

Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB#: 0925-0648 Exp., date: 09/2025)

TITLE OF INFORMATION COLLECTION: Annual Lab Survey

PURPOSE: The purpose of this survey is to solicit feedback annually until September 2025 about the performance of the Laboratory/Branch Chiefs. We have ensured that these survey activities, which are designed to gather and measure Laboratory/Branch members’ perceptions of the quality of the Chief’s performance as it relates to laboratory management, administrative management, and ethical leadership, satisfy the requirements and the spirit of Executive Order (EO) 12862. Furthermore, periodic surveys of lab staff are part of the Board of Scientific Counselors (BSC) leadership reviews of Laboratory/Branch Chiefs. The feedback will be provided to the NIA BSC members for evaluation of the Laboratory/Branch Chief. Each respondent will answer questions about their respective labs.

DESCRIPTION OF RESPONDENTS: NIA IRP full time equivalent (FTE) federal employees and non-FTEs including contractors, trainees/fellows, guest researchers, and special volunteers.

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: <u>Performance Feedback</u> |

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: Angela Prazak, Program Specialist, OSD, NIA

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 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
Federal Government – IRP FTE’s	255	1	10/60	42.5
NIA IRP-Non-FTE’s	387	1	10/60	64.5
Totals		642		107

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Federal Government – IRP FTE’s	42.5	\$22.00	\$935.00
NIA IRP-Non-FTE’s	64.5	\$22.00	\$1,419.00
Totals	107		\$2,354.00

*Cite source per bls.gov if applicable

FEDERAL COST: The estimated annual cost to the Federal government is \$1,503.84 (one-time cost). This is estimated based on a portion of the existing subscription to Survey Monkey, staff hours involved in preparing the survey, and email communication used for solicitation.

Staff	Grade/Step	Salary*	% of Effort	Fringe (if applicable)	Total Cost to Gov’t
Federal Oversight					
Program Specialist	13/4	\$117,505	1		\$1,175.05
Contractor Cost					
Title					
Travel					
Other Cost					
Total					\$1,175.05

*the Salary in table above is cited from <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2018/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? Each laboratory has an email distribution list, which includes all staff in that respective area.

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

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