

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

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**TITLE OF INFORMATION COLLECTION:** The National Institute of Neurological Disorders and Stroke (NINDS) Town Hall on Racial/Ethnic Equity Post-event Feedback Survey

**PURPOSE:** The purpose of this survey is to receive feedback from the attendees of the National Institute of Neurological Disorders and Stroke (NINDS) Town Hall on Racial/Ethnic Equity on October 12, 2021, regarding their overall satisfaction with the meeting (e.g. topics covered, format and length, whether it was educational, etc.). These survey results will be used to inform planning of future events on similar topics.

**DESCRIPTION OF RESPONDENTS:** Respondents are Town Hall meeting participants most of who are staff, fellows/trainees, and contractors who work for the National Institute of Neurological Disorders and Stroke (NINDS). We had a total of 331 people who attended the Town Hall.

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

- |  |  |
|--|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form          | <input checked="" type="checkbox"/> Customer Satisfaction Survey |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software) | <input type="checkbox"/> Small Discussion Group                  |
| <input type="checkbox"/> Focus Group                                   | <input type="checkbox"/> 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: Sophia Jeon, Ph.D. Health Science Policy Analyst, NINDS OSPP

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

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected?  Yes  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  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: NINDS staff, fellows/trainees, and contractors | 331                | 1                               | 5/60                         | 28                 |
| <b>Totals</b>  |                    | 331                             |                              | <b>28</b>          |

## COST TO RESPONDENT

| Category of Respondent                                     | Total Burden Hours | Wage Rate* | Total Burden Cost |
|--|--------------------|------------|-------------------|
| Individual: NINDS staff, fellows/trainees, and contractors | 28                 | \$43.22    | \$1,210.16        |
| <b>Totals</b>  | <b>28</b>          |            | <b>\$1,210.16</b> |

\*Hourly wage rates for 19-1029 Biologic Scientist is \$43.22 (based on <http://www.bls.gov/oes/current/oes191029.htm>).

**FEDERAL COST:** The estimated annual cost to the Federal government is \$1,260.49.

| Staff                              | Grade/Step | Salary    | % of Effort | Fringe (if applicable) | Total Cost to Gov't |
|------------------------------------|------------|-----------|-------------|------------------------|---------------------|
| <b>Federal Oversight:</b>          |            |           |             |                        |                     |
| NINDS staff 1                      | 14/4       | \$126,049 | 1%          |                        | \$1,260.49          |
|                                    |            |           |             |                        |                     |
| <b>Contractor Cost (optional):</b> |            |           |             |                        |                     |
|                                    |            |           |             |                        |                     |
| Travel (optional)                  |            |           |             |                        |                     |
| Other Cost (optional)              |            |           |             |                        |                     |
| <b>Total</b>                       |            |           |             |                        | <b>\$1,260.49</b>   |

### The selection of 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?  
[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?

We have a complete list of people who attended the Town Hall. There were 331 members. We plan to send to this survey link to them, but we don't expect that all 331 of them will respond. We do not plan to sample this population, but rather have the survey available to attendees via Survey Monkey.

### **Administration of the Instrument**

1. How will you collect the information? (Check all that apply)

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  No

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