

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

TITLE OF INFORMATION COLLECTION: National Institutes of Health Library Survey for Document Delivery Services (OD/ORS)

PURPOSE:

This survey will be used to assess the satisfaction and experience for the library’s document delivery service.

DESCRIPTION OF RESPONDENTS:

All NIH staff (employees and contractors)

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: Bradley Otterson
Biomedical Librarian
DLS, ORS, OD (301) 827-3887

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, Contractors)	5000	1	5/60	417
Totals		5000		417

COST TO RESPONDENT

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Individual (Federal Government Employee, Contractor)	417	\$30	\$12,510
Totals			\$12,510

BLS Occupational Employment and Wage Statistics

https://www.bls.gov/oes/current/naics4_622300.htm#00-0000

FEDERAL COST: The estimated annual cost to the Federal government is \$121

Staff	Grade/Step	Salary	% of Effort	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight					
Biomedical Librarian	13/05	\$121,065	.001		\$121
Contractor Cost					
Travel					
Other Cost					
Total					\$121

OPM Salary Table 2022-DCB

<https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/#url=2022>

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?

After providing the service, we will send an email with a link to the 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
 Other, Explain
2. Will interviewers or facilitators be used? Yes No