

Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB#: 0925-0642 ExpDate: 08/2017)

TITLE OF INFORMATION COLLECTION:

2016 SPORE Administrators’ Workshop Evaluation

PURPOSE:

The Translational Research Program (TRP) in the Division of Cancer Treatment and Diagnosis of NCI is the home of the SPOREs — the Specialized Programs of Research Excellence — a cornerstone of NCI’s efforts to promote collaborative, interdisciplinary translational cancer research. In an effort to better the workshops that NCI DCTD provides to its SPOREs customers, NCI is requesting to field this survey to obtain customer feedback on its workshop sessions.

DESCRIPTION OF RESPONDENTS:

The respondents will be attendees of the SPORE Administrators’ Workshop who are administrators for SPORE sites.

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: Tamara Walton

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
Individual	100	1	5/60	8
Totals	100	100		8

Category of Respondent	Total Burden Hours	Wage Rate*	Total Burden Cost
Individual	8	\$50.99	\$408
Totals	8		\$408

*Occupation code 11-9111, Occupation type: Medical and Health Services Managers
<http://www.bls.gov/oes/current/oes119111.htm>

FEDERAL COST: The estimated annual cost to the Federal government is \$1,167.

Staff	Grade/Step	Salary	% of Effort	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight					
Program Analyst	13/9	116,722	1		1, 167
Travel					0
Other Cost					0
Total					\$1,167

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?

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.