## Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB#: 0925-0648, Exp. Date: 05/31/2021)

**TITLE OF INFORMATION COLLECTION:** NIH 6710B Change Readiness Survey

**PURPOSE:**

We are collecting information for the relocation of (1) NIH Institute/Center (IC) to the fourth floor of 6710B Rockledge Drive. We are sending the survey to the IC who will be impacted by the move (All of Us).

We are asking the federal employees and the contractors who work in their space to participate in a web-based survey that will help us understand how ready they are for the upcoming change, as well as the extent to which they have engaged with the change management process. This survey asks a series of questions about comfort levels with change, understanding of the change, and preparedness for the major changes impacting the workplace. This will help us understand the effectiveness of change management efforts with this project, as well as ways to improve the change management and communications process for this project.

**DESCRIPTION OF RESPONDENTS**:

The respondents are the NIH federal employees and their contractors who will be consolidating their office space into the project location noted above.

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

[ ] Customer Comment Card/Complaint Form [ ] Customer Satisfaction Survey

[ ] Usability Testing (e.g., Website or Software [ ] Small Discussion Group

[ ] Focus Group [ x ] Other: Feedback

**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: Brad Moss

Communication Director

 Office of Research Services/Office of Research Facilities

 National Institutes of Health

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 [ x ] 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**  |
| Individuals (Federal Government Contractors)  | 150 | 1 | 5/60 | 13 |
| **Totals** |  | **150** |  | **13** |

|  |  |  |  |
| --- | --- | --- | --- |
|  **Category of Respondent** | **Total Burden****Hours** | **Hourly Wage Rate\*** | **Total Burden Cost**  |
| Individuals (Federal Government Contractors) | 13 | $33 | $429 |
| **Totals** |  |  | $429 |

\*<https://www.bls.gov/oes/current/naics4_622300.htm#00-0000>

**FEDERAL COST:** The estimated annual cost to the Federal government is $**1,512**.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Staff** | **Grade/Step** | **Salary** | **% of Effort** | **Fringe (if applicable)** | **Total Cost to Gov’t** |
| **Federal Oversight** |  |  |  |  |  |
| Communication Director | GS14/10 | $152,352 | 0.005 |  |  $762 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Contractor Cost** |  | $60,000 | 0.005 |  |  $300 |
|  |  |  |  |  |  |
| Travel |  |  |  |  | n/a |
| Other Cost |  |  |  |  | n/a |
|  |  |  |  |  |  |
| **Total** |  |  |  |  | $,1512 |

\*\*<https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/2019/general-schedule/>

**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?

The list of respondents includes the staff for the NIH Institute/Center (All of Us) that is part of the 6710B relocation project (approximately 150 staff).

**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

1. Will interviewers or facilitators be used? [ ] Yes [ x ] No

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