Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback"
(OMB#: 0925-0648 Expiration Date: 05/2021)

TITLE OF INFORMATION COLLECTION: National Institute of Mental Health (NIMH) Core Facility User Survey

PURPOSE:

The information collected will inform the reviews of core facilities by the NIMH Board of Scientific Counselors (BSC). User satisfaction is a valuable measurement to inform assessment of these services. The BSC review meetings are closed to the public in accordance with the provisions set forth in section 552b(c)(6), Title 5, U.S. Code and Section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2). Therefore, the results of the surveys, which will collect data to inform the closed proceedings, will not be available to the public.

DESCRIPTION OF RESPONDENTS:

Respondents will be researchers who have used a core facility in the past 4 years. They may be NIH-employed researchers, contractors, or researchers at non-governmental institutions such as universities or companies. NIMH core facilities to be reviewed by the BSC from 2021-2024 include: Human Brain Collection Core; Transgenic Core; Neurophysiology Imaging Core; Magnetic Resonance Core; Magnetoencephalography Core; Functional MRI Core; Scientific and Statistical Computing Core; Section on Instrumentation; Systems Neuroscience Imaging Resource; Rodent Behavioral Core.

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

[ ] Customer Comment Card/Complaint Form   [X] Customer Satisfaction Survey
[ ] Usability Testing (e.g. Website or Software)   [ ] Small Discussion Group
[ ] Focus Group   [ ] 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. The results are not intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of substantially informing influential policy decisions.
6. 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.

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

Personally Identifiable Information:
1. Is personally identifiable information (PII) collected? [ ] Yes [X] 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 [X] No
Amount: _____
Explanation for incentive: (include number of visits, etc.)

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/Households	225	1	6/60	23
Totals		**225**		**23**

COST TO RESPONDENTS

Category of Respondent	Total Burden Hours	Wage Rate*	Total Burden Cost
Individuals/Households	23	$41.29/hr	$950
Totals			**$950**

* Respondent wage rate data are from the Life Scientists, All Other (19-1099) category at http://www.bls.gov/oes/current/oes_nat.htm#00-0000.

FEDERAL COST: The estimated annual cost to the Federal government is $2,533

Staff	Grade/Step	Salary*	% of Effort	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight					
Senior Scientific Advisor	GS-15/6	$168,150	0.4		$673
Contractor Cost					
Program Specialist	GS-12/3	$93,013	2		$1,860
Travel					
Other Cost					
Total					**$2,533**

*the Salary in table above is cited from https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2021/DCB.pdf.

The selection of 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?

Each core facility will provide us with their list of users from the last four years. We will send the survey to all users listed.

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
     [ ] Survey form
     [ ] Chart Abstraction
     [ ] Other, Explain

2. Will interviewers, facilitators, or research coordinators be used? [ ] Yes [X] No

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