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

## (OMB#: 0925-0648 Exp. date: 06/2024)

**TITLE OF INFORMATION COLLECTION:** NEI Property Service Center Customer Service Survey (NCATS, NCCIH, NIGMS, NIMHD, NIBIB and NIDCR)

**PURPOSE:**

Collect feedback from the below Institute contractors on property management services provided by NEI’s Property Service Center. Use results as a baseline for future collections and to shape current recommendations for internal practices:

* National Center of Advancing Translational Sciences (NCATS)
* National Center of Complementary and Integrative Health (NCCIH)
* National Center of General Medical Sciences (NIGMS)
* National Institute on Minority Health and Health Disparities (NIMHD)
* National Institute of Biomedical Imaging and Bioengineering (NIBIB)
* National Institute of Dental and Craniofacial Research (NIDCR)

**DESCRIPTION OF RESPONDENTS**:

Above IC contractors.

**TYPE OF COLLECTION:** (Check one)

[ ] Customer Comment Card/Complaint Form [ ] Customer Satisfaction Survey

[ ] Usability Testing (e.g., Website or Software [ ] Small Discussion Group

[] Focus Group [ ] Other: Feedback Survey

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

[X ] Once [ ] Quarterly

[ ] Monthly [ ] On Occasion

[ ] Annually [ ] 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: Trevor Peterson

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
4. Privacy Act Systems of Records Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FR Citation \_\_\_\_FR\_\_\_

**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 | 203 | 1 | 5/60 | 17 |
| **Totals** |  | 203 |  | **17** |

**COST TO RESPONDENT**

|  |  |  |  |
| --- | --- | --- | --- |
|  **Category of Respondent** | **Total Burden****Hours** | **Hourly Wage Rate\*** | **Total Burden Cost**  |
| Private Sector | 17 | $40 | $680 |
| **Totals** |  |  | $680 |

\*https://www.bls.gov/oes/current/oes190000.htm

**FEDERAL COST:** The estimated annual cost to the Federal government is \_$700\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Staff** | **Grade/Step** | **Salary\*** | **% of Effort** | **Fringe (if applicable)** | **Total Cost to Gov’t** |
| **Federal Oversight** |  |  |  |  |  |
| Management Analyst | 14/2 | $136,780 | 0.5% |  | $700 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Contractor Cost** |  |  |  |  |  |
|  |  |  |  |  |  |
| Travel |  |  |  |  |  |
| Other Cost |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total** |  |  |  |  | $700 |

\*the Salary in table above is cited from <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/2022/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 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?

All IC Staff—access will be by active directory account, limited to one response per user. Survey will be marketed to all staff, but we anticipate 30% voluntary response rate. Burden hours reflect this percentage of 677 total contractors only.

**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

1. Will interviewers or facilitators be used? [ ] Yes X No

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