

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

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**TITLE OF INFORMATION COLLECTION:**

Customer Satisfaction Surveys for CBIIT Solutions Website

**PURPOSE:** The purpose of this information collection is to gather data from the National Cancer Institute’s staff to determine satisfaction with the CBIIT Solutions website. This information will be used to improve the service delivery of CBIIT Solutions web content to its stakeholders.

**DESCRIPTION OF RESPONDENTS:**

The survey will appear to anyone who visits the website, which would include federal employees and contract staff, volunteers, and fellows of NCI. This information collection request specifically addresses the non-federal population of approximately 5,000. While there is a potential for any of those 5,000 people to visit the site, the new website has to date been visited by only half of the NCI staff since its launch.

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

- |  |  |
|--|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form          | <input checked="" 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 type="checkbox"/> 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: \_\_\_\_\_ Shea Buckman Manley \_\_\_\_\_

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. Respondents	No. Responses per Respondent	Time per Response (in hours)	Total Burden Hours
Individuals	5000	1	5/60	417
<b>Totals</b>	<b>5000</b>	<b>5000</b>		<b>417</b>

Category of Respondent	Total Burden Hours	Wage Rate*	Total Burden Cost
Individuals	417	\$42.24	\$17,614.08
<b>Totals</b>	<b>417</b>	<b>\$42.24</b>	<b>\$17,614.08</b>

\* Calculated by taking the average of mean hourly wage rate of Management Analysts, (Occupation Code #13-1111) and Operations Research Analysts (Occupation Code #15-2031). [http://www.bls.gov/oes/current/oes\\_nat.htm#19-0000](http://www.bls.gov/oes/current/oes_nat.htm#19-0000) -

**FEDERAL COST:** The estimated annual cost to the Federal government is \$ 1,306.92

Staff	Grade/Step	Salary	% of Effort	Fringe (if applicable)	Total Cost to Gov't
<b>Federal Oversight</b>					
Communications Manager	14/6	\$130,692	1%		\$1,306.92
<b>Contractor</b>					0
Travel					0
<b>TOTAL</b>					<b>\$1,306.92</b>

### **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?  
 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?

### **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
  - Other, Explain
2. Will interviewers or facilitators be used?  Yes  No

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