

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

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**TITLE OF INFORMATION COLLECTION:**

2019 NCORP Annual Meeting Pre- Meeting Assessment and Feedback

**PURPOSE:**

The purpose of this information collection is to gather input and feedback from the NCI Community Oncology Research Program (NCORP) members who plan to attend the 2019 NCORP Annual Meeting. The information collected will be used to improve service delivery for future NCORP annual meetings.

**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 [X] No
2. If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974? [ ] Yes [X] No
3. If Yes, has an up-to-date System of Records Notice (SORN) 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 COST**

Category of Respondent	No. of Respondents	No. of Responses per Respondent	Time per Response (in hours)	Total Burden Hours
Individuals	225	1	10/60	38
<b>Totals</b>		<b>225</b>		<b>38</b>

Category of Respondent	Total Burden Hours	Wage Rate*	Total Burden Cost
Individual	38	\$75.46	\$2,867.48
<b>Totals</b>			<b>\$2,867.48</b>

\* Averaged mean hourly wage rate for respondents based on BLS National Occupational Employment and Wage Estimates for Nurse Practitioners occupational code, 29-1171 and wage rate \$52.90 and Physicians and Surgeons, All Other occupational code, 29-1069 and wage rate \$98.02, [https://www.bls.gov/oes/current/oes\\_nat.htm#29-0000](https://www.bls.gov/oes/current/oes_nat.htm#29-0000).

**FEDERAL COST:** The estimated annual cost to the Federal government is \$683.63.

Staff	Grade/Step	Salary**	% of Effort	Fringe (if applicable)	Total Cost to Gov't
<b>Federal Oversight</b>					
Program Analyst	14/6	\$136,725	.05		\$683.63
<b>Contractor Cost</b>					\$0
Travel					\$0
Other Cost					\$0
<b>Total</b>					<b>\$683.63</b>

\*\*The salary in the table above is cited from <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2019/DCB.pdf>

**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)
- |  |                                    |
|--|------------------------------------|
| <input checked="" type="checkbox"/> Web-based or other forms of Social Media | <input type="checkbox"/> Telephone |
| <input type="checkbox"/> In-person   | <input type="checkbox"/> Mail      |
| <input type="checkbox"/> Other, Explain                                      |                                    |
2. Will interviewers or facilitators be used?  Yes  No