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: Soliciting Feedback About The National Institutes of Health (NIH), Office of the Director (OD), Office of Research Services (ORS), Division of Occupational Health and Safety (DOHS) Website

PURPOSE: The NIH/OD/ORS/DOHS would like to evaluate our customer's experience with our website located at https://www.ors.od.nih.gov/sr/dohs/Pages/default.aspx. The results of the survey will be used to inform potential strategies to improve the DOHS website including its content, navigation and overall navigation. The information will help develop potential targeted solutions to any identified problems reported. It is our intent to have a link to the electronic survey available on each webpage on the website.

DESCRIPTION OF RESPONDENTS: The respondents include current NIH federal employees 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.

Larry K. Johnson -S Digitally signed by Larry K. Johnson -S
Date: 2019.04.09 14:27:01 -04'00'

Signature: _____

Name: Larry Johnson
        Chief, OD, ORS, DOHS, Community Health Branch,
        NIH
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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 Responses per Respondent	Time per Response (in hours)	Total Burden Hours
Individual/households	1,600	1	5/60	133
Totals		**1,600**		**133**

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Individual (Federal Government Employee and Contractor)	133	$28.00	$3,724.00
Totals		**$28.00**	**$3,724.00**

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

FEDERAL COST: The estimated annual cost to the Federal government is $2,243.00.

Staff	Grade/Step	Salary	% of Effort	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight					
Chief, Community Health Branch	GS13/9	$122,830.00	.5%		$614.00
Contractor Cost					
Management Consultant in Communications		$108,596.80	1.5%	N/A	$1,629.00

Travel					
Other Cost					
Total					**$2,243.00**

*https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/2018/general-schedule/

<u>If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:</u> Not Applicable

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 [X] 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?

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