Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback" (OMB Control Number: 0920-1050)

Instruction: This form should be completed by the primary contact person from the Program sponsoring the collection.

DETERMINE IF YOUR COLLECTION IS APPROPRIATE FOR THIS GENERIC CLEARANCE MECHANISM:

Instruction: Before completing and submitting this form, determine first if the proposed collection is consistent with the scope of the Collection of Routine Customer Feedback generic clearance mechanism. To determine the appropriateness of using the Collection of Routine Customer Feedback generic clearance mechanism, complete the checklist below.

*If you select "yes" to all criteria in Column A, the Collection of Routine Customer Feedback generic clearance mechanism **can** be used. If you select "yes" to any criterion in Column B, the Collection of Routine Customer Feedback generic clearance mechanism **cannot** be used.*

Column A	**Column B**
The information gathered will only be used internally to CDC. [X] Yes [ ] No	Information gathered will be publicly released or published. [ ] Yes [X] No
Data is qualitative in nature and not generalizable to people from whom data was not collected. [X] Yes [ ] No	Employs quantitative study design (e.g. those that rely on probability design or experimental methods) [ ] Yes [X] No
There are no sensitive questions within this collection (e.g. sexual orientation, gender identity). [X] Yes [ ] No	Sensitive questions will be asked (e.g. sexual orientation, gender identity). [ ] Yes [X] No
Collection does not raise issues of concern to any other Federal agencies. [X] Yes [ ] No	Other Federal agencies may have equities or concerns regarding this collection. [ ] Yes [X] No
Data collection is focused on determining ways to improve delivery of services to customers of a current CDC program. [X] Yes [ ] No	Data will be used to inform programmatic or budgetary decisions, for the purpose of program evaluation, for surveillance, for program needs assessment, or for research. [ ] Yes [X] No
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. [X] Yes [ ] No	

Did you select "Yes" to all criteria in Column A?

> If yes, the *Collection of Routine Customer Feedback* generic clearance mechanism may be appropriate for your investigation. You may proceed with this form.

Did you select "Yes" to any criterion in Column B?

> If yes, the *Collection of Routine Customer Feedback* generic clearance mechanism is **NOT** appropriate for your investigation. Stop completing this form now.

Note: Use OMB format when asking race/ethnicity as well as gender questions.

TITLE OF INFORMATION COLLECTION: Special Emphasis Panel (SEP) Peer Review Evaluation

PURPOSE:
The Centers for Disease Control and Prevention (CDC) National Center for Injury Prevention and Control (NCIPC) develops and supports research to prevent violence and injuries, and to reduce their consequences. The Extramural Research Program Operations (ERPO) within the NCIPC is the focal point for the development, peer review, and post award management of extramural research awards for the NCIPC, as well as for the CDC National Center for Environmental Health (NCEH), and the Agency for Toxic Substances and Disease Registry (ATSDR). CDC applications for extramural research funding undergo a sequential, 2-level peer review process. The first level or primary peer review is to evaluate the scientific and technical merit of research applications submitted in response to a Notice of Funding Opportunity (NOFO). Primary peer review is a key step in assuring that CDC research grant applications receive a fair and unbiased review by experts with relevant knowledge. The second level or secondary peer review looks at the mission relevance and programmatic balance of the center's research portfolio in advancing CDC's research agenda.

The purpose of this request is to gather timely feedback from peer reviewers who were appointed to and served on a CDC Special Emphasis Panel (SEP) conducted by the NCIPC ERPO to review extramural research applications. Qualitative questions have been designed to obtain reviewers' feedback on the delivery of the technical assistance, guidance, and training for their review work and the SEP peer review process with minimal added burden during the review meeting. The information collected will provide a feedback mechanism to identify areas of improvement in the experience of scientists who volunteer to serve on CDC SEPs for the NCIPC ERPO and contribute to ongoing efforts to maintain a quality science peer review program. Improvements in the peer review process will enable the ERPO to attract the best researchers in injury and violence prevention, environmental health, and toxicology to provide critique and advice on the scientific merit of extramural research applications. Without such data collection, this information would be unknown.

DESCRIPTION OF RESPONDENTS:
Potential respondents are individuals who were appointed to and served on a CDC SEP conducted by the NCIPC ERPO. The reviewers could include state or local health department staff, public health practitioners, and researchers with expertise in research, program implementation and evaluation for injury and violence prevention, environmental health, and toxicology programs and strategies.

TYPE OF COLLECTION: (Check one)
Instruction: Please sparingly use the Other category

[ ] 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:

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.

Name:_____Karen Angel_____

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 [X] No
3. If Applicable, has a System or Records Notice 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

If Yes: Please describe the incentive. If amounts are outside of customary incentives, please also provide a justification.

BURDEN HOURS

Category of Respondent	**Form Name**	**No. of Respondents**	**Participation Time**	**Burden**
	SEP Peer Review Evaluation Survey (Att 1)	350	15/60	87.5
Totals		350		88

FEDERAL COST: The estimated annual cost to the Federal government is $3,211.00.

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 [X] No

If Yes: Please provide a description of both below (or attach the sampling plan)

If No: Please provide a description of how you plan to identify your potential group of respondents and how you will select them or ask them to self-select/volunteer

All potential panelists are identified through various means including an internal Peer Review database, professional journals, and databases such as PubMed, and both internal and external referrals. All are asked to participate in the survey following the end of each panel if they are accepted as a panelist.

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

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