

**Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB#: 0925-0668, Exp. date: 02/28/2019)**

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**TITLE OF INFORMATION COLLECTION:**

National Institute of Allergy and Infectious Diseases Intranet “Was This Page Helpful (WTPH)?” Customer Feedback Survey

**PURPOSE:**

The NIAID Intranet website (<http://inside.niaid.nih.gov>) helps the Institute fulfill its mission by sharing the latest staffing and scientific research updates and opportunities. This survey will be offered on every page of the NIAID Intranet website and allow users to anonymously provide feedback about each page. NIAID will use this feedback to determine customer satisfaction and improve the website’s content and ensure the most helpful and up-to-date information is available to NIAID staff.

**DESCRIPTION OF RESPONDENTS:**

The voluntary survey participants will be NIAID staff, contractors, and all federal employee and contractor users within the NIH firewall who have access to the NIAID intranet website.

**TYPE OF COLLECTION: (CHECK ONE)**

- |   |   |
|---|---|
| <input type="checkbox"/> Customer Comment Card/Complaint Form         | <input checked="" type="checkbox"/> <b>Customer Satisfaction Survey</b> |
| <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: Allisen Stewart, NMWPB/OCGR/OD/NIAID

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
Individuals or Households	150	1	2/60	5
<b>Totals</b>	<b>150</b>	<b>150</b>		<b>5</b>

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Individuals or Households	5	\$24.34	\$121.70
<b>Totals</b>	<b>5</b>		<b>\$121.70</b>

\* bls.gov Occupational Employment and Wages, [http://www.bls.gov/oes/2017/may/oes\\_nat.htm#00-0000](http://www.bls.gov/oes/2017/may/oes_nat.htm#00-0000)

**FEDERAL COST:**

The estimated annual cost to the Federal government is: \$533.34

Staff	Grade/Step	Salary	% of Effort	Fringe (if applicable)	Total Cost to Gov't
<b>Federal Oversight</b>					
Digital Information Specialist	13/4	\$106,668	0.5%		\$533.34
<b>Contractor Cost</b>					
Travel					
Other Cost					
<b>Total</b>					<b>\$533.34</b>

\*the Salary in table above is cited from <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2018/DCB.pdf>

**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**
2. 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 survey participants will be NIAID website users who choose to respond to a web-based survey. The survey will be made available at the bottom of each web page. Users' participation is voluntary.

**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.**