

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

TITLE OF INFORMATION COLLECTION: Information Gathering for Employee Wellness Program Needs

PURPOSE:

The NCI at Frederick Occupational Health Service (OHS) Wellness mission is to encourage employee engagement in illness prevention, health maintenance and chronic health management. In order to better serve the NCI at Frederick employee community, OHS would like to send a short survey to staff to gain better insight into the types of programs employees would like to have and would participate in.

DESCRIPTION OF RESPONDENTS:

The respondents of the survey are the employees of the NCI at Frederick, both federal and contract employees. Both the federal and contract staff are supported by Occupational Health Services and would be the target audience for wellness activities and classes. It is important to get input from both sets of staff. Currently there are approximately 3000 total employees at the NCI at Frederick.

TYPE OF COLLECTION: (Check one)

- | | |
|--|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form | <input 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 checked="" type="checkbox"/> Other: Customer Input/Use Survey |

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: Melissa Porter

To assist review, please provide answers to the following question:

Personally Identifiable Information:

1. Is personally identifiable information (PII) collected? [] Yes [x] 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. of Respondents | No. of Responses per Respondent | Time per Response (in hours) | Total Burden Hours |
|------------------------|--------------------|---------------------------------|------------------------------|--------------------|
| Individuals/household | 3000 | 1 | 2/60 | 100 |
| Totals | 3000 | 3000 | | 100 |

| Category of Respondent | Total Burden Hours | Hourly Wage Rate* | Total Burden Cost |
|------------------------|--------------------|-------------------|-------------------|
| Individuals/households | 100 | \$45.64 | \$4564.00 |
| Total | | | \$4,564.00 |

*Source of the mean Hourly Wage Rate is provided by the Bureau of Labor Statistics, Occupation title “Medical Scientists” 19-1040, https://www.bls.gov/oes/2017/May/oes_nat.htm#00-0000.

FEDERAL COST: The estimated annual cost to the Federal government is \$4,413.28.

| Staff | Grade/Step | Salary** | % of Effort | Fringe (if applicable) | Total Cost to Gov't |
|--------------------------|------------|--------------|-------------|------------------------|---------------------|
| Federal Oversight | | | | | |
| Administrative Manager | 14/8 | \$141,328.00 | 1% | | \$1,413.28 |
| Contractor Cost | | | | | \$3,000.00 |
| Travel | | | | | \$0 |
| Other Cost | | | | | \$0 |
| Total | | | | | \$4,413.28 |

**The salary in the table above is cited from <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/18Tables/html/DCB.aspx>

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

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

Administration of the Instrument

How will you collect the information? (Check all that apply)

Web-based or other forms of Social Media

Telephone

In-person

Mail

Other, Explain

Will interviewers or facilitators be used? Yes No