

**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:** Workstyle Survey

**PURPOSE:**

We are collecting information for the consolidation of several NIH Institutes/Center (ICs) to two different locations – Rockledge I and II and 6700B Rockledge Drive. We are sending the survey to the ICs who will be impacted by the move.

We are asking the federal employees and the contractors who work in their space to participate in a web-based survey that will help us understand how well they think your current workplace supports the way they work, both independently and with other members of their IC. This survey asks a series of questions about how they work, where they do their work, what is important about their current workplace, and to what degree their needs are currently being met. This will help us understand the level of change and training required leading up to the move.

**DESCRIPTION OF RESPONDENTS:**

The respondents are the NIH federal employees and their contractors who will be consolidating their office space into the two project locations noted above.

**TYPE OF COLLECTION:** (Check one)

- |  |  |
|--|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form          | <input 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 checked="" type="checkbox"/> Other: <u>Feedback</u> |

**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: Brad Moss  
Communication Director  
Office of Research Services/Office of Research Facilities  
National Institutes of Health

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 [ x ] 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 (Federal Government Contractors)	300	1	6/60	30
<b>Totals</b>		300		<b>30</b>

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Individuals (Federal Government Contractors)	30	\$30	\$900
<b>Totals</b>	<b>30</b>	<b>\$30</b>	<b>\$900</b>

\*Cite source per bls.gov if applicable

[http://www.bls.gov/oes/current/naics4\\_622300.htm#00-0000](http://www.bls.gov/oes/current/naics4_622300.htm#00-0000)

**FEDERAL COST:** The estimated annual cost to the Federal government is \$1589.63

Staff	Grade/Step	Salary	% of Effort	Fringe (if applicable)	Total Cost to Gov't
<b>Federal Oversight</b>					
Communication Director	GS14/9	137,926	0.005		689.63
<b>Contractor Cost</b>					900
Travel					n/a
Other Cost					n/a
<b>Total</b>					<b>1589.63</b>

**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?

The list of respondents include the staff for each of the NIH I's that are part of the two consolidation projects. The number of staff for the Rockledge 1 and II consolidation is approximately 3,000. The number of staff for the 6700B is approximately 500.

**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.**

**PLEASE DO NOT SUBMIT INSTRUCTIONS WITH FINAL REQUEST**

**Instructions for completing Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback”**

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**TITLE OF INFORMATION COLLECTION:** Provide the name of the collection that is the subject of the request. (e.g. Comment card for soliciting feedback on xxxx)

**PURPOSE:** Provide a brief description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

**DESCRIPTION OF RESPONDENTS:** Provide a brief description of the targeted group or groups for this collection of information. These groups must have experience with the program.

**TYPE OF COLLECTION:** Check one box. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

**CERTIFICATION:** Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

**Personally Identifiable Information:** Provide answers to the questions.

**Gifts or Payments:** If you answer yes to the question, please describe the incentive and provide a justification for the amount.

**BURDEN HOURS and COSTS:**

**Category of Respondents:** Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households; (2) Private Sector ( for profit or not-for-profit); (3) State, local, or tribal governments; or (4) Federal Government. **Only one type of respondent can be selected per row.**

**No. of Respondents:** Provide an estimate of the number of respondents.

**Average Burden per Response:** Provide an estimate of the amount of time required for a respondent to participate (e.g. fill out a survey or participate in a focus group). Describe the amount in fractions if the time is less than an hour (e.g., 5 minutes would be 5/60)

**Total Burden Hours:** Provide the number of burden hours by multiplying the # of responses x the # of responses per respondent x the average burden per response.

**Burden Cost:** Multiply Total Burden Hours x Wage Rate to get the Total Burden Cost.

**FEDERAL COST:** Provide an estimate of the annual cost to the Federal government. Fill out table to itemize the Federal cost of the collection. At a minimum there should be Federal 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.** Please provide a description of how you plan to identify your potential group of respondents and how you will select them. If the answer is yes, to the first question, you may provide the sampling plan in an attachment.

**Administration of the Instrument:** Identify how the information will be collected. More than one box may be checked. Indicate whether there will be interviewers (e.g. for surveys) or facilitators (e.g., for focus groups) used.

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