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

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

**TITLE OF INFORMATION COLLECTION:** LifeWork Strategies NIH Parenting Coach Request Form (OD)

**PURPOSE:** The purpose is to provide an electronic modality for eligible NIH employees and their families to request parent coaching services through the LifeWork Strategies Resource & Referral Line. This is offered in addition to the toll-free phone access line that is available. Both are available 24/7/365.

**DESCRIPTION OF RESPONDENTS**: All eligible NIH employees and their immediate family members.

**TYPE OF COLLECTION:** (Check one)

[ ] Data Catalogue [ ] Repository of Tools and Best Practices

[ ] Recommendations of scientific reviewers **[X] Resources**

[ ] Call for Nominations [ ] 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. 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: Katherine Rhoderick, NIH Account Manager, Adventist HealthCare LifeWork Strategies

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? **[X] Yes** [ ] No
3. If Applicable, has a System or Records Notice been published? **[X] 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/household | 78  | 1 | 5/60 | 7 |
|  |  |  |  |  |
| **Totals** |  | 78 |  | **7** |

**COST TO RESPONDENT**

|  |  |  |  |
| --- | --- | --- | --- |
|  **Category of Respondent** | **Total Burden****Hours** | **Hourly Wage Rate\*** | **Total Burden Cost**  |
| NIH employees, trainees, fellows and contractors, and their eligible family members | 7 | $30 | $210 |
|  |  |  |  |
| **Totals** |  |  | **$210** |

BLS Occupational Employment and Wage Statistics https://www.bls.gov/oes/current/naics4\_622300.htm#00-0000

**FEDERAL COST:** The estimated annual cost to the Federal government is $1068.23

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Staff** | **Grade/Step** | **Salary\*** | **% of Effort** | **Fringe (if applicable)** | **Total Cost to Gov’t** |
| **Federal Oversight** |  |  |  |  |  |
| Program Specialist | GS 13/1 | 106, 823 | 1 % |  | 1068.23 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Contractor Cost** |  |  |  |  |  |
|  |  |  |  |  |  |
| Travel |  |  |  |  |  |
| Other Cost |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total** |  |  |  |  | 1068.23 |

\*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:** N/A

**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 [X] 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?

*Respondents consist of NIH staff requesting parent coaching services.*

**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**

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