

**Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB#: 0925-0648 Exp., date: 03/2018)**

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**TITLE OF INFORMATION COLLECTION:** NIH Library Customer Satisfaction Survey

**PURPOSE:** During the month of May 2018, we are asking NIH Federal employees and members of the public to participate in a survey that will help us determine if the NIH Library is meeting its customers’ needs by evaluating the services provided at the Information Desk.

**DESCRIPTION OF RESPONDENTS:** The respondents are NIH federal employees and members of the public requesting assistance from the Information Desk.

**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.

Karen M. Stakes  
Lead Librarian  
National Institutes of Health Library  
Bethesda, MD 20892

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
Federal employees, members of the public	100	1	2/60	3
<b>Totals</b>	<b>100</b>	<b>100</b>		<b>3</b>

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Federal employees, members of the public	3	\$ 50	\$ 150
<b>Totals</b>			<b>\$ 150</b>

\*Cite source per bls.gov if applicable

**FEDERAL COST:** The estimated annual cost to the Federal government is \$ 215.17

Staff (position)	Grade/Step	Salary	% of Effort	Fringe (if applicable)	Total Cost to Gov't
<b>Federal Oversight</b>					
Reference Assistant	GS 8/10	\$ 66,191	.001		\$ 66.20
Lead Librarian	GS 14/10	\$ 148,967	.001		\$ 148.97
<b>Contractor Cost</b>					N/A
Travel					N/A
Other Cost					
<b>Total</b>					<b>\$ 215.17</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?  
 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 survey will be given to anyone who receives assistance at the Library’s Information Desk.

**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 – customer can also choose to mail their completed survey back to the library.  
 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.**