

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

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**TITLE OF INFORMATION COLLECTION:** NCI OSFM Express Services Survey

**PURPOSE:**

The Express Services team of the Office of Space and Facilities Management oversees facilities management, handling tenants and infrastructure for 17 Campus and Lease Facilities. The Express Service team is also in charge of the Document Shredding/Achieve Drop-off, Furniture Reutilization Project (PropShop), NCI Handyman Services, A/V Installation, Conference Room Services Support, Small Renovations and Ergonomic Office Solutions. This survey will be sent out to customers who submitted service tickets for the above-mentioned services. Sending out this survey will allow OSFM to receive customer feedback on our Express Services to better service delivery.

**DESCRIPTION OF RESPONDENTS:**

The NCI OSFM Express Services Survey will be sent to all employees who submitted Express Services tickets during the survey period. Surveys are sent to federal employees, contractors and fellows. This information collection request is for approval to collect information from non-federal employees.

**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: Harley James, Supervisory Building Facilities Specialist

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  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
Individual	432	1	2/60	14
<b>Totals</b>	<b>432</b>	<b>432</b>		<b>14</b>

Category of Respondent	Total Burden Hours	Wage Rate*	Total Burden Cost
Individual	14	23.23	325.22
<b>Totals</b>	<b>14</b>		<b>325.22</b>

\*Bureau of Labor Statistics Occupation Title “All Occupations” Code 00-0000  
[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 \$2,539.16

Staff	Grade/Step	Salary	% of Effort	Fringe (if applicable)	Total Cost to Gov't
<b>Federal Oversight</b>					
<u>Supervisory Building Facilities Specialist</u>	14/5	126,958	2		2,539.16
<b>Contractor Cost</b>					
Travel	0				0
Other Cost	0				0

**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

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

Attachment A- Survey