# 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:

2020 DCEG, NCI Committee of Scientists Survey

#### **PURPOSE:**

The purpose of this information collection is to gather input from the DCEG scientific community on their satisfaction with the scientific life in the Division. The aim of the Committee of Scientists is to improve the overall quality of life in the Division and tackle any perceived barriers to scientific productivity and satisfaction.

#### **DESCRIPTION OF RESPONDENTS:**

The respondents of the information collection include: All members of the Division's scientific community, including fellows, staff scientists/clinics, investigators and senior investigators

[ ] Customer Comment Card/Complaint Form [ X ] Customer Satisfaction Surve	
[] Usability Testing (e.g., Website or Software) [] Focus Group [] Other:	5

#### **CERTIFICATION:**

I certify the following to be true:

TWDE OF COLLECTION (C)

- 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 <u>not</u> raise issues of concern to other federal agencies
- 4. The results are <u>not</u> intended to be disseminated to the public.
- 5. Information gathered will not be used for the purpose of <u>substantially</u> informing <u>influential</u> 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: Katherine A. McGlynn (mcglynnk@mail.nih.gov)

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 [] No N/A
- 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	180	1	6/60	18
Totals		180		18

Category of Respondent	Total Burden	Wage Rate*	Total Burden
	Hours		Cost
Individual	18	\$75.46	\$1,358.28
Totals	18		\$1,358.28

<sup>\*</sup> Averaged mean hourly wage rate for respondents based on BLS National Occupational Employment and Wage Estimates for occupational code, 29-1171 and wage rate \$52.90 and Physicians and Surgeons, All Other occupational code, 29-1069 and wage rate \$98.02, <a href="https://www.bls.gov/oes/current/oes\_nat.htm#29-0000">https://www.bls.gov/oes/current/oes\_nat.htm#29-0000</a>.

**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
Federal Oversight					
Program Analyst	14/6	\$136,725	.005%		\$683.63
<b>Contractor Cost</b>					\$0
Travel					\$0
Other Cost					\$0
Total					\$683.63

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

## 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?

We have a listing of the Division's scientific staff. No sampling will be done as all scientific staff will be asked to participate.

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?

•		•	• .	. •	c	. 1	T .		
4	am	ım	ictr	ation	Λt	the	Inctri	ument	ı
$\boldsymbol{\Gamma}$	uII		usu	auvu	UΙ	uic	mou	шиси	ı

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