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

**TITLE OF INFORMATION COLLECTION:** NICHD Automated Business Processes – Scoping Survey

**PURPOSE:**

The purpose of this survey is to gather initial input from staff across NICHD on challenges with existing tools and specific program areas that could benefit from automation. The NICHD Strategic Plan, Automated Business Processes Working Group will use the results of this survey to help set priorities for automation initiatives throughout NICHD. A large number of the scientific, administrative, and support staff at NICHD are not FTEs. By deploying this survey to them, we are able to get diverse input on what ways NICHD can continue to leverage automation solutions to reduce time spent on legacy paper-based processes, increase efficiency/speed of processing requests, and ultimately minimize administrative burden on Federal and contract staff. By administering this cost-effective survey, NICHD will maximize the return on taxpayer dollars by using the survey data to align future investments and priorities for automation.

**DESCRIPTION OF RESPONDENTS**:

Respondents will include administrative NICHD employees and contractors currently working at NICHD.

**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 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:\_\_\_\_Bryan Reed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 | 170 | 1 | 5/60 | 14 |
|  |  |  |  |  |
| **Totals** |  | 170 |  | **14** |

**COST OT RESPONDENT**

|  |  |  |  |
| --- | --- | --- | --- |
|  **Category of Respondent** | **Total Burden****Hours** | **Hourly Wage Rate\*** | **Total Burden Cost**  |
| Individuals | 14 | $34.90 | $488.60 |
|  |  |  |  |
| **Totals** |  |  | $488.60 |

\*Cited from: <https://www.bls.gov/oes/current/oes_47900.htm#00-0000> (All Occupations in the DC Metropolitan area).

**FEDERAL COST:** The estimated annual cost to the Federal government is\_\_\_$3,376\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Staff** | **Grade/Step** | **Salary\*** | **% of Effort** | **Fringe (if applicable)** | **Total Cost to Gov’t** |
| **Federal Oversight** |  |  |  |  |  |
| Administrative Officer | 15/8 | $172,025 | 1% |  | $1,720 |
| **Contractor Cost** |  | $138/hour x 12 hours =$1,656 |  |  | $1,656 |
|  |  |  |  |  |  |
| Travel |  |  |  |  |  |
| Other Cost |  |  |  |  |  |
| **Total** |  |  |  |  | $3,376 |

\*the Salary in table above is cited from <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/2020/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?

Respondents will include administrative NICHD employees and contractors currently working at NICHD.

**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.**