## 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:** Brain Research through Advancing Innovative Neurotechnologies (BRAIN), Neuroscience and Beyond: Building Our Early Career Community. Post-Meeting Survey.

**PURPOSE:**

To collect feedback from attendees of the “BRAIN, Neuroscience and Beyond: Building Our Early Career Community” conference held on June 11th, 2023. The anonymous and voluntary survey will ask attendees about the content and execution of the early career meeting, as well as gather feedback on the topic interests of the attendees to inform future versions of the meeting.

**DESCRIPTION OF RESPONDENTS**:

Attendees of “BRAIN, Neuroscience and Beyond: Building Our Early Career Community.” Includes undergraduate researchers, graduate researchers, postdoctoral scientists and associate professors.

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

[X] Once [ ] Quarterly

[ ] Monthly [ ] On Occasion

[ ] 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:\_\_Cara Long, Office of Science Policy and Planning, NINDS/NIH\_\_\_\_\_\_\_

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 | 60 | 1 | 6/60 | 6 |
|  |  |  |  |  |
| **Totals** |  | 60 |  | **6** |

|  |  |  |  |
| --- | --- | --- | --- |
|  **Category of Respondent** | **Total Burden****Hours** | **Hourly Wage Rate\*** | **Total Burden Cost**  |
| Individuals | 6 | 46.11 | 277 |
|  |  |  |  |
| **Totals** |  |  | 277 |

\*Cite source per bls.gov if applicable, e.g., \*Hourly wage rates for 19-1029 Biologic Scientist is $46.11 (based on <http://www.bls.gov/oes/current/oes191029.htm>).

**FEDERAL COST:** The estimated annual cost to the Federal government is: ­­­ $1,120

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Staff** | **Grade/Step** | **Salary\*** | **% of Effort** | **Fringe (if applicable)** | **Total Cost to Gov’t** |
| **Federal Oversight** |  |  |  |  |  |
| Science Adviser | 13/1 | 112,015.00 | 1% |  | $1,120 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Contractor Cost** |  |  |  |  |  |
|  |  |  |  |  |  |
| Travel |  |  |  |  |  |
| Other Cost |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total** |  |  |  |  | $1,120 |

\*The Salary in table above is cited from OPM’s GS salary & wages please cite current year url (https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/2023/general-schedule)

**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?

All attendees of the trainee meeting will be invited to respond to the survey at the end of the meeting. It is anticipated that there will be 120 attendees and based on previous BRAIN meetings, an expected 50% will complete the survey. A QR code linking to the survey will be displayed on a projection screen at the end of the meeting, along with the following text: “Please give us feedback on this meeting, as well as how to improve future iterations by filling out this voluntary survey.”

**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.**