

## Mini Supporting Statement A

Name of Study

OMB# 0925-XXXX,

Expiration Date: xx/xx/20xx

(A Generic Submission for Generic Clearance for Application Information from  
Fellows, Interns, and Trainees, National Cancer Institute)

Date

### Contact Information

Name:

Address:

Telephone:

Email:

## List of Attachments

Attachment 1: Application

Attachment 2: Reference Letter

## **Mini Supporting Statement A**

### **A.1 Circumstances Making the Collection of Information Necessary**

The National Cancer Institute's (NCI) goal is to train cancer researchers for the 21st Century. To that end, applications and supporting documentation involving fellows, interns, and trainees enables the development of a workforce capable of advancing cancer research through a scientifically integrated approach. This request fulfills the requirements of the National Cancer Institute (NCI) training authority as established under: Section 413 (b) (3) of the Public Health Service Act, 42 USC 285a-2 (b) (3), as amended pertaining to the NCI, which states that the NCI Director, in carrying out the National Cancer Program . . . shall . . . "support appropriate programs of education and training (including continuing education and laboratory and clinical research training)".

The [Division/Office/Center] is proposing an application to support fellows in pursuing training...

All applications will be voluntary, low-burden, non-controversial, and will not raise issues of concern to Federal agencies. The results are not intended to be disseminated to the public. The information is for internal use to make decisions about candidates invited to visit and attend NCI fellowships, internships, and other training opportunities.

### **A.2 Purpose and Use of the Information Collection**

The purpose of the proposed information collection activity is to:

- Assure that prospective candidates meet basic eligibility requirements;
- Assess their potential as future researchers, physicians, and health care professionals;
- Determine where mutual research interests exist; and
- Make decisions regarding which applicants will be recommended and approved for a variety of awards.

This request will include an on-line application, a CV, transcript, diversity statement, tax forms (if claiming financial disadvantage), and three reference letters.

### **A.3 Use of Information Technology to Reduce Burden**

Information will be collected electronically except for the reference letters which may be mailed or sent by mail.

### **A.4 Efforts to Identify Duplication**

There are no other information collections similar to this request.

### **A.5 Impact on Small Businesses or Other Small Entities**

This information collection will have no impact on small businesses or other small entities.

### **A.6 Consequences of Collecting the Information Less Frequently**

The information will be voluntarily collected once per year.

### **A.7 Special Circumstances Relating to the Guidelines of 5 CFR 1320.5**

This request fully complies with 5 C.F.R. 1320.5.

### A.8 Comments in Response to the Federal Register Notice and Efforts to Consult Outside Agency

N/A

### A.9 Explanation of Any Payment of Gift to Respondents

There will be no payments or gifts to respondents.

### A.10 Assurance of Confidentiality Provided to Respondents

This information collection does request personally identifiable information including name, contact information, education, socioeconomic status, and employment history.

The information collected is subject to the Privacy Act System of Records Notices, including:

- 09-25-0014 – Clinical Research: Student Records, HHS/NIH/OD/OIR/OE
- 09-25-0108 – Personnel: Guest Researchers, Special Volunteers, and Scientists Emeriti, HHS/NIH/OHRM
- 09-25-0140 – International Scientific Researchers in Intramural Laboratories, ORS/DIRS
- 09-25-0158 – Administration Records of Applicants and Awardees of the Intramural Research Training Awards Program, HHS/NIH/OD/OE
- 09-25-0165 – Office of Loan Repayment and Scholarship (OLRS), HHS/NIH/OD

### A.11 Justification for Sensitive Questions

Sensitive questions are asked including race/ethnicity, gender, birth year, and disabilities. All questions are voluntary and used to assess equitable access. In addition, responses to these questions allows the NCI offices to accommodate special needs.

### A.12 Estimates of Hour Burden Including Hourly Costs

The estimated burden is expected to be XX hours (Table A.12-1).

Table A.12-1 Estimated Burden Hours

Type of Respondent	Number of Respondents	Number of Responses per Respondent	Average Time Per Response (in hours)	Total Burden Hours
Individual		1	X/60	
			X/60	
Totals				

The estimated cost to respondents is expected to be X (Table A.12-2).

Table A.12-2 Cost to the Respondents

Type of Respondents	Total Annual Burden Hours	Hourly Wage Rate*	Respondent Cost
Individual			
Totals			

\*Source of the Hourly Wage Rate is provided by the Bureau of Labor Statistics, Occupation title “Medical Scientists” 19-1040 (or substitute another occupation title that is more appropriate), [https://www.bls.gov/oes/2017/May/oes\\_nat.htm#00-0000](https://www.bls.gov/oes/2017/May/oes_nat.htm#00-0000).

**A.13 Estimate of Other Total Annual Cost Burden to Respondents or Record Keepers**

There is no capital, operating or maintenance costs to report.

**A.14 Annualized Cost to the Federal Government**

The estimated cost to the Federal government is \$X. This includes FTE and contract cost.

**A.14-1 Annualized Cost to the Federal Government**

Staff	Grade/Step	Salary**	% of Effort	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight					
Title					
Title					
Contractor Cost					
Travel					
Other Cost					
Total					

\*\*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>

**A.15 Explanation for Program Changes or Adjustments**

This is a mini Supporting Statement for a generic information collection.

**A.16 Plans for Tabulation and Publication and Project Time Schedule**

There are no plans for tabulation or publication. The opening and closing times for the application is...X.

**A.17 Reason(s) Display of OMB Expiration Date is Inappropriate**

We are not requesting an exemption to the display of the OMB Expiration date.

**A.18 Exceptions to Certification for Paperwork Reduction Act Submissions**

This request will comply with the requirements in 5 CFR 1320.9.