

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

TITLE OF INFORMATION COLLECTION: Survey of Customer Satisfaction for DCCPS Fellows

PURPOSE:

The purpose of this survey is to gather customer satisfaction from current Division of Cancer Control and Population Sciences (DCCPS) fellows at the National Cancer Institute (NCI). The goal is to obtain the opinions of fellows working in DCCPS, including how their time in the division can be improved, and ideas for trainings they would like to see over the next year. Data collection is voluntary, statistical rigor is not required, the survey is of low burden, and public dissemination of the results is not intended. The results of this survey will be used solely to assess the satisfaction of and improve the service delivery and training experience of DCCPS fellows.

DESCRIPTION OF RESPONDENTS:

All training fellows within DCCPS including, cancer prevention fellows, other cancer research training awardees (CRTAs), and health communication interns.

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: Richard Moser

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
Individual	50	1	5/60	4
Totals	50	50		4

Category of Respondent	Total Burden Hours	Wage Rate*	Total Burden Cost
Individual	4	\$23.23	\$92.92
Totals	4		\$92.92

*Bureau of Labor Statistics Occupation Title "All Occupations" Code 00-0000
http://www.bls.gov/oes/current/oes_nat.htm#00-0000.

FEDERAL COST: The estimated annual cost to the Federal government is
 ___\$2,740.00___

Staff	Grade/Step	Salary	% of Effort	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight					
Fellowship Coordinator	14/10	137,000	2		2740.00
Contractor Cost					0
Travel					0
Other Cost					0
Total					\$2,740.00

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?

I have a list of all fellows within DCCPS (approximately n=50) and will send the survey to all of 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
2. Will interviewers or facilitators be used? [] Yes [X] No