## 31Request 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:** Hallway Interviews about myNCI with NCI staff

**PURPOSE:**

myNCI is the intranet for NCI employees including fellows and contractors. NCI is interested in hearing from individuals who have not used myNCI or use it infrequently to better understand where they go for information about working at NCI, how aware they are of the intranet, and if aware, why they are not using it. Information will be used to improve the intranet and inform future decisions on how to structure myNCI content.

At the end of the interview, respondents will be asked if they would be willing to participate in a more in-depth follow-up conversation. If that research is conducted, it will be submitted as a separate sub-study.

**DESCRIPTION OF RESPONDENTS**:

Attendees are a mix of NCI employees and non-Federal employees. Because it is anticipated that more than nine contractors will respond, OMB clearance is being requested.

**TYPE OF COLLECTION:** (Check one)

[ ] Customer Comment Card/Complaint Form [X] Customer Satisfaction Survey

[ ] Usability Testing (e.g., Website or Software [ ] Small Discussion Group

[ ] Focus 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: Nina Goodman

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 |
| Individuals\* | 100 | 1 | 5/60 | 8 |
| **Totals** | **100** | **100** |  | **8** |

\*Note: The individuals will be a mix of contractors, fellows, interns, and other who are non-Federal employees and have access to the intranet.

|  |  |  |  |
| --- | --- | --- | --- |
| Category of Respondent | Total Burden  Hours | Wage Rate\* | Total Burden Cost |
| Individuals | 8 | $24.34 | $195 |
| **Total** |  |  | **$195** |

\*The Mean Hourly Wage Rate was obtained from Bureau of Labor Statistics, title “All-Occupations” 00-0000, <https://www.bls.gov/oes/2017/May/oes_nat.htm#00-0000>

**FEDERAL COST:** The estimated annual cost to the Federal government is **$2,826.56**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Staff** | **Grade/Step** | **Salary\*\*** | **% of Effort** | **Fringe (if applicable)** | **Total Cost to Gov’t** |
| **Federal Oversight** |  |  |  |  |  |
| Public Health Advisor | 14/8 | $141,328 | 2% |  | $2,826.56 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Contractor Cost** |  |  |  |  | $0 |
|  |  |  |  |  |  |
| Travel |  |  |  |  | $0 |
| Other Cost |  |  |  |  | $0 |
|  |  |  |  |  |  |
| **Total** |  |  |  |  | **$2,826.56** |

\*\*The salary in the table above is cited from <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**

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 questions will be administered face-to-face in common areas for NCI staff to convene (e.g., outside of cafeteria in NCI buildings). Staff will be asked if they have a few minutes to answer some questions about how they find information about working at NCI.

**Administration of the Instrument**

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

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