## Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB#: 0925-0648) Exp., date: 06/30/2024

**TITLE OF INFORMATION COLLECTION:** SEED Website Usability Testing

**PURPOSE:**

The purpose of the SEED Usability Test is to obtain qualitative feedback to better understand people’s needs and preferences for how the information is displayed on the SEED website. The survey will collect users’ experience and expectations around where to find information on the SEED website and how the information is organized. The results of this survey will allow us to better understand how users expect to see information related to SEED funding.

**DESCRIPTION OF RESPONDENTS**:

The respondents will be volunteers who are internal and public users of the SEED website who seek information from the SEED website on conversions regarding scientific discoveries which lead to healthcare solutions.

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

[ ] Customer Comment Card/Complaint Form [ ] Customer Satisfaction Survey

[x ] 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.

Name:\_\_\_\_David Rosen\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To assist review, please provide answers to the following 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 [ ] 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

**ESTIMATED BURDEN HOURS and COSTS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category of Respondent** | **No. of Respondents** | **No. of Responses per Respondent** | **Time per**  **Response**  **(in hours)** | **Total Burden**  **Hours** |
| Individual or Households | 25 | 1 | 1 | 25 |
|  |  |  |  |  |
| **Totals** |  | 25 |  | **25** |

**COST TO RESPONDENT**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category of Respondent** | **Total Burden**  **Hours** | **Hourly Wage Rate\*** | **Total Burden Cost** |
| Individuals or Households | 25 | $27.07 | $676.75 |
|  |  |  |  |
| **Totals** |  |  | $676.75 |

Source \*The General Public wage rate (Median wage for “All Occupations”) was obtained from [May 2020 National Occupational Employment and Wage Estimates (bls.gov)](https://www.bls.gov/oes/current/oes_nat.htm" \l "00-0000)

**FEDERAL COST:** The estimated annual cost to the Federal government is $9,642

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Staff** | **Grade/Step** | **Salary\*** | **% of Effort** | **Fringe (if applicable)** | **Total Cost to Gov’t** |
| **Federal Oversight** |  |  |  |  |  |
| Branch Chief | 14/9 | $152,202 | 1% |  | $1,522 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Contractor Cost** |  |  |  |  |  |
| Usability Specialist |  | $116,000 | 7% |  | $8,120 |
| Travel |  |  |  |  |  |
| Other Cost |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total** |  |  |  |  | $9,642 |

Source \*The Salary in table above is cited from: <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/21Tables/html/DCB.aspx>

**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?

Our universe of respondents consists of small business, innovators, legislators, and NIH staff who need to learn about funding through the NIH. Our plan for sampling consists of reaching out via email to select individuals and groups that comprise the breadth of our users.

**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? [ x ] Yes [ ] No

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