

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

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**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)

- |  |  |
|--|--|
| <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.

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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  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? 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
<b>Totals</b>	225	225		38

Category of Respondent	Total Burden Hours	Wage Rate*	Total Burden Cost
Individual	38	\$76.66	\$2,912.89
<b>Totals</b>	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](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

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

**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