

**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:** InsideGoddard Workforce Survey

**PURPOSE:**

NASA Goddard Space Flight Center is in the process of redesigning its sharepoint intranet site. This survey will enable us to collect necessary feedback from our customers/stakeholders, the workforce, and incorporate their feedback and user experiences into the redesign project.

**DESCRIPTION OF RESPONDENTS:**

Goddard users (civil servants, contractors, interns) that use Inside Goddard who volunteer to take 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: Leslee Scott

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 (Goddard Contractors)	6,000	2 minutes (1/30 hour)	200 hours
Federal Government (Goddard Civil Servants)	3,000	2 minutes (1/30 hour)	100 hours
Other (Emeritus and Interns)	1,000	2 minutes (1/30 hour)	33.33 hours
<b>Totals</b>	<b>10,000</b>		<b>333.33 hours</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is \$9,999.90 at \$30/user/hour for 10,000 [100% response rate] survey users [multiplied by the burden] 333.33 x \$30 = \$9,999.90.

**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?  
[x] 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?

Potential respondents will be Goddard employees, approximately 10,000 employees. We will email Goddard's workforce via our distribution listserv in hopes of receiving a 20% response rate. The source of Goddard employees for the distribution listserv is the Global Address List for identity information.

### **Administration of the Instrument**

1. How will you collect the information? (Check all that apply)  
[x] Web-based  
[ ] Telephone  
[ ] In-person  
[ ] Mail  
[x] Other, Explain: Goddard employees will receive an email blaster with the survey link <https://forms.office.com/g/tGXWmytZEe>
2. Will interviewers or facilitators be used? [ ] Yes [ x ] No

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