

**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: NIH Rockledge I/II Phase 1-Post-Occupancy CM Survey (ORS/OD)**

**PURPOSE:**

We are collecting information for the consolidation of three NIH Institutes/Center (ICs) within the Rockledge I/II building complex. We are sending the survey to the ICs who were impacted by the move.

We are asking the federal employees and the contractors who work in this space to participate in a web-based survey that will help us understand how ready they handled the change, as well as the extent to which they engaged with the change management process. This survey asks a series of questions about comfort levels with change, understanding of the change, and satisfaction with the newly designed elements in the workspace. This will help CallisonRTKL and NIH 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 two project locations noted above.

**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: 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)	600	1	5/60	50
<b>Totals</b>		600		<b>50</b>

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Individuals (Federal Government Contractors)	50	\$33	\$1,650
<b>Totals</b>		\$33	\$1,650

\*[https://www.bls.gov/oes/2018/May/oes\\_nat.htm#00-0000](https://www.bls.gov/oes/2018/May/oes_nat.htm#00-0000).

**FEDERAL COST:** The estimated annual cost to the Federal government is **\$1,062**.

Staff	Grade/Step	Salary	% of Effort	Fringe (if applicable)	Total Cost to Gov't
<b>Federal Oversight</b>					
Communication Director	GS14/10	152,352	0.005		\$762
<b>Contractor Cost</b>		60,000	.005		\$300
Travel					n/a
Other Cost					n/a
<b>Total</b>					<b>\$1,062</b>

\*\*<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 each of the NIH Institutes/Centers that are part of the Rockledge 1 and 2 Phase 1 Consolidation Project (approximately 600 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
2. Will interviewers or facilitators be used? [ ] Yes [ x ] No

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