

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: Customer feedback survey on the National Institute of Neurological Disorders and Stroke (NINDS) response to December 2022 flooding events

PURPOSE: This survey will be conducted to collect customer feedback for a “Lessons Learned” process for assessing the performance of the NINDS in responding to flooding events that occurred in the Porter Neuroscience Research Center on December 24-25, 2022. Results from the survey will be used to identify areas that need improvement and successful processes that need to be maintained.

DESCRIPTION OF RESPONDENTS: Trainees, and full-time contractors working within the NINDS.

TYPE OF COLLECTION: (Check one)

Customer Comment Card/Complaint Form
 Usability Testing (e.g., Website or Software)
 Focus Group

Customer Satisfaction Survey
 Small Discussion Group
 Other: _____

FREQUENCY OF REPORTING: (Check one)

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 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
4. Privacy Act Systems of Records Title: 09-25-0156 Record of Participants in Programs and Respondents in Surveys Used to Evaluate Programs of the Public Health Service
FR Citation 67 FR 60742

Gifts or Payments:

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? Yes 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 or Households (NINDS Division of Intramural Research non-FTE trainees)	71	1	7/60	8.28
Individuals or Households (non-trainee contractors working full time in the NINDS Division of Intramural Research)	21	1	7/60	2.45
Totals		92		11

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Individuals or Households (NINDS Division of Intramural Research non-FTE trainees)	8.28	\$48 ^a	\$397.44
Individuals or Households	2.45	\$78 ^b	\$191.10

(non-trainee contractors working full time in the NINDS Division of Intramural Research)			
Totals	11		\$588.54

^a average hourly rate of all NINDS DIR non-FTE trainees as of 05/04/2023

^b average hourly rate of all contractors working in NINDS DIR as of 05/04/2023

FEDERAL COST: The estimated annual cost to the Federal government is: \$1,884

Staff	Grade/Step	Salary*	% of Effort	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight					
Health Scientist - AAAS Fellow (601)	12/01	\$94,199	2		\$1,884
Contractor Cost					
Travel					
Other Cost					
Total					\$1,884

*The Salary in table above is cited from OPM's GS salary & wages website (<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?

Customer list: Non-FTE trainees, and full-time contractors working in the National Institute of Neurological Disorders and Stroke Division of Intramural Research. The survey will be distributed to the entire customer list via email.

Respondent numbers: We assumed a response rate of 30% of our customer list totaling 307 people, based on the response rate to previous surveys conducted in our office.

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.