

Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB#: 0925-0642; Expiration Date: 08/31/2017)

TITLE OF INFORMATION COLLECTION:

Customer Satisfaction Survey for CBIIT Events

PURPOSE: CBIIT hosts a variety of events for NCI staff and some public audiences. The purpose of this survey is to assess customer satisfaction at CBIIT hosted events. This data will also be used to improve the quality of future CBIIT events.

DESCRIPTION OF RESPONDENTS:

Information will be collected from Federal employees, contractors and the general public. This information collection request is for the collection of information from contractors and the general public.

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: Shea Buckman Manley

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 [X] No

ESTIMATED BURDEN HOURS and COSTS

Category of Respondent	No. Respondents	No. Responses per Respondent	Time per Response (in hours)	Total Burden Hours
Individuals	400	1	3/60	20
Totals	400	400		20

Category of Respondent	Total Burden Hours	Wage Rate*	Total Burden Cost
Individuals	20	\$42.37	\$847.40
Totals	20	\$42.37	\$847.40

* Calculated by taking the average of mean hourly wage rate of Management Analysts, (Occupation Code #13-1111) (\$44.19) and Operations Research Analysts (Occupation Code #15-2031) (\$40.55). http://www.bls.gov/oes/current/oes_nat.htm#19-0000 -

FEDERAL COST: The estimated annual cost to the Federal government is \$ 168

Staff	Grade/Step	Salary	% of Effort	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight (Max)					
Communications Manager	Grade 14/Step 6 (Max)	\$10,891/mo	1.25%/mo		\$136.14
TOTAL					\$136.14

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?

The survey will be offered to whomever attends the CBIIT hosted event. The survey audience will be identified either through a registration mechanism, sign in sheet or by providing a hard copy of the survey to the respondent.

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 (Paper)
 - Mail
 - Other, Explain
2. Will interviewers or facilitators be used? Yes No