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: Survey to collect availability from NIH Center for Scientific Review (CSR) Reviewers on returning to in-person review meetings for fall 2022

PURPOSE: In March 2022 the NIH Center for Scientific Review (CSR) decided to resume inperson review meetings due to the U.S. decline in COVID-19. CSR plans a gradual return to inperson meetings and intends to hold in-person fall review meetings for about 1/3 of its standing study sections, small business, and fellowship review meetings. CSR is trying to identify the specific review meetings to hold in-person and needs to ask reviewers if they will be able to attend in-person fall meetings and if any barriers exist that may prevent them from attending inperson meetings. Many appointed reviewers who regularly attend scheduled review meetings are unaware of this recent change and may be operating under the assumption that all fall 2022 reviews meetings will be held virtually. The 2-question survey will gather the aforementioned information and will serve as a tool to help CSR select and plan for the in-person fall review meetings.

DESCRIPTION OF RESPONDENTS: Respondents will be approximately 4,500 NIH grant reviewers who are scheduled to serve on select review meetings during the fall of 2022. Most of these individuals are research scientists who work at academic universities across the U.S.

TYPE OF COLLECTION: (Check one)	
[] Customer Comment Card/Complaint Form [] Usability Testing (e.g., Website or Software [] Focus Group	[X] Customer Satisfaction Survey [] Small Discussion Group [] Other
CERTIFICATION:	
 I certify the following to be true: The collection is voluntary. The collection is low-burden for respondents and The collection is non-controversial and does not agencies. The results are not intended to be disseminated to Information gathered will not be used for the purpolicy decisions. The collection is targeted to the solicitation of or experience with the program or may have experience 	raise issues of concern to other federal to the public. rpose of substantially informing influential pinions from respondents who have
Name: Hope Cummings	
To assist review, please provide answers to the following	owing question:
 Personally Identifiable Information: Is personally identifiable information (PII) colle If Yes, is the information that will be collected in Privacy Act of 1974? [] Yes [] No 	

٥.	II Applicable, nas	a System or Record	is Notice been publish	lea! [] Yes []	NO
Gi	ifts 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	4,500	1	2/60	150
Totals		1		150

COST TO RESPONDENT

Category of Respondent	Total Burden	Hourly Wage Rate*	Total Burden
	Hours		Cost
Individuals	150	\$38.81	\$5,821.50
Totals			\$5,821.50

^{*} The wage rate was obtained from https://www.bls.gov/oes/2021/may/oes_nat.htm#19-0000

FEDERAL COST: The estimated annual cost to the Federal government is \$1,431

Staff	Grade/Step	Salary*	% of Effort	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight					
Health Scientist Administrator	GS – 14/5	\$143,064	1%		\$1,431
Contractor Cost					N/A
Travel					N/A
Other Cost					N/A
Total					\$1,431

^{*}the Salary in table above is cited from https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2022/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 S?

The customer list will consist of individuals who are scheduled to attend select fall 2022 grant review meetings held by the NIH Center for Scientific Review. These individuals are appointed grant reviewers who regularly serve on review meetings. The rosters from the review meetings will be used as the participant list. Most of these individuals are research scientists who work at academic universities across the U.S.

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 – online survey
2.	Will interviewers or facilitators be used? [] Yes [X] No

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