Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback" (OMB#: 0925-0668 Exp., date: 04/2022)

TITLE OF INFORMATION COLLECTION: EPIC Cohort Staff Satisfaction Survey

PURPOSE:

The purpose of this data collection is to gather information about NIAID staff experiences and opinions related to internal communications, inclusive of both formal and informal communications within immediate working groups and across the Institute. Gaps, barriers, and impediments in communication can have detrimental effects to NIAID staff such as confusion, duplication of efforts, and inefficient utilization of appropriated funds. The collected data will provide the Institute with contemporary information about communication opinions and preferences that may be translated into concrete communication solutions. It will serve as a source of empirical data on the current status of employee's opinions, preferences, and use of internal communication tools at NIAID.

DESCRIPTION OF RESPONDENTS:

Respondents will consist of NIAID employees, contractors, volunteers, and fellows.

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 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: Robert C. Palmer MS, NIAID/DAIDS_____

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
Non-Federal Employees	2000	1	10/60	333
Totals	2000	2000		333

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Non-Federal employees	333	$24.98	$8,327
Totals			$8,327

*bls.gov

FEDERAL COST: The estimated annual cost to the Federal government is ___$136.73___

Staff	Grade/Step	Salary*	% of Effort	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight					
Health Specialist	14/6	$136,725	0.10%		$136.73
Contractor Cost					
Travel					
Other Cost					
Total					$136.73

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?

<div style="text-align:center">[X] Yes [ ] No</div>

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?

Respondents will be NIAID staff working at Twinbrook, Fishers Lane, Main Campus, Rocky mountain laboratories (RML) , and Integrated Research Facility (IRF). NIAID's existing email distribution lists will be used to identify survey respondents.

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