# Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback" (OMB#: 0925-0648 Exp., date: 6/30/2024)

**TITLE OF INFORMATION COLLECTION:** Feedback for Training Using Focus Groups: Topic Guide

#### **PURPOSE:**

To collect feedback from the NIH extramural staff on their training experience and the most valuable takeaways and expected impact from training events, programs, or activities. The information from this collection of data will be used to improve future extramural staff training events, programs, activities, and or efforts.

#### **DESCRIPTION OF RESPONDENTS:**

Extramural staff (program, review, and grants management) involved in the administration and oversight of the NIH funding process will participate as focus group volunteers.

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

[] Customer Comment Card/Complaint Form[] Usability Testing (e.g., Website or Software[X] Focus Group

[] Customer Satisfaction Survey

[] Small Discussion 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 <u>not</u> raise issues of concern to other federal agencies.
- 4. The results are <u>not</u> intended to be disseminated to the public.
- 5. Information gathered will not be used for the purpose of <u>substantially</u> informing <u>influential</u> 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: <u>Rosalina Bray, OD/OER/DCO/Extramural Staff Training Office</u>

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 [ X] No
- 3. If Applicable, has a System or Records Notice been published? [] Yes [] No [X] N/A

#### **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/Households	30	1	30/60	15
Totals		30		15

Category of Respondent		Hourly Wage Rate*	Total Burden
	Hours		Cost
Individuals/Households	15	\$27.07	\$406.05
Totals	15		\$406.05

\*\*The General Public wage rate was obtained from <u>https://www.bls.gov/oes/current/oes\_nat.htm</u>

#### **FEDERAL COST:** The estimated annual cost to the Federal government is <u>\$17,154.00</u>

			% of	Fringe (if applicable)	Total Cost to Gov't
Staff	Grade/Step	Salary*	Effort		
Federal Oversight					
Extramural Staff Training					
Officer	GS14, Step 6	\$142, 950.00	12%	0	\$17,154.00
Travel					
Other Cost					
Total					\$17,154.00

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

## 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

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?

We will identify our group of respondents by fiscal year baseline data from NIH QVR IMPAC II system which extramural staff who are responsible for the oversight and administration of grants are 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
[X] In-person
[] Mail
[] Other, Explain

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

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