

Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB#: 0925-0642 ExpDate: 08/31/2017)

TITLE OF INFORMATION COLLECTION: NCI OSFM Customer Satisfaction Survey

PURPOSE:

NCI is the first institute at NIH to have their own shuttle service. The NCI Shuttle Service provides NIH and NCI staff and visitors accessibility to the NIH, NCI campuses and Shady Grove Metro. The yearly NCI Shuttle ridership for 2015 was 52,151 for the Shady Grove Metro route and 83,837 for the Express (campus to campus) route. The ridership continues to increase during summer for there are many fellows and interns that ride the shuttle. The NCI Shuttle Survey will be sent out quarterly to NCI Staff, allowing OSFM to receive customer feedback on any changes that need to take place, for example adding additional pick up times to the Shady Grove Metro route in the morning, addressing issues with non-employees riding the shuttle and several other items. The survey will be used to aid with measuring the performance of the shuttle service. The survey is needed to accumulate ridership feedback from Federal and Contracted employees that use the Shuttle Service.

DESCRIPTION OF RESPONDENTS:

The Shuttle survey will be sent to all NCI personnel that use the shuttle service including federal employees, contractors and fellows. This Information collection request is for approval to collect information from the non-federal riders.

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: Gehmelle Johnson, Senior Program Analyst/COR

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

ESTIMATED BURDEN HOURS and COSTS

Category of Respondent	No. of Respondents	No. of Responses per Respondent	Time per Response (in hours)	Total Burden Hours
Individual	231	4	2/60	31
Totals	231	924		31

Category of Respondent	Total Burden Hours	Wage Rate*	Total Burden Cost
Individual	31	\$23.23	720.13
Totals	31		720.13

*Bureau of Labor Statistics Occupation Title “All Occupations” Code 00-0000
http://www.bls.gov/oes/current/oes_nat.htm#00-0000.

FEDERAL COST: The estimated annual cost to the Federal government is \$2,088.66

Staff	Grade/Step	Salary	% of Effort	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight					
Senior Program Analyst/COR	13/5	104,433	2		2088.66
Contractor Cost					0
Travel					0
Other Cost					0
Total					\$2088.66

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 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.

Attachment A- Survey