

Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0925-0648)

Expiration Date: 01/2015

TITLE OF INFORMATION COLLECTION: Annual survey to gauge KAI Research Inc. (KAI) client’s satisfaction with our services as Executive Secretary to the National Institute of Arthritis and Musculoskeletal and Skin Disease (NIAMS).

PURPOSE: KAI, as a contractor to the NIAMS, proposes to use SurveyMonkey, a 508 compliant web-based survey solutions system to gauge client’s satisfaction with our services. KAI plans to evaluate the effectiveness and efficiency of the support provided to our clients. This evaluation system will allow KAI to continually improve upon the high quality standards set.

DESCRIPTION OF RESPONDENTS: For the NIAMS contract, KAI proposes sending a brief survey annually to a random, 10% sample of the Investigators, study team members, DSMB members, Safety Officers, and NIAMS Program Directors we service.

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: _____ Randi M. Williams, M.P.H. _____

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 [X] No

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden
Individuals	29	10 minutes	4.8
Totals	29	10 minutes	4.8

FEDERAL COST: The estimated annual cost to the Federal government is _\$850.00_____

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?
[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?

KAI has a list of the names and email addresses of all investigators, study team members, DSMB members, Safety Officers, and NIAMS Program Directors we presently service. We plan to export this list into the Statistical Package for the Social Sciences (SPSS) and take a random sample of 12% of the total number of customers. We anticipate a small number of participants will be non-responders and so to achieve our target of 29 completed surveys (10%) each year, we will randomly select and send the survey to 36 individuals (12% of our entire sample).

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

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