

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)

- | | |
|--|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form | <input checked="" type="checkbox"/> Customer Satisfaction Survey |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software) | <input type="checkbox"/> Small Discussion Group |
| <input type="checkbox"/> Focus Group | <input type="checkbox"/> 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?
 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?

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Administration of the Instrument

1. How will you collect the information? (Check all that apply)
 Web-based or other forms of Social Media
 Telephone
 In-person
 Mail
 Other, Explain
2. Will interviewers or facilitators be used? Yes No

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