

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

(OMB Control Number: 0925.0650; Expiration Date: 01/31/2015)

TITLE OF INFORMATION COLLECTION: NIMH E-mail Service Customer Satisfaction

PURPOSE: This is an online survey to gauge customer satisfaction with nimhinfo@nih.gov e-mail information and referral service. The survey will be located at the end of the NIMH e-mail response. Requestors will be given the option to participate in the survey by clicking on a survey link. Information gathered will help identify strengths and weaknesses of current e-mail response services and guide improvements in service delivery based on feedback.

DESCRIPTION OF RESPONDENTS: Individuals who send e-mail inquiries to the nimhinfo@nih.gov and voluntarily click on the survey link in their e-mail response.

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: Kelly Kenneally, Project Manager, NIMH Information Resource Center

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 Not applicable
3. If Applicable, has a System or Records Notice been published? Yes No Not applicable

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
Individuals or households	200	5/60	16
Totals	200	5/60	16

FEDERAL COST: The estimated annual cost to the Federal government is \$1,500 annually

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?

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.