

**Request for Approval under the “Generic Clearance for the Collection of  
Routine Customer Feedback” (OMB#: 0925-0648; Exp. Date: 03/2018)**

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**TITLE OF INFORMATION COLLECTION:**

NIMH Information Resource Center (IRC) Customer Satisfaction Surveys for Email Information Services, Online Publications Ordering Services and Telephone Services

**PURPOSE:**

The National Institute of Mental Health (NIMH) Information Resource Center wishes to gauge customer satisfaction with their email information and referral service, telephone-based service, and the process to order materials from our online publications catalog. Respondents are given the option to participate in a survey by clicking on a survey link located at the end of an information resource center email response, clicking on a link provided on our online publications catalog at the end of their online ordering session, or by opting to participate in an interactive voice response telephone survey upon completion of a telephone call with an NIMH information specialist. The information gathered helps identify strengths and weaknesses of current services and guide improvements in service delivery based on customer feedback.

**DESCRIPTION OF RESPONDENTS:**

Individuals who send email inquiries to [nimhinfo@nih.gov](mailto:nimhinfo@nih.gov) and voluntarily click on the survey link in their email response; individuals who call the NIMH Information Resource Center and voluntarily agree to participate in the interactive voice response survey upon completing a telephone call with an NIMH information specialist; individuals who visit the [NIMH Information Resource Center](#) to order publications via the online catalog and voluntarily click on the provided survey link.

**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: Antoinette Boswell, Contracting Officer’s Representative, NIMH

To assist review, please provide answers to the following questions:

**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? N/A  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
Individuals/Households (email services survey)	60	1	3/60	3
Individuals/Households (online publications ordering services survey)	1,900	1	3/60	95
Individuals/Households (telephone services survey)	60	1	2/60	2
<b>Totals</b>	<b>2,020</b>	<b>2,020</b>		<b>100</b>

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Individuals/Households	100	\$22.71	\$2,271
<b>Totals</b>	<b>100</b>	<b>\$22.71</b>	<b>\$2,271</b>

\*United States Department of Labor Bureau of Labor Statistics (May 2014) National Occupational Employment and Wages by Major Occupational Group (*All Occupations*) – see [http://www.bls.gov/oes/current/oes\\_nat.htm#00-0000](http://www.bls.gov/oes/current/oes_nat.htm#00-0000).

**FEDERAL COST:** The estimated annual cost to the Federal government is \$38,587

Staff	Grade/Step	Salary	% of Effort	Fringe (if applicable)	Total Cost to Gov't
<b>Federal Oversight</b>					
Health Communications Specialist	GS-11	\$70,000	40%		\$28,000

<b>Contractor Cost</b>					
Sr. Evaluation Specialist	N/A	\$79.73/hr	9 hrs		\$718
Bilingual Health Information Specialist	N/A	\$44.20/hr	2 hrs		\$88
Writer/Editor	N/A	\$94.10/hr	4 hrs		\$376
Project Manager	N/A	\$115.09/hr.	10 hrs		\$972
Web/IT	N/A	\$171.84/hr	20 hrs		\$3,437
IVR modification, testing, implementation (vendor)	N/A	N/A	N/A		\$4,996
Travel					
Other Cost					

**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?

Respondents who contact the NIMH Information Resource Center and wish to complete the survey(s) will voluntarily do so.

**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.**