

**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:**

NIAID Enhanced Privacy Rooms Customer Service Survey

**PURPOSE:**

This survey will be to collect anonymous customer service feedback and determine satisfaction for users of the enhanced privacy rooms located in 5601 Fishers Lane. The feedback will be used to determine how well the privacy rooms are meeting the needs of the occupants and if additional enhancements will be added to the rooms as well as expanded to more rooms in the building.

**DESCRIPTION OF RESPONDENTS:**

The voluntary survey participants will be staff located in 5601 Fishers Lane, all who have access and may use the enhanced privacy rooms.

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

- Customer Comment Card/Complaint Form
- Usability Testing (e.g., Website or Software)
- Focus Group

- Customer Satisfaction Survey
- Small Discussion 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: Lisa Poindexter-Steed NIAID/OSMO

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
Private Sector -Contractors	619	1	10/60	103
<b>Totals</b>	619	619		<b>103</b>

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
All Occupations	103	\$24.98	\$2,572.94
<b>Totals</b>			<b>\$2,572.94</b>

\*Cite source per bls.gov if applicable

**FEDERAL COST:** The estimated annual cost to the Federal government is   \$186.59  

Staff	Grade/Step	Salary*	% of Effort	Fringe (if applicable)	Total Cost to Gov't
<b>Federal Oversight</b>					
Management and Program Analyst	13/1	\$94,796	0.2%		\$186.59
<b>Contractor Cost</b>					
Travel					
Other Cost					
<b>Total</b>					<b>\$186.59</b>

**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?

Respondents will be NIAID staff working at Fishers Lane (FL). NIAID's existing FL email distribution list 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