Request for Approval under the "Generic Clearance for the Collection of Routine Customer Feedback" (OMB#: 0925-0642, Expiration Date:03/31/2023)

TITLE OF INFORMATION COLLECTION:
Cancer Prevention Fellowship Program (CPFP) Fellows Research Meeting (FRM) Speaker Feedback Form

PURPOSE:
The purpose of this survey is to gather input and feedback of audience perceptions during Cancer Prevention Fellowship Program's (CPFP) Fellows Research Meetings (FRM). Fellows and CPFP scientific staff attend the FRM, where fellows formally present their NCI research studies or a review of cancer prevention subjects. This survey will be administered weekly after each presentation between the months of September – June and will allow fellows to provide constructive feedback to the speaker with the goal of improving their scientific messages.

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)
[ ] Customer Comment Card/Complaint Form　　　[ ] Customer Satisfaction Survey
[ ] Usability Testing (e.g., Website or Software　　[ ] Small Discussion Group
[ ] Focus Group　　　　　　　　　　　　　　　[X] Other: Speaker Feedback Form

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 <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: <u>Lisa Signorello, Director, Cancer Prevention Fellowship Program, NCI</u>
<u>(cpfpcoordinator@mail.nih.gov)</u>

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 [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

Amount: _____

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

ESTIMATED BURDEN HOURS and COSTS

Category of Respondent	Survey Name	No. of Respondents *	No. of Responses per Respondent	Time per Response (in hours)	Total Burden Hours
Individuals	Fellows Research Meeting (FRM) Speaker Feedback Form	40	39	5/60	130
Totals		**40**	**1,560**		**130**

*Estimated annual number of respondents.

Category of Respondent	Survey Name	Total Burden Hours	Wage Rate*	Total Burden Cost
Individuals	Fellows Research Meeting (FRM) Speaker Feedback Form	130	$25.72	$3,343.60
Total				**$3,343.60**

* 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 $593.93.

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
Program Support Assistant	7/5	$42, 273	1%		$422.73
Travel					$0
Other Cost					$0
Total					**$593.53**

**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?
         [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 CPFP 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)
        [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