

**Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB#: 0925-0642 Exp.,Date: 05/31/2020)**

**TITLE OF INFORMATION COLLECTION:** NCI OSFM Customer Satisfaction Survey

**PURPOSE:**

NCI is the first institute at NIH to have their own shuttle service. The NCI Shuttle Service provides NIH and NCI staff and visitors accessibility to the NIH, NCI campuses and Shady Grove Metro. The yearly NCI Shuttle ridership for 2016 was 33,666 for the Shady Grove Metro route and 65,541 for the Express (campus to campus) route. The ridership continues to increase during summer for there are many fellows and interns that ride the shuttle. The NCI Shuttle Survey is sent out to NCI Staff, allowing OSFM to better service delivery.

**DESCRIPTION OF RESPONDENTS:**

The Shuttle survey is sent to all NCI personnel that use the shuttle service including federal employees, contractors and fellows. We are seeking OMB Clearance for the non-federal employees that will be surveyed.

**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: Gehmelle Johnson, Senior Program Analyst/COR

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	1500	1	2/60	50
<b>Totals</b>	1500	1500		50

Category of Respondent	Total Burden Hours	Wage Rate*	Total Burden Cost
Individual	50	\$23.23	\$1161.50
<b>Totals</b>	50		\$1161.50

\*Cite source per bls.gov if applicable

**FEDERAL COST:** The estimated annual cost to the Federal government is \$2088.66

Staff	Grade/Step	Salary	% of Effort	Fringe (if applicable)	Total Cost to Gov't
<b>Federal Oversight</b>					
Senior Program Analyst/COR	13/5	104,433	2		2088.66
<b>Contractor Cost</b>					0
Travel					0
Other Cost					0
<b>Total</b>					\$2088.66

**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.**