## Request for Approval under the “Conference, Meeting, Workshop, and Poster Session Registration Generic Clearance (OD)”

## (OMB#: 0925-0740 Exp Date: 07/2022)

**TITLE OF INFORMATION COLLECTION:** NIH ODSS STRIDES Initiative Training Interest Survey

**PURPOSE:**

The purpose of the assessment is to ascertain suitability of attendance/participation in a training supported by the National Institutes of Health (NIH) Science and Technology for Research Infrastructure, Discovery, Experimentation, and Sustainability (STRIDES) Initiative. Two qualitative questions will be asked of respondents as well. The purpose of the first qualitative question is to determine the anticipated impact of the training, so NIH can track measure overall impact of the STRIDES training program. The second qualitative question is to determine what additional training opportunities STRIDES could provide that would enhance the overall STRIDES Training Program.

**DESCRIPTION OF RESPONDENTS**:

Respondents will be comprised of individuals who have recently participated in or who plan to participate in STRIDES Initiative trainings, both in-person and via NIH videocast. They will represent the NIH community, researchers, and academic institutions.

**TYPE OF COLLECTION:** (Check all that applies)

[ ] Abstract [X] Application

[ ] Registration Form [ ] 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.

Name: Matthew W. Gieseke

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

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected? [X] 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 [X] 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** |
| Life Scientists | 400 | 1 | 5/60 | 33 |
| **Totals** |  | 400 |  | **33** |

**COST TO RESPONDENT**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category of Respondent** | **Total Burden**  **Hours** | **Wage Rate\*** | **Total Burden Cost** |
| Life Scientists | 33 | $44 | $1,452 |
|  |  |  |  |
| **Totals** |  |  | **$1,452** |

\* <https://www.bls.gov/oes/current/oes191099.htm>

**FEDERAL COST:** The estimated annual cost to the Federal government is: \_$3,104.22

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Staff** | **Grade/Step** | **Salary\*\*** | **% of Effort** | **Fringe (if applicable)** | **Total Cost to Gov’t** |
| **Federal Oversight** |  |  |  |  |  |
| Health Science Administrator | 13/5 | $117,516 | 1% |  | $1,476.52 |
|  |  |  |  |  |  |
| **Contractor Cost** |  |  | 0.5% |  | $1,627.70 |
|  |  |  |  |  |  |
| Travel |  |  |  |  |  |
| Other Cost |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total** |  |  |  |  | **$3,104.22** |

\*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, assessment, 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?

Participants who’ve requested access to the NIH STRIDES Training Participants distribution list are the only audience for the training application.

**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

[X] Survey form

[ ] Chart Abstraction

[ ] Other, Explain

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