

`Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB#: 0925-0642, Expiration Date: 5/31/2020)

TITLE OF INFORMATION COLLECTION: Office of Space Facilities and Management (OSFM) Customer Satisfaction Survey/Focus Group Fitness Center

PURPOSE:

The NCI Shady Grove Fitness Center is one of our most utilized amenities, with 641 members that include federal employees and Contractors. The Fitness Center offers 21 group exercise courses weekly, quality staff that are certified in nutrition, exercise science, health education and the use of state-of-the-art equipment. The membership fee for a Federal employee is \$10 monthly and the Contractor \$30 a month. This survey will allow OSFM to learn how to better include Contractor members and determine if cost is a major factor for becoming a member at the Fitness Center.

DESCRIPTION OF RESPONDENTS:

The Special Fitness Survey will be sent to all Non- Federal NCI personnel. We are seeking OMB Clearance for the non-federal employees that will be surveyed.

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: Gehmelle Johnson, Senior Program Analyst/COR

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 [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
Individual	1500	1	2/60	50
Totals	1500	1500		50

Category of Respondent	Total Burden Hours	Wage Rate*	Total Burden Cost
Individual	50	\$24.34	\$1,217.00
Total			\$1217.00

*The mean hourly wage rate is based on All Occupations (Occupation Code 00-0000), Bureau of Labor Statistics website, https://www.bls.gov/oes/current/oes_nat.htm#19-0000

FEDERAL COST: The estimated annual cost to the Federal government is \$5,818.25

Staff	Grade/Step	Salary**	% of Effort	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight					
<u>Senior Program Analyst/COR</u>	13/7	\$116,365	5%		\$5,818.25
Contractor Cost					\$0
Travel					\$0
Other Cost					\$0
Total					\$5,818.25

** <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/18Tables/html/DCB.aspx>

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?
 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?

In 1-2 sentences, state how you will obtain the email addresses of the contractors you wish to survey?

The OCPL Team will send out the survey on our behalf with a list server that will just send the survey to nonfederal employees.

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.