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

**TITLE OF INFORMATION COLLECTION:** HMD 2018 Traveling Exhibition Host Survey

**PURPOSE:** This National Library of Medicine (NLM) request is for the History of Medicine Division (HMD) Exhibition Program to collect qualitative and voluntary information from the institutions that book and host NLM traveling exhibitions about their experiences.An online survey instrument will solicit responses from the institutions about their efforts in promoting NLM traveling exhibition and related NLM health information resources in their communities. The Exhibition Program will use the survey responses to assess the impact and needed improvements in its traveling exhibition services.

**DESCRIPTION OF RESPONDENTS**: The Exhibition Program maintains a list of host institution contacts for all traveling exhibition bookings. Those contacts make up the pool of possible respondents to the survey. Annually, there are more than 250 traveling exhibition bookings, for which hosting institutions will receive the online survey request.

**TYPE OF COLLECTION:** (Check one)

[ ] Customer Comment Card/Complaint Form [ ] Customer Satisfaction Survey

[ ] Usability Testing (e.g., Website or Software) [ ] Small Discussion Group

[ ] Focus Group [X] Other, web survey to collect library exhibition program services feedback

**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.

Name: Jiwon Kim, Exhibition Program/HMD/LO/NLM\_

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

**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 [X] N/A
3. If Applicable, has a System or Records Notice been published? [ ] Yes [ ] No [X] N/A

**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** |
| Private Sector  (Librarians) | 750 | 1 | 20/60 | 250 |
| **Totals** | **750** | 750 |  | **250** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Category of Respondent** | **Total Burden Hours** | **Wage Rate\*** | **Total Burden Cost** |
| Private Sector  (Librarians) | 250 | $29.21 | $7,302.50 |
| **Totals** | **250** |  | **$7,302.50** |

\* BLS National Occupational Employment and Wage Estimate of median hourly wage for librarians: <http://www.bls.gov/oes/current/oes254021.htm>

**FEDERAL COST:** The estimated **annual cost** to the Federal government is: **$4,213.66**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Staff** | Grade/Step | Salary | % of Effort | Fringe (if applicable) | Total Coast to Gov’t |
| **Federal Oversight** |  |  |  |  |  |
| Lead Exhibit Specialist | 13/6 | $113,132 | 0.5% |  | $565.66 |
|  |  |  |  |  |  |
| **Contractor Cost** |  |  |  |  |  |
| Coordinator | - | $72,960 | 5% | - | $3,648.00 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Travel |  |  |  |  | N/A |
| Other Cost |  |  |  |  | N/A |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Total** |  |  |  |  | **$4,213.66** |

**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 Exhibition Program maintains a list of host institution contacts for all traveling exhibition bookings. Those contacts make up the pool of possible respondents to the survey. The Exhibition Program sends an email with the link to the online survey to each host contact a day or two after the exhibition’s closing date.

**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.

1. Will interviewers or facilitators be used? [ ] Yes [X] No

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