

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) Speaking About Science Workshop Feedback Survey

PURPOSE:

The purpose of this survey is to gather input and feedback to improve service delivery of the CPFP Speaking about Science workshop. The goal of this course is to prepare Cancer Prevention Fellows (CPF) for their Fellows Research Meeting talks and future scientific presentations. This survey will be administered annually each year between the months of January and May, as fellows complete the workshop.

DESCRIPTION OF RESPONDENTS:

Respondents will be current CPFs, postdoctoral research fellows within the Division of Cancer Prevention at the NCI.

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: Lisa Signorello, Director, Cancer Prevention Fellowship Program, NCI
(cpfpcoordinator@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, is the information that will be collected included in records that are subject to the Privacy Act of 1974? [] Yes [] 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 COSTS

Category of Respondent	No. of Respondents*	No. of Responses per Respondent	Time per Response (in hours)	Total Burden Hours
Individuals - Survey	15	1	20/60	5
Totals		15		5

*Estimated annual number of respondents.

Category of Respondent	Total Burden Hours	Wage Rate*	Total Burden Cost
Individuals - Survey	5	\$24.98	\$124.90
Total			\$124.90

* Averaged mean hourly wage rate for respondents based on BLS National Occupational Employment and Wage Estimates for All Occupations (occupation code 00-0000), https://www.bls.gov/oes/current/oes_nat.htm#29-0000.

FEDERAL COST: The estimated annual cost to the Federal government is \$986.16.

Staff	Grade/Step	Salary**	% of Effort	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight					
Program Director	15/7	\$170,800	.01%		\$170.80
Contractor Cost					\$815.36
Travel					\$0
Other Cost					\$0
Total					\$986.16

**The salary in the table above is cited from <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/20020/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?
 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 CFPF 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 eligible respondents (CPFs).

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