

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

TITLE OF INFORMATION COLLECTION:

Cancer Prevention Fellowship Program (CPFP) Fellows Research Meeting (FRM) Speaker Survey

PURPOSE:

The Fellows Research Meeting (FRM) is where the Cancer Prevention Fellowship Program (CPFP) Fellows formally present their National Cancer Institute research studies or review cancer prevention subjects. Fellows present their work to their peers, preceptors and CPFP Staff. A speaker survey is administered after each FRM to Fellows to provide feedback to the host speaker on the quality of their presentation. The information is collected and given to the host speaker to provide feedback on their presentation and identify areas of improvement. Fellows in attendance of the FRM will receive the FRM speaker survey and submit their feedback at the end of the presentation.

DESCRIPTION OF RESPONDENTS:

Respondents to the survey will be Cancer Prevention Fellows (CPFs). CPFs are postdoctoral fellows at the National Cancer Institute as part of the CPF program. The CPF program is a postdoctoral research fellowship program in cancer prevention and control housed within the Division of Cancer Prevention.

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: Annalisa Gnoleba

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	Survey Name	No. of Respondents	No. of Responses per Respondent	Time per Response (in hours)	Total Burden Hours
Individuals	FRM Survey	35	1	10/60	6
Totals		35	35		6

Category of Respondent	Survey Name	Total Burden Hours	Wage Rate*	Total Burden Cost
Individuals	FRM Survey	6	\$40.01	\$240.06
Totals				\$240.06

*Median hourly wage for Social Scientists and Related Workers, All Others (19-3099);

https://www.bls.gov/oes/current/oes_nat.htm#19-0000

FEDERAL COST: The estimated annual cost to the Federal government is \$763.80.

There is minimal cost to the Federal Government as the survey is distributed, administered, and analyzed by a Program Director.

Staff	Grade/Step	Salary**	% of Effort	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight					
Program Director	15/5	\$152,760	0.5%		\$763.80
Contractor Cost					\$0
Travel					\$0
Other Cost					\$0
Total					\$763.80

** <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?
[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?

The CPFP office maintains names and email addresses of all current CPFs, and this list provides us with information on all our potential respondents. We plan to sample all of the potential respondents (CPF).

Administration of the Instrument

1. How will you collect the information? (Check all that apply)
[] Web-based or other forms of Social Media
[] Telephone
[x] In-person
[] Mail
[] Other, Explain
2. Will interviewers or facilitators be used? [] Yes [X] No

Please make sure that all instruments, instructions, and scripts are submitted with the request.