

**Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB#: 0925-0648 Exp Date: 03/31/2018)**

**TITLE OF INFORMATION COLLECTION:**

National Institute of Mental Health (NIMH) Employee Engagement Survey

**PURPOSE:**

The National Institute of Mental Health (NIMH) Engagement Survey is used to assess current staff perceived retention risk, engagement and satisfaction levels, and organizational climate to provide NIMH Senior Leadership with insight into NIMH’s organization health. Results of the survey are used to determine action areas and initiatives to increase employee engagement and satisfaction and improve organizational health.

**DESCRIPTION OF RESPONDENTS:**

The survey will be open to all NIMH employees (federal and contract staff). All respondents are current employees of NIMH.

**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: Melba Rojas and Megan Kinnane, NIMH

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? N/A  Yes  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
Federal Government Contractors	30	1	5/60 hours	3 hours
<b>Totals</b>	<b>30</b>	<b>30</b>		<b>3 hours</b>

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Federal Government Contractors	3	\$31.69	\$95
<b>Totals</b>			<b>\$95</b>

\*Source: U.S. Department of Labor, Bureau of Labor Statistics (May 2015) Metropolitan and Nonmetropolitan Area Occupational Employment and Wage Estimates (All Occupations) Washington-Arlington-Alexandria, DC-VA-MD-WV Area - [https://www.bls.gov/oes/current/oes\\_47900.htm#00-0000](https://www.bls.gov/oes/current/oes_47900.htm#00-0000)

**FEDERAL COST:** The estimated annual cost to the Federal government is: \$1,006

Staff	Grade/Step	Salary	% of Effort	Fringe (if applicable)	Total Cost to Gov't
<b>Federal Oversight</b>					
Health Scientist Administrator	GS 14/1	\$108,887	.005%		\$545
Management Analyst	GS 13/1	\$92,145	.005%		\$461
<b>Contractor Cost</b>					
Travel					
Other Cost					
<b>Total</b>					<b>\$1,006</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?

This is a full population survey of all current NIMH FTE and contract staff.

**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