

**Request for Approval under the “Generic Clearance for the Collection of
Routine Customer Feedback” (NCI) (OMB Control Number: 0925-0642,
Expiration Date 8/31/2017)**

TITLE OF INFORMATION COLLECTION:

2015 Cancer Center Directors Meeting Customer Satisfaction Survey

PURPOSE:

The Cancer Center Directors Meeting is an annual meeting that brings cancer center directors from across the country to the NCI. The purpose of this collection is to understand how participants of the meeting would evaluate the meeting content and logistics so as to plan for next year’s meeting.

DESCRIPTION OF RESPONDENTS:

Cancer Center Directors (or possibly their proxies) from across the U.S.

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: Nina Goodman

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 [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
Cancer Center Directors	60	1	10/60	10
Totals	60			10

Category of Respondent	Total Burden Hours	Wage Rate*	Total Burden Cost
Cancer Center directors	10	\$90.00	\$900
Totals			

* Occupation Title “Physicians and Surgeons” code: 29-1069

<http://www.bls.gov/oes/current/oes291069.htm>

FEDERAL COST: The estimated annual cost to the Federal government is \$100.

Staff	Grade/Step	Hourly Rate*	Hours Worked	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight					
Public Advisor	14/7	49.68	2		\$100

* Based on OPM http://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2015/GS_h.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?

[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?

The respondents are Cancer Center Directors from NCI Cancer Centers around the country.

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