Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback" (OMB#: 0925-0648, exp. date 5/31/2021)

TITLE OF INFORMATION COLLECTION:

2021 NCBI Educational Events Feedback Survey

PURPOSE:

The purpose of this National Library of Medicine (NLM) information collection is to gather voluntary customer feedback from participants in 2021 National Center for Biotechnology Information (NCBI) educational outreach events. Public participants who attend NCBI codeathons, technical workshops, and other educational events are asked to provide their feedback which will be used to improve NLM/NCBI educational events and make them more useful to participants.

DESCRIPTION OF RESPONDENTS:

Respondents will be individuals who voluntarily participate in the 2021 NLM/NCBI educational

| events, which will be open to the general public. | articipate in the 2021 NEM/NCD1 educations |
|---|--|
| TYPE OF COLLECTION: (Check one) | |
| [] Customer Comment Card/Complaint Form [] Usability Testing (e.g., Website or Software) [] Focus Group | [X] Customer Satisfaction Survey[] Small Discussion Group[] Other: |
| CERTIFICATION: | |
| I certify the following to be true: The collection is voluntary. The collection is low-burden for respondents a The collection is non-controversial and does not agencies. The results are not intended to be disseminated. Information gathered will not be used for the policy decisions. The collection is targeted to the solicitation of experience with the program or may have experience. | ot raise issues of concern to other federal do not the public. Ourpose of substantially informing influential opinions from respondents who have |
| Name: Barton Trawick, PhD | |
| To assist review, please provide answers to the fol | lowing question: |
| 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 [X] No
- 3. If Applicable, has a System or Records Notice been published? [] Yes [] No [X]

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 or Households | 1000 | 1 | 10/60 | 167 |
| Totals | 1000 | 1000 | | 167 |

| Category of Respondent | Total Burden Hours | Wage Rate* | Total Burden Cost |
|---------------------------|--------------------|------------|-------------------|
| Individuals or Households | 167 | \$27.07 | \$4,520.69 |
| | | | |
| Totals | 167 | | \$4,520.69 |

^{*} BLS May 2020 National Occupational Employment Wage Estimates https://www.bls.gov/oes/current/oes_nat.htm#00-0000;

FEDERAL COST: The estimated annual cost to the Federal government is: \$2,704.49

| Staff | Grade/Step | Salary | % of Effort | Fringe (if applicable) | Total Cost to Gov't |
|------------------------|------------|-----------|----------------|------------------------|------------------------|
| Federal Oversight | 1 | | | | |
| Staff scientist | T42 | \$138,329 | 1% | | \$1,383.29 |
| | | | | | |
| Contractor Cost | | | | | N/A |
| Survey support | | \$13,212 | 10% | | \$1,321.20 |
| Travel | | | | | N/A |
| Other Cost | | | | | N/A |
| Total | | | | | \$2,704.49 |

^{*} Cited from https://ohr.od.nih.gov/intrahr/Documents/title42/NIH_TITLE_42_PAY_MODEL_RANGES.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?

[] 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 will be individuals who voluntarily participate in educational workshop events.

| Ad | lministration 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.