Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback" (OMB#: 0925-0642 ExpDate:05/31/2020)

TITLE OF INFORMATION COLLECTION:

2018 NCORP Annual Meeting Assessment and Feedback

PURPOSE:

The purpose of this information collection is to collect feedback from NCI Community Oncology Research Program (NCORP) members who attended the 2018 NCORP Annual Meeting (September 20-21, 2018). The information collected will be used to better the delivery of NCORP meetings in the future.

DESCRIPTION OF RESPONDENTS:

The respondents of the information collection include: Investigators, Administrators, and other members of NCORP grantee Community Sites, Minority/Underserved Sites, and Research Bases.

TYPE OF COLLECTION: (Check one)	
[] Customer Comment Card/Complaint Form [] Usability Testing (e.g., Website or Software [] Focus Group	[X] 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 <u>not</u> raise issues of concern to other federal agencies.
- 4. The results are <u>not</u> intended to be disseminated to the public.
- 5. Information gathered will not be used for the purpose of <u>substantially</u> informing <u>influential</u> 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.

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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 [x] No
- 3. If Applicable, has a System or Records Notice been published? n/a

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
Individual	225	1	10/60	38
Totals	225	225		38

Category of Respondent	Total Burden	Wage Rate*	Total Burden	
	Hours		Cost	
Individual	38	\$76.66	\$2,912.89	
Totals	38	\$76.66	\$2,912.89	

^{*}Wage Rate based on an average of BLS National Occupational Employment and Wage Estimates for 29-1171 Nurse Practitioners (\$51.68) and 29-1069 Physicians and Surgeons, All Other (\$101.63) https://www.bls.gov/oes/2017/May/oes_nat.htm#29-0000.

FEDERAL COST: The estimated annual cost to the Federal government is \$549.50

			% of	Fringe (if applicable)	Total Cost to Gov't
Staff	Grade/Step	Salary	Effort		
Federal Oversight					
Program Analyst	GS 13-5	\$109,900	0.5		\$549.50
Contractor Cost					0
Travel					0
Other Cost					0
Total					\$549.50

https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/18Tables/html/DCB.aspx

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? N/A

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?

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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