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: Rocky Mountain Lab - Family Care Survey 2019

PURPOSE:

Collection of information related to child and adult care issues faced by Rocky Mountain Lab (RML) employees. RML is in the process of trying to address the issue of availability of adequate child care and children's summer programs, as well as adult dependent care services in this area. This survey is intended to put some numbers to these issues so that we can find the best approach for addressing the problem. Survey will be completed using Survey Monkey, web-based platform.

DESCRIPTION OF RESPONDENTS:

All fulltime employees working at RML. Consists of NIAID, ORS and ORF Federal employees, IRTAs and contractors.

TYPE OF COLLECTION: (Check one)	
[] Customer Comment Card/Complaint Form	[X] Customer Satisfaction Survey
[] Usability Testing (e.g., Website or Software	[] Small Discussion Group
[] Focus Group	[] 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 <u>not</u> raise issues of concern to other federal agencies.
- 4. The results are <u>not</u> intended to be disseminated to the public.
- 5. Information gathered will not be used for the purpose of <u>substantially</u> informing <u>influential</u> 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.

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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	Time per	Total
		Responses per	Response	Burden
		Respondent	(in hours)	Hours
Individual /households)	450	1	10/60	75
Totals		450		75

Category of Respondent	Total Burden	Hourly Wage Rate*	Total Burden
	Hours		Cost
Individual/Household	75	\$40.20/average	\$3,015
(Federal Government			
Employee and Contractor)			
Totals			\$3,015

^{*}https://www.bls.gov/oes/2017/May/oes_nat.htm#00-0000

FEDERAL COST: The estimated annual cost to the Federal government is \$1,052.00.

				Fringe (if applicable)	Total Cost to Gov't
Staff	Grade/Step	Salary	% of Effort		
Federal Oversight					
Associate Director	14/6	\$120,291	.005	N/A	\$601.00
Specialist	13/2	\$90,161	.005	N/A	\$451.00
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					\$1052.00

^{*}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 pot	ential
	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?

Target respondents will consist of all employees at Rocky Mountain Lab. Selection will be accomplished by sending an email to the RML Users email list.

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.

END OF SURVEY