

**Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB#: 0925-0648 Exp., date: 06/30/2024)**

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**TITLE OF INFORMATION COLLECTION:** Feedback on the Technology and Resource Dissemination Panel

**PURPOSE:** To solicit feedback following a new session at the 2023 BRAIN Initiative Meeting called “Technology and Resource Dissemination: Best Practices and Lessons Learned.” This is the first time we are organizing a panel focused on dissemination for the BRAIN Initiative meeting and would like to gather feedback so that we can make changes and improve on the format in the coming years.

**DESCRIPTION OF RESPONDENTS:** Attendees at the BRAIN Initiative Meeting who are disseminating technology and resources that are relevant to the BRAIN Initiative mission. They may be academic or industry researchers, faculty, postdocs, students, staff or other professionals interested in dissemination.

**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: 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	50	1	5/60	4
<b>Totals</b>		50		<b>4</b>

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Individuals	4	46.11	184
<b>Totals</b>			<b>184</b>

\*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: \$2532

Staff	Grade/Step	Salary*	% of Effort	Fringe (if applicable)	Total Cost to Gov't
<b>Federal Oversight</b>					
Health Program Specialist	13-1	112,015	1%		1120
Program Director	14-3	141,192	1%		1412

<b>Contractor Cost</b>					
Travel					
Other Cost					
<b>Total</b>					2532

\*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>)

**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?  
 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?

The potential group of respondents will be attendees at the panel session during the BRAIN Initiative meeting (estimated at ~100, we expect around 50% to respond). We will provide handouts at the end of the session with a QR code linking to the optional survey on Microsoft Forms.

**Administration of the Instrument**

1. How will you collect the information? (Check all that apply)  
 Web-based or other forms of Social Media  
 Telephone  
 In-person  
 Mail  
 Other, Explain
2. Will interviewers or facilitators be used?  Yes  No

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