## 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:** 2023 NIDA International Forum Assessment

**PURPOSE:** On June 8-9, 2023, the International Program of the National Institute on Drug Abuse will host the NIDA International Forum which brings together substance use and addiction researchers from around the world. This unique scientific meeting allows participants to network with talented colleagues, learn about substance use and addiction research and policy in other countries, and discuss NIDA-supported fellowships and other programs that can support international collaborations. The purpose of thisinformation collection is to collect general feedback about this meeting in the areas of content/topics covered, format, and logistics, as well as feedback about future meetings. Information will assist the NIDA International Program’s assessment of this year’s meeting and inform programmatic and planning for next year’s meeting.

**DESCRIPTION OF RESPONDENTS**: Respondents are meeting attendees, primarily international and domestic substance use and addiction researchers, policymakers, and practitioners. Respondents also include NIH and other federal staff. The NIDA International Forum will be a virtual meeting this year. The assessment form consists of 10 questions for respondents who did not attend an optional pre-conference workshop. Respondents who did attend the optional workshop will be presented with the same 10 questions plus one additional question asking for feedback on the workshop for a total of 11 questions. The pathway with 11 questions was used to estimate the time required for this form. Finally, the assessment form does not collect any personal information.

**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: Online feedback form

**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:\_\_\_ Thomas Clarke, Ph.D., M.P.H., Deputy Director, Office of Science Policy and Communications and Co-Coordinator, NIDA International Program

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 | 900 | 1 | 10/60 | 150 |
|  |  |  |  |  |
| **Totals** |  | 900 |  | **150** |

|  |  |  |  |
| --- | --- | --- | --- |
|  **Category of Respondent** | **Total Burden****Hours** | **Hourly Wage Rate\*** | **Total Burden Cost**  |
| Individual | 150 | $46.11 | $6,917 |
|  |  |  |  |
| **Totals** | **150** |  | $6,917 |

\*Hourly wage rates are based on <http://www.bls.gov/oes/current/oes191029.htm>: on the mean hourly wage percentile for biological scientists

**FEDERAL COST:** The estimated annual cost to the Federal government is \_$4,972\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Staff** | **Grade/Step** | **Salary\*** | **% of Effort** | **Fringe (if applicable)** | **Total Cost to Gov’t** |
| **Federal Oversight** |  |  |  |  |  |
| Deputy Director | 14/10 | $172,075 | 1.0% |  | $1,720 |
| Research Training Program Officer | 13/3 | $119,482 | 1.0% |  | $1,195 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Contractor Cost** |  |  |  |  |  |
| Meeting Planner |  | $65,000 | 1.3% |  | $845 |
| Editor |  | $46,000 | 1.2% |  | $552 |
| Data Team Coord |  | $60,000 | 1.1% |  | $660 |
| Travel |  |  |  |  |  |
| Other Cost |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total** |  |  |  |  | $4,972 |

\*the Salary in table above is cited from <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2023/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?

The potential group of respondents will be limited to the registered attendees of this meeting. The survey will be sent to all registered attendees after the meeting. Based on attendance last year, it is anticipated that there will be approximately 900 registrants and that there will be a near 100% response rate.

**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.**