oes/current/oes\\_nat.htm#00-0000](https://www.bls.gov/oes/current/oes_nat.htm#00-0000)).

**FEDERAL COST:** The estimated annual cost to the Federal government is \$2,343.88.

Staff	Grade/Step	Salary*	% of Effort	Fringe (if applicable)	Total Cost to Gov't
<b>Federal Oversight</b>					
OD/OER staff 1	14/3	\$130,698	1%		\$1,306.98
OD/OER staff 2	13/1	\$103,690	1%		\$1,036.90
<b>Contractor Cost</b>					
Travel					
Other Cost					
<b>Total</b>					<b>\$2,343.88</b>

\*the Salary in table above is cited from <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/21Tables/html/DCB.aspx>

**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       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?

Respondent customer list is attached. We plan to send to our POCs within NIH ICs. We do not plan on sampling the population but making it available to all of the RCDC and MCS POCs via email.

### **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

Other, Explain

2. Will interviewers or facilitators be used?  Yes  No

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

See attached respondent customer list as well as attached screenshots of the evaluation survey.