

**Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 2700-0153)**

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**TITLE OF INFORMATION COLLECTION:** Ames Hoteling Space Feedback

**PURPOSE:** NASA Ames Research Center has begun to establish hoteling workspaces for employees without permanent assigned offices, for temporary use as needed, or for official Agency visitors. The survey will gather feedback on the usability of the space (IT equipment, lighting, noise, temperature) and general satisfaction. The feedback will be used by the Ames Future of Work team to improve hoteling spaces and develop better workspace options.

**DESCRIPTION OF RESPONDENTS:** NASA employees (civil servants and contractors), including students, and official visitors to the Center, who voluntarily make use of the hoteling space and volunteer to complete the survey.

**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: Katharine Lee

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, will any information that is collected be included in records that are subject to the Privacy Act of 1974?  Yes  No
3. If Yes, has an up-to-date System of Records Notice (SORN) 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

## BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden
Private Sector (contractors)	1700	3 minutes	85.0 hrs
Federal Government (NASA civil servants and other federal civil servants)	1305	3 minutes	65.25 hrs
Official visitors with access to NASA O365	100	3 minutes	5.0 hrs
<b>Totals</b>	<b>3105</b>		<b>155.25 hrs</b>

### FEDERAL COST:

= total burden hours (of potentially all 3105 users) x average salary/hour

= 155.25 hours x \$71.04/hour = **\$11,028.96**

**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?

Potential respondents are those who voluntarily choose to utilize the hoteling space(s) as a temporary workspace and wish to provide feedback on the usability of, and satisfaction with, the space. Most respondents would be federal NASA employees, interns, and contractors. There may be respondents from visitors from other federal government organizations and contractors who are able to access the form within the NASA IT environment.

#### Administration of the Instrument

1. How will you collect the information? (Check all that apply)

[ x ] Web-based

<https://forms.office.com/g/8t4MuQ0eyQ>

[ ] Telephone

[ ] In-person

[ ] Mail

[ ] Other, Explain

2. Will interviewers or facilitators be used? [ ] Yes [ x ] No

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