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: DMS Policy Readiness – Individuals

PURPOSE: With the new NIH Data Management and Sharing Policy set to go into effect in just a few months, NIH has provided guidance on how to comply with the policy, but many researchers still have questions about how the policy will affect them specifically. NIH has recognized the important role of libraries in providing local data management support and encouraged researchers to use their librarians as a resource for such guidance. While many health sciences libraries (HSLs) have robust data services and employ staff with significant expertise in data management and open science, not all institutions have the same level of expertise and resources. This survey is aimed at benchmarking the level of expertise for supporting the policy among health sciences librarians.

DESCRIPTION OF RESPONDENTS:
Respondents will be health sciences librarians within the United States.

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_____

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:__Lisa Federer_____

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
Individuals	200	1	5/60	17
Totals		**200**		17

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Individuals	17	$30.86	$524.62
Totals			$524.62

*[Librarians and Media Collections Specialists](#)

FEDERAL COST: The estimated annual cost to the Federal government is $794.20

Staff	Grade/Step	Salary*	% of Effort	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight					
Librarian	14/7	$158,840	.5%		$794.20
Contractor Cost					
Travel					
Other Cost					

Total					$794.20

*the Salary in table above is cited from https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/ 2018/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?
Individuals will be invited to participate via various email listservs aimed at health sciences librarians.

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 [x] No

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