## `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:** BRAIN Initiative Alliance Toolmakers Web Form (NINDS)

**PURPOSE:**

NIH is a partner in the *Brain Research Through Advancing Innovative Neurotechnologies*® (BRAIN) Initiative Alliance (BIA). The BIA is a group of federal and non-federal organizations that support the goals of the BRAIN Initiative and collaborate to engage the public and the scientific community in BRAIN research progress, resources, and opportunities. The purpose of the Toolmaker’s Web Form is to solicit cutting edge research tools from BIA-funded scientists. The tools are disseminated on the BIA website as a repository of BIA-funded tools.

**DESCRIPTION OF RESPONDENTS**:

Scientists who have developed or improved a research tool with funding through the BRAIN Initiative and who wish to share their tool with the broader research community.

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

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

[ ] Recommendations of scientific reviewers [ ] 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: Cara Long, NINDS Office of Science Policy and Planning\_\_\_\_\_\_\_\_\_\_\_\_\_

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** |
| Private sector | 19 | 1 | 30/60 | 10 |
|  |  |  |  |  |
| **Totals** |  | 19 |  | **10** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Category of Respondent** | **Total Burden**  **Hours** | **Hourly Wage Rate\*** | **Total Burden Cost** |
| Private sector | 10 | $43.27 | $432.70 |
|  |  |  |  |
| **Totals** | **10** |  | $432.70 |

Based on <http://www.bls.gov/oes/current/oes191029.htm>), the hourly wage rate for 19-1029 Biologic Scientist is $43.27.

**FEDERAL COST:** The estimated annual cost to the Federal government is: $2240.30

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Staff** | **Grade/Step** | **Salary\*** | **% of Effort** | **Fringe (if applicable)** | **Total Cost to Gov’t** |
| **Federal Oversight** |  |  |  |  |  |
| Health Science Policy Analyst | 13-1 | $112,015 | 2% | N/A | $2240.30 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Contractor Cost** |  |  |  |  |  |
|  |  |  |  |  |  |
| Travel |  |  |  |  |  |
| Other Cost |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total** |  |  |  |  | $2240.30 |

\*the Salary in table above is cited from [SALARY TABLE 2023-DCB (opm.gov)](https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2023/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?

There is no sampling plan for respondents; BRAIN Initiative-funded scientists may choose whether or not to complete the form to share their research tools. They can learn about the opportunity from their Program Director, the NIH BRAIN Blog, BIA social media messages, the annual BIA satellite event at Society for Neuroscience meeting, the BIA Toolmakers Newsletters, and the BIA website.

**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