

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

TITLE OF INFORMATION COLLECTION: Discover NIMH Survey

PURPOSE: To obtain customer feedback from Discover NIMH e-newsletter subscribers about their experience with the content.

DESCRIPTION OF RESPONDENTS: Members of the public who subscribe to the Discover NIMH e-newsletter.

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: _____ |

FREQUENCY OF REPORTING: (Check one)

- | | |
|--|--------------------------------------|
| <input checked="" type="checkbox"/> Once | <input type="checkbox"/> Quarterly |
| <input type="checkbox"/> Monthly | <input type="checkbox"/> On Occasion |
| <input type="checkbox"/> Annually | <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: Setareh Kamali, NIMH

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 [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	5,000	1	5/60	417
Totals		5,000		417

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Individuals/Households	417	\$28.01	\$11,680
Totals			\$11,680

* Private sector and government respondent wage rate data is from the All Occupations (00-0000) category at http://www.bls.gov/oes/current/oes_nat.htm#00-0000.

FEDERAL COST: The estimated annual cost to the Federal government is **\$905**.

Staff	Grade/Step	Salary*	% of Effort	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight					
Health Communications Specialist	GS-13/S 6	\$124,426	0.2%		\$249
Health Communications Specialist	GS-13/S 7	\$128,187	0.2%		\$256
Writer/Editor	GS-13/S 6	\$124,426	0.2%		\$249
Supervisory Health Communications Specialist	GS-14/S 7	\$151,479	0.1%		\$151
Contractor Cost					
Travel					
Other Cost					
Total					\$905

*The Salary in table above is cited from <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2022/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?

This survey will be sent to all members of the public who subscribe to the Discover NIMH e-newsletter.

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 or facilitators be used? [] Yes [] No