## Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB#: 0925-0642 ExpDate:05/2020)

**TITLE OF INFORMATION COLLECTION:**

Voice of the Customer (VoC) surveys for CBITT’s Website

**PURPOSE:**

The National Cancer Institute (NCI) Office of Communications & Public Liaison (OCPL) manages a portfolio of public-facing websites, including [www.cancer.gov](http://www.cancer.gov/) and [www.cancer.gov/español](http://www.cancer.gov/espa%C3%B1ol).

To optimize content, navigation, and functionality of its digital engagement channels, the NCI collects customer feedback through the use of surveys and digital analytics, including Voice of the Customer (VoC) tools. The core idea of VoC is to capture a customer’s expectations, preferences, and aversions. By understanding the customer’s “voice”, an organization is better equipped to meet expectations and respond to changing user preferences. VoC data helps bolster the analytics data we already collect by providing richer qualitative context and will be used to better service delivery across all users of CBITT’s website.

**DESCRIPTION OF RESPONDENTS**:

Users of cancer.gov website.

**TYPE OF COLLECTION:** (Check one)

[ ] Customer Comment Card/Complaint Form [X] Customer Satisfaction Survey

[ ] Usability Testing (e.g., Website or Software [ ] Small Discussion Group

[ ] Focus Group [ ] 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 [X] 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**  |
| Individuals | 500 | 1 | 5/60 | 42 |
| **Totals** | **500** | 500 |  | **42** |

|  |  |  |  |
| --- | --- | --- | --- |
|  **Category of Respondent** | **Total Burden****Hours** | **Wage Rate\*** | **Total Burden Cost**  |
| Individuals | 42 | $23.86 | $1,002.12 |
| **Totals** | **42** |  | **$1,002.12** |

\*Wage Rate obtained from Bureau of Labor Statistics, title “All-Occupations” 00-0000, https://www.bls.gov/oes/current/oes\_nat.htm#00-0000.

**FEDERAL COST:** The estimated annual cost to the Federal government is \_\_$43,885\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Staff** | **Grade/Step** | **Salary** | **% of Effort** | **Fringe (if applicable)** | **Total Cost to Gov’t** |
| **Federal Oversight** |  |  |  |  | **$26,885** |
| Public Health Advisor | 14/7 | $134,426 | 20 |  | $26,885 |
| **Contractor Cost** |  |  |  |  | **$17,000** |
| Technical Assistance |  |  |  |  | $17,000 |
| **Travel** |  |  |  |  | 0 |
| **Other Cost** |  |  |  |  | 0 |
| **Total** |  |  |  |  | **$43,885** |

**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?

**Administration of the Instrument**

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

[X] Web-based or other forms of Social Media

[ ] Telephone

[ ] In-person

[ ] Mail

[ ] Other, Explain

1. Will interviewers or facilitators be used? [ ] Yes [X] No