# Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback" (OMB#: 0925-0648 Exp., date: 03/2018)

**TITLE OF INFORMATION COLLECTION:**
Children's Health Exposure Assessment Resource (CHEAR) Client Satisfaction Survey

**PURPOSE:**

CHEAR is an NIH funded consortium whose purpose it is to provide environmental exposure analysis services to other researchers. The CHEAR Client Satisfaction Survey will collect information from researchers who have used the CHEAR data analysis service to assess the quality of the services we have provided and to identify opportunities for improving the program/service.

**DESCRIPTION OF RESPONDENTS**:

The survey respondents will be researchers who have submitted Requests for (CHEAR) Services to the CHEAR program. These researchers will have received various consulting and data analysis services.

**TYPE OF COLLECTION:** (Check one)

[ ] Customer Comment Card/Complaint Form          [X] Customer Satisfaction Survey
[ ] Usability Testing (e.g., Website or Software          [ ] Small Discussion Group
[ ] Focus Group                                                            [ ] 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 <u>not</u> raise issues of concern to other federal agencies.
4. The results are <u>not</u> intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of <u>substantially</u> informing <u>influential</u> 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:___Kristianna Pettibone___

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

**Personally Identifiable Information:**
1. Is personally identifiable information (PII) collected?  [X] Yes  [ ]  No
2. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974?   [X] Yes [ ] No
3. If Applicable, has a System or Records Notice been published?  [X] 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 |
|---|---|---|---|---|
| Clients (Researchers) | 75 | 1 | 15/60 | 19 |
| **Totals** | | 75 | | 19 |

| Category of Respondent | Total Burden Hours | Hourly Wage Rate* | Total Burden Cost |
|---|---|---|---|
| Clients (Researchers) | 19 | $37.74 | $717.06 |
| | | | |
| **Totals** | 19 | $37.74 | $717.06 |

*Cite source per bls.gov if applicable http://www.bls.gov/oco/ocos066.htm

**FEDERAL COST:**  The estimated annual cost to the Federal government is $2,200.

| Staff | Grade/Step | Salary | % of Effort | Fringe (if applicable) | Total Cost to Gov't |
|---|---|---|---|---|---|
| **Federal Oversight** | | | | | |
| Health Scientist Administrator | 14/5 | $110,00 | 2% | | $2,200 |
| | | | | | |
| | | | | | |
| **Contractor Cost** | | | | | |
| | | | | | |
| Travel | | | | | |
| Other Cost | | | | | |
| | | | | | |
| **Total** | | | | | $2,200 |

**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?

[X ] 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?

> We have a list of clients that have submitted requests for service through the CHEAR program. We will send the survey to all clients (approximately 75 per year), so we do not have a sampling plan.

**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
   [ X ] Other, Explain – we will email fillable PDF versions of the survey to clients and they will email them back.

2. Will interviewers or facilitators be used?  [  ] Yes [X] No

**Please make sure that all instruments, instructions, and scripts are submitted with the request.**