

# Request for Approval under the “Generic Clearance for NIH Citizen Science and Crowdsourcing Projects”

(OMB#: 0925-0766 Exp., date: 04/2023)

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**TITLE OF INFORMATION COLLECTION:** Survey of IGNITE graduates (NINDS)

**PURPOSE:** The National Institute of Neurological Disorders and Stroke (NINDS) established the Innovation Grants to Nurture Initial Translational Efforts (IGNITE) Program to be an early-stage therapy development program to bring projects to the point where they could apply for later-stage therapy development support through programs such as the Blueprint Neurotherapeutics Network (BPN) and BPN-Biologics. This survey will collect information from researchers who have received support through IGNITE to help NINDS understand i) the extent to which the program’s goals are being achieved, and ii) if there are changes NINDS could make to the program that would increase the success of grantees in advancing their therapeutics.

This information will be used to better understand the effectiveness of the IGNITE program. Respondents will be assured that their participation in this survey is voluntary, and that responses will have no effect on their current or future participation in NINDS programs or other interactions with NINDS. The information collected will be kept private to the extent provided by law. Names and other identifiers will not be associated with individual responses in any public report, and information provided will be combined for all participants and reported as summaries.

## DESCRIPTION OF RESPONDENTS:

Contact Principal Investigators who have had an IGNITE grant that is no longer active will be surveyed. NINDS anticipates sending this survey annually. The number of respondents will not exceed 35 per year.

## 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>Outcomes 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: Cara Long, National Institute of Neurological Disorders and Stroke (NINDS), NIH

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
Private sector	35	1	10/60	6
<b>Totals</b>		35		<b>6</b>

**COST TO RESPONDENT**

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Contact PI	6	\$50.02	\$ 300.12
<b>Totals</b>			

\*Hourly wage rate for 19-1042 Medical Scientists, Except Epidemiologists, is \$ 50.02

<https://www.bls.gov/oes/current/oes191042.htm> .

**FEDERAL COST:** The estimated annual cost to the Federal government is \$2,264

Staff	Grade/Step	Salary*	% of Effort	Fringe (if applicable)	Total Cost to Gov't
<b>Federal Oversight</b>					
Program Director	GS 14-7	\$ 151,479	1%		\$1,515
Health Program Specialist	GS 11-1	\$ 74,950	1%		\$750

<b>Contractor Cost</b>					
Travel					
Other Cost					
<b>Total</b>					\$2,264

\*the Salary in table above is cited from <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/2022/general-schedule/>

**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?

All IGNITE graduates will be sent the survey; no sampling will be used. Contact PIs who have had an IGNITE grant that is no longer active are easily identifiable with NIH grant tracking systems.

**Administration of the Instrument**

1. How will you collect the information? (Check all that apply)  
 Web-based or other forms of Social Media  
 Telephone- **(Only if requested by respondent)**  
 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.**