Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback" (OMB#: 0925-0648 ExpDate:03/2018)

TITLE OF INFORMATION COLLECTION: NCI OSFM Small Little Job (SLJ) Survey

PURPOSE:

The Office of Space and Facilities Management offers several services at NCI Shady Grove. One service we provide is Small Little Jobs (SLJ) Construction Projects, where we handle projects that are under \$25,000. These projects consist of short term office and lab projects and renovations lasting 1-7 days. The Project Management team manages the SLJ's from the design to the end of completion of the project. The NCI OSFM SLJ Survey will be sent out to customers that submitted renovation request. Sending out this survey will allow OSFM and our Project Managers to receive customer feedback on our SLJ process, allowing our team to better service delivery.

DESCRIPTION OF RESPONDENTS:

The NCI OSFM SLJ Survey will be sent to all requesters that requested SLJ's. The survey will be sent out to federal employees, contractors and fellows. This information collection request is for approval to collect information from the non-federal employees who requested services.

| TYPE OF COLLECTION: (Check one) | | |
|---|--|--|
| [] Customer Comment Card/Complaint Form [] Usability Testing (e.g., Website or Software [] Focus Group | [x] Customer Satisfaction Survey[] Small Discussion Group[] 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 <u>not</u> raise issues of concern to other federal
- 4. The results are <u>not</u> intended to be disseminated to the public.
- 5. Information gathered will not be used for the purpose of <u>substantially</u> informing <u>influential</u> 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: Charles Shepherd, Program Analyst

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

Personally Identifiable Information:

- 1. Is personally identifiable information (PII) collected? [] Yes [x] 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 [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 |
|---------------------------|-----------------------|------------------------------------|------------------------------------|--------------------------|
| Individual | 256 | 1 | 2/60 | 9 |
| Totals | 256 | 256 | | 9 |

| Category of Respondent | Total Burden | Wage Rate* | Total Burden |
|------------------------|---------------------|------------|--------------|
| | Hours | | Cost |
| Individual | 9 | 23.23 | 209.07 |
| Totals | 9 | | 209.07 |

^{*}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 \$2,401.48

| | | | % of | Fringe (if applicable) | Total Cost to Gov't |
|------------------------|------------|---------|--------|------------------------|------------------------|
| Staff | Grade/Step | Salary | Effort | пррисцоїс) | 307 1 |
| Federal Oversight | | | | | |
| | | | | | 2401.48 |
| Program Analyst | 13/9 | 120,074 | 2 | | |
| | | | | | |
| Contractor Cost | | | | | 0 |
| Travel | 0 | | | | 0 |
| Other Cost | 0 | | | | 0 |
| Total | | | | | 2401.48 |

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) |
|----|--|
| | [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 |