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: 2022 Nonprofit Forum Feedback Survey (NINDS)

PURPOSE: The purpose of this information collection is to collect participant evaluation (e.g., feedback on content, format, and relevance) from the 2022 NINDS Nonprofit Forum attendees. Meeting attendees have the option to attend various plenary and panel discussions and submit evaluations of these sessions. Submitted evaluations will be reviewed by internal NIH committees responsible for planning the forum content, breakout activities and will be used to identify future speakers/panelists. The evaluation information may also be used to create a resource for future collaborations.

DESCRIPTION OF RESPONDENTS: Respondents are meeting registrants including National Institutes of Health (NIH)-, Federal Drug Agency (FDA), industry and 75 different nonprofit organizations across the country who will attend the NIH sponsored 2022 Nonprofit Forum in the Neuroscience Center (6001 Executive Boulevard First Floor Conference Rooms) in Rockville, Maryland. The evaluation survey form is similar for all meeting attendees.

TYPE OF COLLECTION: (Check one)

[ ] Customer Comment Card/Complaint Form   [X] Customer Satisfaction Survey
[ ] 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 <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>Cara Long, Ph.D., NINDS OSPP</u>

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

Personally Identifiable Information:
1. Is personally identifiable information (PII) collected? [X] Yes [ ] No
2. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974?   [X] Yes [ ] No
3. If Applicable, has a System or Records Notice been published? [X] Yes [ ] No

Gifts or Payments:
Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? [ ] Yes [x] No
Amount: _____
Explanation for incentive: (include number of visits, etc.)

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 (includes potential poster abstract submitters)	300	1	10/60	50
Totals		**300**		**50**

COST TO RESPONDENT

Category of Respondent	Total Burden Hours	Wage Rate*	Total Burden Cost
Individual	50	$43.27	$2,163.50
Totals			$2,163.50

*Hourly wage rates for 19-1029 Biological Scientists is $43.27 (based on http://www.bls.gov/oes/current/oes191029.htm).

FEDERAL COST: The estimated annual cost to the Federal government is $14,975.78.

Staff	Grade/Step	Salary	% of Effort	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight:					
Health Science Policy Analyst	14/7	$151,479.00	2.5%		$3,786.98
Contractor Cost					
Contractor 1		$111,888.00	10%		$11,188.80
Travel					
Other Cost					
Total					$14,975.78

*the G/S Salary in table above is cited from https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/2022/general-schedule

The selection of 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.

All those who registered for the free event will be contacted via email with a link to respond to the survey, which will be administered using Microsoft Form: https://forms.office.com/g/mW9mngdD6L (screenshot provided)

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

2. Will interviewers, facilitators, or research coordinators be used? [ ] Yes [x] No

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