

## Mini Supporting Statement A

Name of Study

OMB#

Date

### Contact Information

NIH/Program Official

### TYPE OF COLLECTION: (Check one)

- |  |   |
|--|---|
| <input type="checkbox"/> Data Catalogue                          | <input type="checkbox"/> Repository of Tools and Best Practices |
| <input type="checkbox"/> Recommendations of scientific reviewers | <input type="checkbox"/> Resources                              |
| <input type="checkbox"/> Call for Nominations                    | <input type="checkbox"/> Other: _____                           |

## **Mini Supporting Statement A**

### **A.1 Circumstances Making the Collection of Information Necessary**

Explain the circumstances that make the collection of information necessary for this specific study under the main generic clearance.

### **A.2 Purpose and Use of the Information Collection**

Indicate how, by whom, and for what purpose the information is to be used.

Justify the data collection in terms of positive needs and the negative consequences of not having the information. Emphasize the practical utility to the government of the expected results. State the uses in specific and tangible terms.

### **A.3 Use of Information Technology to Reduce Burden**

Describe whether, and to what extent, the collection of information involves the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses, and the basis for the decision for adopting this means of collection.

Describe any consideration of using information technology to reduce the burden. Please identify if a Privacy Impact Assessment (PIA) was done for the database being used to collect the information.

### **A.4 Efforts to Identify Duplication**

Describe efforts to identify duplication. (i.e., duplication of the information requested in a new rule or form), and describe how the agency identified efforts to avoid duplication.

### **A.5 Impact on Small Businesses or Other Small Entities**

N/A

### **A.6 Consequences of Collecting the Information Less Frequently**

Describe the consequences to Federal program or policy activities if the collection is not conducted or is conducted less frequently, as well as any technical or legal obstacles to reducing burden.

### **A.7 Special Circumstances Relating to the Guidelines of 5 CFR 1320.5**

This survey will be implemented in a manner that fully complies with 5 C.F.R. 1320.5. \*Standard text\*

## **A.8 Comments in Response to the Federal Register Notice and Efforts to Consult Outside Agency**

N/A

## **A.9 Explanation of Any Payment of Gift to Respondents**

Explain any decision to provide any payment or gift to respondents, except remuneration of contractors or grantees. Reference incentives based on recent studies (**not more than 4 years old**).

## **A.10 Assurance of Confidentiality Provided to Respondents**

Describe any assurance of confidentiality provided to respondents and the basis for the assurance in statute, regulation, or agency policy. Provide a Certificate of Confidentiality (COA), if not applicable state "private to the extent permitted by law."

Additionally please include whether Personally Identifiable Information (PII) is collected. Indicate if Privacy Act applies or not. <http://oma.od.nih.gov/public/MS/privacy/Pages/privacyact.aspx>

## **A.11 Justification for Sensitive Questions**

Provide additional justification for any questions of a sensitive nature, such as sexual behavior and attitudes, religious beliefs, race, gender, etc., and other matters that are commonly considered private. This justification should include the reasons why the agency considers the questions necessary, the specific uses to be made of the information, the explanation to be given to persons from whom the information is requested, and any steps to be taken to obtain their consent.

### **A.12.1 Estimated Annualized Burden Hours**

Indicate the number of respondents, frequency of response, annual hour burden, and an explanation of how the burden was estimated. Unless directed to do so, agencies should not conduct special surveys to obtain information on which to base hour burden estimates. Consultation with a sample (fewer than 10) of potential respondents is desirable. If the hour burden on respondents is expected to vary widely because of differences in activity, size, or complexity, show the range of estimated hour burden, and explain the reasons for the variance. Generally, estimates should not include burden hours for customary and usual business practices.

### A.12-1 Estimated Annualized Burden Hours

Table 12-1 Estimated Annualized Burden Hours

Type of Collection	No. of Respondents	No. of Responses per Respondent	Time per Response (in hours)	Total Hours
Call for Nominations/Resources	1,000	1	10/60	167
Recommendations of scientific reviewers	1,000	1	5/60	83
Request for Population Characteristics	20,000	1	5/60	1,667
Repository of Tools and Best Practices	100,000	1	10/60	16,667
<b>Total</b>		122,000		18,584

### A.12-2 ANNUALIZED COST TO RESPONDENTS

Provide estimates of annualized cost to respondents for the hour burdens for collections of information, identifying and using appropriate wage rate categories. The cost of contracting out or paying outside parties for information collection activities should not be included here. Instead, this cost should be included in Item A.14.

A.12-2 Annualized Cost to the Respondents

Type of Respondents	Total Annual Burden Hours	Hourly Respondent Wage Rate*	Respondent Cost
General Public	18,334	\$24.98	\$457,983
Health Professionals	83	\$39.42	\$3,272.00
Health Educators	167	\$28.68	\$4,789.56
<b>TOTAL</b>	18,584		\$466,044

\*Cite source per bls.gov if applicable

**A.13 Estimate of Other Total Annual Cost Burden to Respondents or Record Keepers**

Provide an estimate of the total annual cost burden to respondents or record-keepers resulting from the collection of information.

**A.14 Annualized Cost to the Federal Government**

Provide estimates of annualized cost to the Federal government. This includes FTE and contract cost.

Staff	Grade/Step	Salary*	% of Effort	Fringe (if applicable)	Total Cost to Gov't
<b>Federal Oversight</b>					
<b>Contractor Cost</b>					
<b>Travel</b>					
<b>Other Cost</b>					

\* the Salary in table above is cited from <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2018/DCB.pdf>

At a minimum there should be federal oversight costs. Fill others as applicable. Highlighted shaded areas are exempt from data entry.

**A.15 Explanation for Program Changes or Adjustments**

N/A

**A.16 Plans for Tabulation and Publication and Project Time Schedule**

For collections of information whose results will be published, outline plans for tabulation and publication. Address any complex analytical techniques that will be used. Provide the time schedule for the entire project, including beginning and ending dates of the collection of information, completion of report, publication dates, and other actions.

**A.17 Reason(s) Display of OMB Expiration Date is Inappropriate**

We are not requesting an exemption to the display of the OMB Expiration date. \*standard text\*

**A.18 Exceptions to Certification for Paperwork Reduction Act Submissions**

This survey will comply with the requirements in 5 CFR 1320.9. \*standard text\*

SAMPLE