

| | | | |
|--|--|--|--|
| Evaluation of Employee Suggestion | | INSTRUCTIONS: 1. If you recommend that the referenced suggestion be adopted, complete Sections A, B, and C. 2. If this suggestion should NOT be adopted, complete Sections A and C. 3. Please return this form to the NIH Employee Suggestion Coordinator, Building 31, Room 3B11. | |
| To: | | Suggester's Name | |

| | | |
|----------------|---------------|-----------------|
| Suggestion No. | Date Received | Please Reply By |
|----------------|---------------|-----------------|

SECTION A.

| | | |
|---|--|--|
| 1. Can this suggestion be adopted by your organization? <input type="checkbox"/> Yes (Complete entire form) <input type="checkbox"/> No (Complete item 3 below and Section C.) | | 2. If so, give date the suggestion will be implemented |
| 3. Analysis of Suggestion (Explain why the suggestion should be adopted or rejected.) | | |

SECTION B.

| | |
|---|---------------------------|
| 1. Adoption of suggestion will result in: <input type="checkbox"/> Tangible Benefits (Complete Items 2 and 3.) <input type="checkbox"/> Intangible Benefits (Complete Items 2 and 4.) | 2. Dollar amount of award |
| 3. Explain method used to determine dollar amount of award based on tangible benefits. (See Table 1.) | |

| 4. Intangible benefits: Check value and write amount of award. (See Table 2.) | LIMITED | EXTENDED | BROAD | GENERAL |
|---|---------|----------|-------|---------|
| <input type="checkbox"/> MODERATE | | | | |
| <input type="checkbox"/> SUBSTANTIAL | | | | |
| <input type="checkbox"/> HIGH | | | | |
| <input type="checkbox"/> EXCEPTIONAL | | | | |

SECTION C.

| | | | |
|--|---------|----------------------|--------------|
| 1. Signature of Evaluator | 2. Date | 3. Building and Room | 4. Phone No. |
| 5. Signature and Title of Approving Official | | | 6. Date |

Cash Award Schedules

Table 1
Tangible Benefits

| Estimated First-Year Benefits to Government | Amount of Award |
|---|---|
| Up to \$10,000 _____ | 10% of benefits |
| \$10,000 to \$100,000 _____ | \$1,000 for the first \$10,000, plus .3% of benefits over \$10,000 |
| \$101,000 or more _____ | \$3,700 for the first \$100,000 plus .5% of benefits over \$100,000 |

Table 2
Intangible Benefits

| Value of Benefits | Extent of Application | | | |
|---|---|--|--|---|
| | LIMITED Affects functions, mission or personnel of one office, facility, installation, or organizational element of a headquarters, i.e., one Division. Affects a small area of science or technology. | EXTENDED Affects functions, mission or personnel of several offices, facilities or regional area. Affects an important area of science or technology. | BROAD Affects functions, mission or personnel of an entire regional area. May be applicable to all of NIH. Affects a broad area of science or technology. | GENERAL Affects functions, or mission or personnel of several regional areas. May be applicable to all DHHS or in the public interest throughout the nation. |
| MODERATE A modification of an operating procedure, sufficient to meet the minimum standard for a cash award. An improvement of limited value of an activity program or service to the public. | \$100 | \$100--250 | \$250--500 | \$500--1,000 |
| SUBSTANTIAL A modification of an operating procedure, a significant improvement to the value of an activity, program, or service to the public. | \$100--250 | \$250--500 | \$500--1,000 | \$1,000--2,500 |
| HIGH A complete revision of a basic principle or procedure, significant improvement of the value of a major activity, program or service to the public. | \$250--500 | \$500--1,000 | \$1,000--2,500 | \$2,500--5,000 |
| EXCEPTIONAL Initiation of a new principle or major procedure, a superior improvement to the quality of a critical activity, program, or service to the public. | \$500--1,000 | \$1,000--2,500 | \$2,500--5,000 | \$5,000--10,000 |