

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

TITLE OF INFORMATION COLLECTION: Shuttle bus Survey for Fishers Lane

PURPOSE:

The purpose of this survey is to get feedback from all National Institute of Allergy and Infectious Diseases (NIAID) contractors, volunteers, fellow and full-time employees (FTE’s) about shuttle service from 5601 Fishers lane to the National Institutes of Health (NIH) Campus. The 5601 Fishers Lane facility was officially opened in January 2014. Initially, NIAID did not have shuttle bus service at Fishers Lane to take staff to and from the NIH campus. NIAID staff often has to go to main campus to attend meetings, trainings, and other work related events. After occupying the building for about 2 years NIAID decided to pilot shuttle service. We have been monitoring the use of this service since it started on November 9, 2015 and feel this is a good time to gather user feedback. Ridership has varied from month to month and typically ranges from 721-1,115 passengers. This survey will provide us with useful customer feedback to see how we can improve travel services from the 5601 Fishers lane building.

Use of

DESCRIPTION OF RESPONDENTS:

All of NIAID staff that use the shuttle service or plan on using it in the future. This would include contractors, fellows, FTE’s, and volunteers.

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: Tara Edwards,
NIH/NIAID/OD/OSMO/OAS _____

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 [X] No

Gifts or Payments:

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? [] Yes [X] 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 and households	2545	1	10/60	424
Totals				

Category of Respondent	Total Burden Hours	Wage Rate*	Total Burden Cost
Private Sector/ non-USG (Extramural Program staff- NIAID contractors, fellows, and volunteers)	424	\$4.09	\$1,734.16
Totals			\$1,734.16

*Cite source per bls.gov if applicable

FEDERAL COST: The estimated annual cost to the Federal government is \$302.25

Staff	Grade/Step	Salary	% of Effort	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight					
Tara Edwards	GS-13/6	\$107,505	1/52		\$108.58
Noni Person	GS-12/6	\$90,404	1/52		\$91.30
Catherine Bullis	GS-13/4	\$101,361	1/52		\$102.37
Contractor Cost					
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?

[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?

NIAID will send out an electronic survey to all NIAID staff via email. All NIAID staff is in an existing email distribution list that we will use to send out the survey. This distribution list includes all FTE's, contractors, fellow and volunteers for NIAID only. There is a question on the survey to determine if staff is Federal employees or not.

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