

**Request for Approval under the “Voluntary Partner Surveys to Implement Executive Order 12862/Questionnaire and Data Collection Testing, Evaluation, and Research for the Health Resources and Services Administration” (OMB Control Number: 0906-0084/0915-0379)**

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**TITLE OF INFORMATION COLLECTION:** DIR Objective Review Assessment Survey

**PURPOSE:** This is a request for approval by the Health Resources and Services Administration (HRSA), Office of Federal Assistance Management’s (OFAM), Division of Independent Review (DIR) to continue using the Application Review Assessment Survey. This Survey Assessment is used to evaluate the HRSA objective review process for competing opportunities. The Survey Assessment electronic forms will be used in Field Reviews and Web-assisted Teleconferences in which Reviewers and Chairs participate evaluating applications. The purpose of the Survey Assessment is to optimize the review process and administrative functions associated with managing annual competitive grant application reviews.

HRSA’s Division of Independent Review (DIR) is responsible for administering the review of eligible applications submitted for grants and cooperative agreements under HRSA competitive announcements. DIR ensures that the independent review process is objective, effective, economical, and complies with applicable statutes, regulations and policies. The review of applications is performed by review participants that are experts knowledgeable in the field for which funding support is requested.

**DESCRIPTION OF RESPONDENTS:** Respondents are members of Objective review Committee that reviews applications for grant funding. They include reviewers (evaluators of applications) and chairs who facilitate the meetings.

**TYPE OF COLLECTION:** (Check one)

- |  |  |
|--|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form          | <input 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 checked="" type="checkbox"/> Other: <b>Objective Review Committee members’ feedback</b> |

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

Anthony Duah-Agyemang, OFAM/DIR

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, will any information that is collected be included in records that are subject to the Privacy Act of 1974? [ ] Yes [ X] No
3. If yes, has an up-to-date System of Records Notice (SORN) been published? [ ] Yes [ X ] No

**Gifts or Payments:**

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? [ ] Yes [X] No

**BURDEN HOURS**

Category of Respondent	No. of Respondents	Participation Time	Burden Hours Total
Reviewers and Chairpersons on Objective Review Committee (ORC) Meetings	900	30 minutes per response	450
<b>Totals</b>			

**FEDERAL COST:**

The estimated annual cost to the federal government is \$2800 per year which includes sending surveys by email, receiving and processing responses with an estimated time of 40 hours per year for two employees at the GS-9 Step 1 level at the rate of \$35.00 an hour.

**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? Respondents are members of the Objective Review Committee (ORC) that include reviewers and chairpersons. These ORC participants are already registered in our database called Reviewer Recruitment Module (RRM)

**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

[ X] Other, Explain. Survey sent to participants for responses by email and completed and sent back to HRSA by email

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

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