Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback" (OMB#: 0925-0668, Exp. date: 02/28/2019)

TITLE OF INFORMATION COLLECTION: DMID Order-It Customer Satisfaction Survey

PURPOSE:

The Division of Microbiology and Infectious Diseases (DMID) within the National Institute of Allergy and Infectious Diseases (NIAID) supports extramural research to control and prevent diseases caused by virtually all human infectious agents except HIV. DMID provides funding opportunities and a comprehensive set of resources for researchers that support basic research, preclinical development, and clinical evaluation.

The DMID Order-It system is used by DMID's clinical sites to order study product. The system supports and furthers important clinical activity that falls within the scope of DMID's mission. DMID hopes to obtain constructive feedback on how well, or not well, the system is working, and suggested ways for improvement. The program has not been reviewed in the 8 years since its inception. Feedback from the program's users will help improve the application.

DESCRIPTION OF RESPONDENTS:

Users of the DMID Order-It system, both federal and non-federal.

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:_____Jae Arega ORA/DMID/NIAID_____

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 [X] 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
Federal employee	63	1	10/60	11
Totals	**63**	**63**		**11**

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Federal employee	11	$40.24	$442.64
Totals	**11**		**$449.02**

*Federal Executive Branch Median Salary - https://www.bls.gov/oes/2017/May/naics4_999100.htm

FEDERAL COST: The estimated annual cost to the Federal government is $7293

Staff	Grade/Step	Salary	% of Effort	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight					
Deputy Director/ORA	15/6	$157,253	0.1		$1573
Contractor Cost		$5720			$5720
Travel					
Other Cost					
Total					**$7293**

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 will use an existing list of system users.

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.