## 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:** NIH Public Access Website Usability Testing

**PURPOSE:**

The purpose of the Public Access Usability Test is to obtain qualitative feedback to better understand people’s needs and preferences for how information is displayed on the NIH Public Access website. The survey will collect users’ current experience and expectations around where to find information and how the information is organized. The information provided from this survey will allow us to better understand how users expect to see information related to public access.

**DESCRIPTION OF RESPONDENTS**:

The respondents will be volunteers who are internal and public users of the NIH Public Access website who seek information from the public access website regarding access to the published results of NIH-funded research.

**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, Chief , Web Development and Technical Branch

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 |  25 |  1 | 2/60 | 1 |
|  |  |  |  |  |
| **Totals** |  | 25 |  | **1** |

COST TO RESPONDENT

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

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

**FEDERAL COST:** The estimated annual cost to the Federal government is $964.20

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Staff** | **Grade/Step** | **Salary\*** | **% of Effort** | **Fringe (if applicable)** | **Total Cost to Gov’t** |
| **Federal oversight** |  |  |  |  |  |
| Branch Chief | 14/9 | $152,202 | .1% |  | $152.20 |
|  |  | , |  |  |  |
|  |  |  |  |  |  |
| **Contractor Cost** |  |  |  |  |  |
| Usability Specialist |  | $116,000 | .7% |  | $812 |
| Travel |  |  |  |  |  |
| Other Cost |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total** |  |  |  |  | $964.20 |

\*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>

**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 the public who need to gain access to the published results of NIH-funded research. 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? [] Yes [X] No

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