

**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 Instruction Customer Feedback Survey**

**PURPOSE:**

The purpose of this information collection is collect feedback from customers that have attended our classes. We will collect information about their experience, the engagement of the presenter and if the training met their expectation. The information will be used to better the service delivery of our Training Program.

**DESCRIPTION OF RESPONDENTS:**

The NIH Library serve NIH staff, fellow, trainees, contractors and other federal entities. This request is seeking clearance for non-federal employees (trainees, fellows, and contractors) that attend our training classes.

**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: Karla Bailey

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
Individuals	300	1	7/60	35
<b>Totals</b>	<b>300</b>	<b>300</b>		<b>35</b>

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Individuals	35	\$24.34	\$851.90
<b>Totals</b>	<b>35</b>		<b>\$851.90</b>

\*Bureau of Labor Statistics occupation title “All Occupations”, occupation code 00-0000, found at [https://www.bls.gov/oes/2017/May/oes\\_nat.htm#00-0000](https://www.bls.gov/oes/2017/May/oes_nat.htm#00-0000)

**FEDERAL COST:** The estimated annual cost to the Federal government is \$815.48.

Staff	Grade/Step	Salary*	% of Effort	Fringe (if applicable)	Total Cost to Gov't
<b>Federal Oversight</b>					
Instructional Librarian	12/1	\$81,548	1%		<b>\$815.48</b>
<b>Contractor Cost</b>					<b>\$0</b>
Travel					<b>\$0</b>
Other Cost					<b>\$0</b>
					<b>\$0</b>
<b>Total</b>					<b>\$815.48</b>

\*the Salary in table above is cited from <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 [X] 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