

**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 Library Information Support for NIH Researchers Survey

**PURPOSE:**

The NIH Library is conducting an anonymous survey to obtain a better understanding of NIH researchers' information needs. The term “information needs” means library information that is useful for your work. The results of this survey will enable the NIH Library to create new information support services and help us plan our future.

**DESCRIPTION OF RESPONDENTS:**

NIH Intramural Researchers

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

- |   |   |
|---|---|
| <input type="checkbox"/> Customer Comment Card/Complaint Form         | <input 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 checked="" type="checkbox"/> Other: Customer Needs Assessment Survey |

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

- 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: Diane Cooper

Title: Informationist / Biomedical Research Librarian

DLS, ORS, OD (301) 827-3824

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
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
Individual (Federal Government Employee, Contractors)	350	1	5/60	29
<b>Totals</b>		350		29

**COST TO RESPONDENT**

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Individual (Federal Government Employee, Contractors)	29	\$44.75	\$1,297.75
<b>Totals</b>	29	\$	\$1,297.75

\*Source of the Hourly Wage Rate is provided by the Bureau of Labor Statistics

[https://www.bls.gov/oes/current/naics4\\_622300.htm#19-0000](https://www.bls.gov/oes/current/naics4_622300.htm#19-0000) - Medical Scientists

**FEDERAL COST:** The estimated annual cost to the Federal government is \$146

Staff	Grade/Step	Salary	% of Effort	Fringe (if applicable)	Total Cost to Gov't
<b>Federal Oversight</b>					
Informationist	GS13/10	\$145,617	0.1%		\$146
<b>Contractor Cost</b>					
Travel					
Other Cost					

<b>Total</b>					\$146

OPM Salary Table 2023-DCB

<https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2023/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?

*The Deputy Director for Intramural Research has agreed to distribute the survey through the NIH Intramural Research listserv. The NIH Library’s Point of Contact Librarians will follow-up with each NIH Institute/Center.*

*The survey will be sent to approximately 7,000 intramural researchers. We expect 5% response rate based on NIH Library customer service survey satisfaction of 2022.*

**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

1. Will interviewers or facilitators be used?  Yes  No