

Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB#: 0925-0642 Expiration Date: 3/31/2023)

TITLE OF INFORMATION COLLECTION: Mentored Mock Review – Participant Feedback

PURPOSE: Each year, the Center to Reduce Cancer Health Disparities (CRCHD) sponsors a Professional Development Workshop and Mentored Mock Review (PDW & MMR). This year, because of the Coronavirus Pandemic, the PDW & MMR has been significantly curtailed to just the MMR that will be conducted virtually through WebEx. The MMR provides CRCHD trainees, primarily Junior Faculty and Early Stage Investigators, the opportunity to review and critique previously reviewed NCI grant submissions. This experience has been shown to be related to future grant acquisitions among persons participating in a MMR. Because of the importance of this activity, CRCHD solicits feedback from participants in order to make improvements to the MMR to the extent possible.

DESCRIPTION OF RESPONDENTS: Respondents are current trainees on grants funded by CRCHD. Identified trainees are invited to participate in the MMR based on the stage of their careers and the likelihood that they will be submitting their own grant application in the next 9 – 12 months. Participants are typically Junior Faculty and Early Stage Investigators.

A group of Observers are also invited to view the MMR. This group is also CRCHD-funded trainees but are not at the stage they are ready to submit a grant. We believe that observing an MMR also provides a valuable experience and helps prepare the trainee for when s/he may be selected to participate as a Reviewer.

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: H. Nelson Aguila, DVM, Deputy Director, Center to Reduce Cancer Health Disparities

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

Amount: _____

Explanation for incentive: (include number of visits, etc.)

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 - Reviewers	25	1	5/60	2
Individuals - Observers	40	1	5/60	3
Totals		65		5

Category of Respondent	Total Burden Hours	Wage Rate*	Total Burden Cost
Post-doctoral Fellow	5	\$41.97	\$209.85
Total			\$209.85

*Source of the mean Hourly Wage Rate is provided by the Bureau of Labor Statistics, Occupation title "Medical Scientists" 19-1040, https://www.bls.gov/oes/2019/May/oes_nat.htm#00-0000.

FEDERAL COST: The estimated annual cost to the Federal government is \$462.49.

Staff	Grade/Step	Salary**	% of Effort	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight					
Program Manager	14/5	137,491	.01%		\$137.n49
Contractor Cost					\$325.00
Travel					\$0.00
Other Cost					\$0.00
Total					\$462.49

**The salary in the table above is cited from: <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/20Tables/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

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?
[X] 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 universe of Reviewers is known as they are invited based on their career level.

The universe of Observers is known, and they are invited based on their career level.

Administration of the Instrument

1. How will you collect the information? (Check all that apply)
- [X] Web-based or other forms of Social Media
 - [] Telephone
 - [] In-person
 - [] Mail
 - [] Survey Form
 - [] Chart Abstraction
 - [] Other, Explain

2. Will interviewers, facilitators, or research coordinators be used? [] Yes [X] No

Please make sure that all instruments, instructions, and scripts are submitted with the request.