

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

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**TITLE OF INFORMATION COLLECTION:** NCI OSFM Conference Room Services Survey

**PURPOSE:**

The OSFM Conference Room Services Team manages all the conference spaces for NCI Shady Grove, Building 31 and Building 37 including the mothering rooms, tread desk and dining area. The Conference Room Services Team manages over 2,500 meetings per month and a total of 34,440 meetings in 2016. The Conference Room Services survey will be sent out to our customers who reserved a conference room, tread desk and mothering rooms. This survey will allow OSFM to receive customer feedback and better service delivery.

**DESCRIPTION OF RESPONDENTS:**

The Conference Room Services Team survey will be sent to all NCI Conference Room point of contacts (POC) that submitted tickets through AgilQuest OnBoard, our online ticket portal system. These respondents include federal, contractors and fellows. This Information Collection Request is for approval to collect information from the non-federal employees requesting use of the conference rooms.

**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: David Clifford, Program Analyst

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	284	1	2/60	9
<b>Totals</b>	284	284		9

Category of Respondent	Total Burden Hours	Wage Rate*	Total Burden Cost
Individual	10	\$23.23	232.30
<b>Totals</b>	<b>10</b>		232.30

\* 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 1,594.40

Staff	Grade/Step	Salary	% of Effort	Fringe (if applicable)	Total Cost to Gov't
<b>Federal Oversight</b>					
Program Analyst	12/1	79,720	2		1,594.40
<b>Contractor Cost</b>					
Travel	0				
Other Cost	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