

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 Relocation Survey- Office

PURPOSE:

The Office of Space and Facilities Management offers several services at NCI Shady Grove. One service that is provided is our Relocation Management Services where we relocate offices for NCI and NIH customers. Request are submitted through our web-portal system where tickets are generated and disbursed to our team. The NCI Office Relocation Survey will be sent out to customers that submitted relocation request. Sending out this survey will allow OSFM to receive customer feedback on our move process, allowing our team to better service delivery.

DESCRIPTION OF RESPONDENTS:

The Office Relocation survey will be sent to all NCI and NIH personnel that use the Relocation Services including federal employees, contractors and fellows. This Information collection request is for approval to collect information from the 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: Yolanda Koh, Architect

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	128	1	2/60	4
Totals	128	128		4

Category of Respondent	Total Burden Hours	Wage Rate*	Total Burden Cost
Individual	4	\$23.23	92.92
Totals	4		92.92

*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 \$2,688.52

Staff	Grade/Step	Salary	% of Effort	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight					
Architect	14/7	134,426	2		\$2,688.52
Contractor Cost					0
Travel					0
Other Cost					0
Total					\$2,688.52

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?

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.

Attachment A- Survey