

**Request for Approval under the
“Generic Clearance for the Collection of Routine Customer Feedback” (NCI)
(OMB Control Number: 0925-0642, Expiration Date 5/31/2020)**

TITLE OF INFORMATION COLLECTION:

Pre-meeting Survey for the NCI Cohort Consortium

PURPOSE:

The purpose of the data collection is to gather input and feedback from the NCI Cohort Consortium prior to attending the 2018 NCI Cohort Consortium annual meeting in November, 2018. The information collected will be used to shape the meeting agenda.

DESCRIPTION OF RESPONDENTS:

Cohort Consortium members including individual investigators, research fellows/post-doctoral fellows, NCI program staff and researchers from intramural and extramural divisions.

TYPE OF COLLECTION: (Check one)

- Customer Comment Card/Complaint Form
 Usability Testing (e.g., Website or Software)
 Focus Group

- Customer Satisfaction Survey
 Small Discussion 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: Nonye Harvey MPH, Public Health Advisor, DCCPS, NCI

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

If yes to PII, then describe nature of PII, reason for its collection, and how long PII will be kept.

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	200	1	20/60	67
Totals	200	200		67

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Individuals	67	\$33.49 / hour	\$2,243.83
Totals	67		\$2,243.83

The wage rate is from the 2017 Bureau and Labor Statistics which reports a median hourly wage rate for epidemiologists (19-1041). https://www.bls.gov/oes/current/oes_nat.htm

FEDERAL COST: The estimated annual cost to the Federal government is \$4,081.24

Staff	Grade/Step	Salary	% of Effort	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight					
CRTA Fellow	N/A	\$52,000	3%		\$1,560.00
Public Health Advisor	13/10	\$126,062	2%		\$2,521.24
Contractor Cost					\$0
Travel					
Other Cost					
Total					\$4,081.24

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

The survey will go to a distribution list / list serve of NCI Cohort Consortium members, including external investigators and NCI program staff or program staff.

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