

Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 3145-0215)

TITLE OF INFORMATION COLLECTION: NSF/BIO DEB and IOS web survey for soliciting feedback on program changes

PURPOSE:

In 2011 the Division of Environmental Biology (DEB) and Division of Integrative Organismal Systems (IOS) in the Biological Sciences Directorate (BIO) at the National Science Foundation (NSF) made significant changes to the core program review process for the 2012 funding year. These changes (including the new pre-proposal requirement, a switch to an annual deadline, and a cap on the number of proposals Principal Investigators (PIs) can submit per cycle) were made to protect the integrity of the merit review system. We have received considerable feedback from individual community members on those changes – in proposal review panels at NSF, at professional meetings, and via letters, phone calls and emails. However, we lack a baseline to determine which perceptions represent the general feelings of the community.

This survey will provide a mechanism to obtain additional feedback about the new review process and contextualize feedback received from other sources. Our target audience is investigators who have had funding from DEB or IOS or who are likely to submit a proposal to DEB and/or IOS in the next 1-2 years. We will use the results of the survey, which will be anonymous, to assess the level of satisfaction with various aspects of the new review process and identify topics for ongoing communication efforts.

DESCRIPTION OF RESPONDENTS:

Because the survey will be voluntary, respondents will self-select. Targeted potential respondents include applicants to programs in the Division of Environmental Biology (DEB) and Division of Integrative Organismal Systems (IOS). Based on prior observation, we expect targeted respondents will share survey access with members of their wider research and education communities.

TYPE OF COLLECTION: (Check one)

- | | |
|--|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form | <input checked="" 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 type="checkbox"/> 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: Suzanne H. Plimpton, NSF Reports Clearance Officer

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

Gifts or Payments:

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

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden (Hours)
Individuals: DEB and IOS program applicants (estimate 1/6 of unique applicants will respond)	2,800	10 minutes each	467
Individuals: Secondary survey recipients	500	10 minutes each	83
Totals	3300	10 minutes each	550

FEDERAL COST: The estimated annual cost to the Federal government is \$0

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 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 population of targeted respondents is drawn from the universe of current email addresses associated with proposals reviewed by the Division of Environmental Biology and Division of Integrative Organismal systems during the 5 fiscal years completed prior to the current year - roughly 17,000 potential respondents, of which some will be inactive or contain errors. We expect further that the information contained in the invitation will be shared with several thousand untargeted, secondary respondents via email and social media.

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.

Instructions for completing Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback”

TITLE OF INFORMATION COLLECTION: Provide the name of the collection that is the subject of the request. (e.g. Comment card for soliciting feedback on xxxx)

PURPOSE: Provide a brief description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

DESCRIPTION OF RESPONDENTS: Provide a brief description of the targeted group or groups for this collection of information. These groups must have experience with the program.

TYPE OF COLLECTION: Check one box. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

CERTIFICATION: Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

Personally Identifiable Information: Provide answers to the questions.

Gifts or Payments: If you answer yes to the question, please describe the incentive and provide a justification for the amount.

BURDEN HOURS:

Category of Respondents: Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households; (2) Private Sector; (3) State, local, or tribal governments; or (4) Federal Government. Only one type of respondent can be selected.

No. of Respondents: Provide an estimate of the Number of respondents.

Participation Time: Provide an estimate of the amount of time required for a respondent to participate (e.g. fill out a survey or participate in a focus group)

Burden: Provide the Annual burden hours: Multiply the Number of responses and the participation time and divide by 60.

FEDERAL COST: Provide an estimate of the annual cost to the Federal government.

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. Please provide a description of how you plan to identify your potential group of respondents and how you will select them. If the answer is yes, to the first question, you may provide the sampling plan in an attachment.

Administration of the Instrument: Identify how the information will be collected. More than one box may be checked. Indicate whether there will be interviewers (e.g. for surveys) or facilitators (e.g., for focus groups) used.

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