

**Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB#: 0925-0648; Exp. Date: 06/30/2024)**

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**TITLE OF INFORMATION COLLECTION:** Interpreting Services Feedback Survey

**PURPOSE:**

The Office of Research Services (ORS), Events Management Branch requests consumers of the interpreting services to provide feedback on the **services** received. Consumer feedback is used to improve the services provided to the NIH community, under a performance-based contract with Access Interpreting. Feedback collected will be combined and analyzed by the ORS Office of Quality Management (OQM) and will remain confidential. Consumers’ names will not be disclosed.

**DESCRIPTION OF RESPONDENTS:**

Most of the respondents are members of the NIH workforce who are Deaf or Hard of Hearing. However, anyone with an active NIH email account can request interpreting services under the contract for themselves or on behalf of someone else.

**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: Linda Kiefer\_\_\_\_\_

Title, OD, Division: Program Manager/COR, ORS/PES/EMB  
301-237-7282

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 [ ] 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	100	1	5/60	8
<b>Totals</b>		100		<b>8</b>

**COST TO RESPONDENT**

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
NIH employees/contractors	8	\$27.07	\$217
<b>Totals</b>			<b>\$217</b>

\*The General Public wage rate was obtained from [https://www.bls.gov/oes/current/oes\\_nat.htm](https://www.bls.gov/oes/current/oes_nat.htm)

**FEDERAL COST:** The estimated annual cost to the Federal government is \$2,626.

Staff	Grade/Step	Salary**	% of Effort	Fringe (if applicable)	Total Cost to Gov't
<b>Federal Oversight</b>					
Branch Chief	14/10	\$159,286	.005		\$796
Program Manager	13/6	\$120,972	.01		\$1,209
Organizational Psychologist	9/2	\$62,133	.01		\$621
<b>Contractor Cost</b>					

Travel					
Other Cost					
<b>Total</b>					\$2,626

\*\*The Salary in table above is cited from <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2021/DCB.pdf>

**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?

**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
  
2. Will interviewers or facilitators be used?  Yes  No

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