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

**TITLE OF INFORMATION COLLECTION:** NIH Office of Intramural Training & Education (OITE) – General Event Feedback

**PURPOSE:**

The OITE provides several services to the NIH trainees (summer interns, postbaccalaureates, graduate students, postdoctorates, clinical fellows, and research fellows), NIH staff (staff scientists and staff clinicians), and members of the general public interested in the biomedical sciences. In order to best serve these communities and make improvements of services, the OITE wishes to collect feedback from participants in the OITE events:

* Communication Workshops
* Postbaccalaureate Workshops
* Summer Workshops
* Career Development Programs
* Leadership, mentoring, and other personal development programs
* Major Annual Events Organized by OITE
* OITE Orientations

**DESCRIPTION OF RESPONDENTS**:

The NIH/OITE requests feedback from participants of the following NIH training programs:

* Summer Internship Program (SIP) – NIH Trainees Only
* Postbaccalaureate Training Program (PBT) – NIH trainees who participated in one of the following: Post-Bac IRTA/CRTA, NIH Academy, Technical IRTA, or UGSP Payback Scholar – NIH Trainees Only
* Graduate Partnerships Program (GPP) – NIH trainees who perform dissertation research towards a PhD, MD/PhD, DVM/PhD or equivalent postgraduate degree – NIH Trainees Only
* Postdoctorate Training Program – NIH trainees already awarded an advanced degree, such as PhD, DM, DVM or equivalent who were classified as an IRTA/CRTA, Visiting Fellow, Clinical Fellow, or Research Fellow – NIH Trainee Only
* Staff Scientists / Staff Clinicians – NIH Employees Only
* Individuals that participate in events open to the non-NIH community

NIH trainees are individuals that receive support for career development from the NIH in one or more of the following areas: research support, stipend, health insurance, and/or tuition. The general public is invited to participate in select events sponsored by the OITE. The OITE estimates the number of registrations for the annual events will be 20,000. The estimated response rate for completion of the feedback form is 25% or less.

**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.

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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? [ ] 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 [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 | 5,000 | 1 | 7 / 60 | 583 |
| **Totals** | **5,000** | **5000** |  | **583** |

**COST TO RESPONDENT**

|  |  |  |  |
| --- | --- | --- | --- |
|  **Category of Respondent** | **Total Burden****Hours** | **Hourly Wage Rate\*** | **Total Burden Cost**  |
| Individuals | 583 | $26.60 | $15,508.00 |
| **Totals** |  |  | **$15,508.00** |

The Hourly Wage Rate was estimated based on the NIH Trainee Stipend Tables and distribution of the trainee type participating in the OITE events. Details about the NIH Trainee Stipend tables may be found at: https://oma1.od.nih.gov/manualchapters/person/2300-320-7/.

**FEDERAL COST:** The estimated annual cost to the Federal government is $2,110.00.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Staff** | **Grade/Step** | **Salary** | **% of Effort** | **Fringe (if applicable)** | **Total Cost to Gov’t** |
| **Federal Oversight** |  |  |  |  |  |
| Employee-1 | G13-S01 | $103,690.00 | 0.25% | ~ | $259.00 |
| Employee-2 | G13-S05 | $117,516.00 | 0.25% | ~ | $294.00 |
| Employee-3 | G13-S07 | $124,428.00 | 0.25% | ~ | $311.00 |
| Employee-4 | G14-S05 | $138,866.00 | 0.25% | ~ | $347.00 |
| Employee-5 | Title 42 | $185,000.00 | 0.25% | ~ | $463.00 |
| **Contractor Cost** |  |  |  |  |  |
| Contractor-1 | G12-S01 | $87,198.00 | 0.25% | ~ | $218.00 |
| Contractor-2 | G12-S01 | $87,198.00 | 0.25% | ~ | $218.00 |
| Travel | ~ | ~ | ~ | ~ | ~ |
| Other Cost | ~ | ~ | ~ | ~ | ~ |
| **Total Cost** | **~** | **~** | **~** | **~** | **$2,110.00** |

The NIH Federal Employee and Contractor Salaries were estimated based on the locality pay for the DC-MD-VA-WV-PA salary table: <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2021/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 event participants to complete the general feedback form.

**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