

Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB No.: 0925-0648, Exp. Date: 05/31/2021)

TITLE OF INFORMATION COLLECTION: Perception of Cool Down Day Survey

PURPOSE:

The Office of Research Services (ORS) will have recently hosted its fourth annual “ORS Cool Down Day” to provide employees a break from the office and to enjoy time with colleagues. The event included games as well as cookout food and ice cream available for purchase.

We are collecting information on the perception held by ORS employees/contractors of the 2018 Cool Down Day event. To gather ideas for improvement of the 2019 event, ORS has developed this survey on staff perception of ORS Cool Down Day.

DESCRIPTION OF RESPONDENTS:

The respondents are the NIH federal employees and contractors who comprise the Office of Research Services.

TYPE OF COLLECTION: (Check one)

- | | |
|--|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form | <input 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 checked="" type="checkbox"/> Other: <u>Feedback</u> |

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: Cathy Ribaudo, ORS Management Council (ORS MC) Chair

To assist review, please provide answers to the following questions:

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	2,088	1	5/60	174
Totals		2,088		174

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Individuals (including Federal Government Contractors)	174	\$28.00	\$4,872.00
Totals		\$28.00	\$4,872.00

*https://www.bls.gov/oes/2017/May/naics4_622300.htm#00-0000

FEDERAL COST: The estimated annual cost to the Federal government is \$1,940.05

Staff	Grade/Step	Salary**	% of Effort	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight					
ORS MC Chair	15/07	\$161,746	0.005		\$809.00
Industrial Psychologist	13/06	\$113,132	0.01	0.01	\$1,131.00
Contractor Cost	N/A	N/A	N/A	N/A	N/A
Travel	N/A	N/A	N/A	N/A	N/A
Other Cost	N/A	N/A	N/A	N/A	N/A
Total					\$1,940.05

** <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2018/DCB.pdf>

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 respondents are the NIH federal employees and contractors who comprise the Office of Research Services.

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.