

**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:** NIH Food Service Survey (ORS/OD)

**PURPOSE:**

This survey will be used to evaluate the performance, offerings and availability of food service provided by Division of Amenities and Transportation Services (DATS), PES, ORS contractors and vendors. The survey will evaluate their performance in meeting our stated customer service goals, and use of mobile applications to pay for services.

**DESCRIPTION OF RESPONDENTS:**

All NIH staff (employees and contractors), guests and patients of the NIH Clinical Center.

**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.

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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  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
Individual (Federal Government Employee, Contractor and Visitors)	45,000	1	5/60	3,750
<b>Totals</b>		45,000		<b>3,750</b>

**COST TO RESPONDENT**

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Individual (Federal Government Employee, Contractor and Visitors)	3,750	\$36.68	\$137,550
<b>Totals</b>			<b>137,550</b>

\* [https://www.bls.gov/oes/current/naics4\\_622300.htm#00-0000](https://www.bls.gov/oes/current/naics4_622300.htm#00-0000)

**FEDERAL COST:** The estimated annual cost to the Federal government is \$2,037

Staff	Grade/Step	Salary	% of Effort	Fringe (if applicable)	Total Cost to Gov't
<b>Federal Oversight</b>					
Chief	14/8	\$155,687	.005		\$778
Specialist	12/5	\$101,813	.005		\$509
Org. Psychologist	11/1	\$74,950	.010		\$750
<b>Contractor Cost</b>					
Travel					
Other Cost					
<b>Total</b>					<b>\$2,037</b>

[Salary Table 2022-DCB \(opm.gov\)](#)

**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 [X] 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?

*DATS will utilize posters with QR codes. A centralized DATS website for all customer surveys, and QR codes will be placed on receipts at contracted locations. For non-contracted locations, physical posters will be utilized as well as the centralized websites.*

### **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? [ ] Yes [ X ] No