

**Request for Approval under the “Generic Clearance for the Collection of  
Routine Customer Feedback”**

**(OMB#: 0925-0642 Expiration Date: 03/31/2026)**

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**TITLE OF INFORMATION COLLECTION:** Center for Biomedical Informatics & Information Technology (CBIIT) Internal Communications Staff Survey (NCI)

**PURPOSE:**

The purpose of this survey is to get a pulse on the perceptions from NCI CBIIT staff on our existing internal communication channels, as well as to get feedback on their preferences for new activities. Findings from this survey will help CBIIT understand which internal activities are most useful to the organization.

**DESCRIPTION OF RESPONDENTS:**

The survey will be sent to all CBIIT federal employees, contractors, fellows, and volunteers.

**TYPE OF COLLECTION:**

<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: _____

**FREQUENCY OF REPORTING: (Check one)**

<input checked="" type="checkbox"/> Once	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Monthly	<input type="checkbox"/> On Occasion
<input type="checkbox"/> Annually	<input type="checkbox"/> Other _____

**CERTIFICATION:**

I certify the following to be true:

1. The collection is voluntary.
2. The collection is a low burden for respondents and a 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 to inform effective policy decisions substantially.
6. The collection is targeted to soliciting opinions from respondents who have experience with the program or may have experience with the program in the future.

Name: **Abigail Joyce**

To assist review, please answer the following question: If you collect names and emails, check yes for PII.

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected?  Yes  No
2. If Yes, is the information that will be collected included in records subject to the Privacy Act of 1974?  Yes  No
3. If Applicable, has a System or Records Notice been published?  Yes  No

**Gifts or Payments:**

Is an incentive (e.g., money or reimbursement of expenses, a token of appreciation) provided to participants?  Yes  No

Amount: \_\_\_\_\_

The explanation for incentive: (include the number of visits, etc.)

**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	824	1	4/60	55
<b>Totals</b>		<b>824</b>		<b>55</b>

Category of Respondent	Total Burden Hours	Wage Rate*	Total Burden Cost
Individuals	55	\$45.80	\$ 2,519.00
<b>Total</b>			<b>\$ 2,519.00</b>

\*Source of the mean Hourly Wage Rate is provided by the Bureau of Labor Statistics by averaging the following Occupation titles; Computer Support Specialist, 15-1230 at \$29.11, [Computer and Information Research Scientists](#), 15-1221 at \$68.58, and [Business and Financial Operations Occupations](#), 13-0000 at \$39.72. [https://www.bls.gov/oes/2021/May/oes\\_nat.htm#](https://www.bls.gov/oes/2021/May/oes_nat.htm#).

**FEDERAL COST:** The estimated annual cost to the Federal government is **\$631.04**.

Staff	Grade/Step	Salary**	% of Effort	Fringe (if applicable)	Total Cost to Gov't
<b>Federal Oversight</b>					
Technical Writer	13/7	134,416	0.0029		\$389.81
<b>Contractor Cost</b>		58,836	0.0041		\$241.23
Travel					\$0
Other Cost					\$0
<b>Total</b>					<b>\$631.04</b>

\*\*The salary in the table above is cited from <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/23Tables/html/DCB.aspx>

If you are conducting a focus group or 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 yes, please describe both below (or attach the sampling plan). If the answer is no, please tell how you plan to identify your potential group of respondents and how you will select them.

*We have a CBIIT staff list with email addresses. The whole population of this category of staff will be sent this survey.*

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

Survey Form

Chart Abstraction

Other, Explain

2. Will interviewers, facilitators, or research coordinators be used?  Yes  No

Please ensure all instruments, instructions, and scripts are submitted with the request.