## 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:** COVID-19 Clinical Data Coordination Seminar Year End Questionnaire (NLM)

**PURPOSE:**

The COVID-19 Seminar Series planning team wishes to collect feedback from attendees of the Series to gather information on satisfaction with the series and attendee specific interests for the series going forward. The planning team provides COVID data research to an audience through this Seminar Series. Feedback will help the planning team understand the attendee interests and enhance the series going forward. The information from this survey will be used to strategically plan and improve on our efforts for next year’s Seminar Series.

**DESCRIPTION OF RESPONDENTS**:

NIH employees and contractors who chose to respond to the survey link delivered via email.

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

[ ] Customer Comment Card/Complaint Form [ ] Customer Satisfaction Survey

[ ] Usability Testing (e.g., Website or Software [ ] Small Discussion Group

[ ] Focus Group [X] Other: Survey Design, Implementation, and Analysis

**FREQUENCY OF REPORTING:** (Check one)

[ ] Once [ ] Quarterly

[ ] Monthly [ ] On Occasion

[X] Annually [ ] 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: Troy Pfister, NLM

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 [ ] 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**  |
| Individual or households | 150 | 1 | 5/60  | 13 |
|  |  |  |  |  |
| **Totals** |  | 150 |  | **13** |

|  |  |  |  |
| --- | --- | --- | --- |
|  **Category of Respondent** | **Total Burden****Hours** | **Hourly Wage Rate\*** | **Total Burden Cost**  |
| Individuals or households | 13 | $28.01 | $364.13 |
|  |  |  |  |
| **Totals** |  |  | **$364.13** |

\* The General Public wage rate (Median wage for “All Occupations”) was obtained from [May 2021 National Occupational Employment and Wage Estimates (bls.gov)](https://www.bls.gov/oes/current/oes_nat.htm%22%20%5Cl%20%2200-0000)

**FEDERAL COST:** The estimated annual cost to the Federal government is $6,208.97

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Staff** | **Grade/Step** | **Salary\*** | **% of Effort** | **Fringe (if applicable)** | **Total Cost to Gov’t** |
| **Federal Oversight** |  |  |  |  |  |
|  Program Analyst | 13/7 | $128,187 | 1% |  | $1,280.87 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Contractor Cost** |  |  |  |  |  |
| Deloitte | n/a | n/a | n/a | n/a | $4,928.10 |
| Travel |  |  |  |  |  |
| Other Cost |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total** |  |  |  |  | **$6,208.97** |

\*The Salary in table above is cited from:

<https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/22Tables/html/DCB.aspx>

**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?

Survey respondents will be NIH employees and contractors that have registered for at least one COVID-19 Seminar in 2022 who chose to respond to the invitation to take the survey. Site visitors can receive survey invitations on all types of devices: desktop, tablet and mobile.

**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.**