

**Request for Approval under the “Generic Clearance for NIH Citizen
Science and Crowdsourcing Projects”
(OMB#: 0925-0766 Exp., date: 04/30/2023)**

TITLE OF INFORMATION COLLECTION: Early Investigator Advancement Program (EIAP) Application Process Surveys (NCI)

PURPOSE: Assess satisfaction with the grant application process from applicants and application reviewers.

DESCRIPTION OF RESPONDENTS: Current EIAP Applicants and Reviewers.

TYPE OF COLLECTION: (Check one)

- | | |
|--|--|
| <input type="checkbox"/> Data Catalogue | <input type="checkbox"/> Repository of Tools and Best Practices |
| <input type="checkbox"/> Recommendations of scientific reviewers | <input type="checkbox"/> Resources |
| <input type="checkbox"/> Call for Nominations | <input checked="" type="checkbox"/> Other: <u>Application Process Survey</u> |

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. Information gathered will not be used for the purpose of substantially informing influential policy decisions.
5. 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: Samson Gebreab

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

Form Name	Category of Respondent	No. of Respondents	No. of Responses per Respondent	Time per Response (In hours)	Total Burden Hours
EIAP Application Reviewer Survey	Individuals	40	1	2/60	1
EIAP Application Survey	Individuals	89	1	2/60	3
Totals			129		4

COST TO RESPONDENT

Category of Respondent	Total Burden Hours	Wage Rate*	Total Burden Cost
Individuals	4	\$ 49.44	\$ 197.76
Totals			\$197.76

*Source of the mean Hourly Wage Rate is provided by the Bureau of Labor Statistics, Occupation title "Medical Scientists" 19-1040, https://www.bls.gov/oes/2021/May/oes_nat.htm#19-1040.

FEDERAL COST: The estimated annual cost to the Federal government is 468.06

Staff	Grade/Step	Salary**	% Of Effort	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight					
Program Director	14/5	\$143,064	.1%		\$143.06
Contractor Cost					\$325.00
Travel					\$0.00
Other Cost					\$0.00
Total					\$468.06

**The salary in the table above is cited from:

<https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/22Tables/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?
[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?

An email of the survey will be sent to all 89 EIAP Applicants and all 40 EIAP Application Reviewers.

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
2. Will interviewers or facilitators be used? [] Yes [x] No

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