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: OD NIH Events Management Branch – Scheduling Services Survey

PURPOSE:

The NIH Office of Research Services (ORS) NIH Events Management (EM) conducts on-going surveys of its Scheduling services customers. The electronic survey is hosted by NIH behind its firewall using the ORS Survey System.

The survey asks a series of questions about customer perceptions of specific aspects of service they received. Customers are also asked to identify strengths and weaknesses of our services. Results are utilized in Contractor's quarterly Quality Assurance Surveillance Plan (QASP) evaluations.

DESCRIPTION OF RESPONDENTS:

Customers include NIH employees and some contractors who have recently used EM Scheduling services.

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 Responses per Respondent	Time per Response (in hours)	Total Burden Hours
Individuals/Households	400	1	5/60	33
Totals		**400**		**33**

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Individuals/Households	33	$24	$792
Totals			$792

https://www.bls.gov/oes/2018/May/oes_nat.htm#00-0000.

FEDERAL COST: The estimated annual cost to the Federal government is $5,042.

Staff	Grade/Step	Salary	% of Effort	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight					

Industrial Psychologist	13/7	$119,004	2%		$2,380
Program Analyst	12/10	$108,422	2%		$2,168
Contractor Cost **(13-1121)**		$49,370	1%		$494
Travel					N/A
Other Cost					N/A
Total					$5,042

**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?

<div align="right">[X] Yes   [] No</div>

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 Program Analyst will send emails with the Scheduling Services Survey link to NIH Events Management customers.

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? [X] Yes [ ] No

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

<div align="center">

END OF SURVEY

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