

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

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**TITLE OF INFORMATION COLLECTION:** Division of Veterinary Resources Customer Satisfaction Survey

**PURPOSE:**

The Division of Veterinary Resources (DVR) is launching a Customer Service Initiative. The initiative will focus on three core elements: a renewed focus on a service culture, improved customer service training and the establishment of customer service performance metrics. Information gained from the survey will be used to inform our training efforts and serve as the baseline for measuring optimal customer service.

**DESCRIPTION OF RESPONDENTS:**

The survey will be sent to NIH animal program directors and DVR investigators and high use customers.

**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.

Signature: **Colleen Guay Broder**

Name: Colleen Guay Broder  
Senior Scientific Advisor  
Division of Veterinary Resources, Office of Research Services  
Building 14 A, Room 109  
301-594-1713

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 [ ] 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/households	40	1	5/60	3
<b>Totals</b>		40		<b>3</b>

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Individuals/households	3	\$79.00	\$237
<b>Totals</b>			<b>\$237</b>

\*[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 \$1,387.

Staff	Grade/Step	Salary	% of Effort	Fringe (if applicable)	Total Cost to Gov't
<b>Federal Oversight</b>					
Industrial Psychologist	13/6	113,132	0.005		\$566
Health Scientist	15/10	164,200	0.005		\$821
<b>Contractor Cost</b>	N/A				
Travel					0
Other Cost					0
<b>Total</b>					<b>\$1,387</b>

\*<https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/2018/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?

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?

Survey will be sent to all NIH Animal Program Director, DVR investigators and high use customers

**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.**