

**Request for Approval under the
“Generic Clearance for the Collection of Routine Customer Feedback”
(OMB#: 0925-0648, Expiration Date: 05/31/2021)**

TITLE OF INFORMATION COLLECTION:

DCEG Fellows Recruitment Survey 2020

PURPOSE:

To solicit information from our fellows on how they discovered our Division of Cancer Epidemiology and Genetics (DCEG) Fellowship program at the National Cancer Institute (NCI) and why they chose to come here. Data collection is voluntary, statistical rigor is not required, the survey is of low burden, and public dissemination of the results is not intended. The results of this survey will be used solely to assess the recruitment strategy of the DCEG in order to better reach qualified and motivated individuals for our Fellowship program.

DESCRIPTION OF RESPONDENTS:

All current DCEG training fellows including, cancer prevention fellows, research fellows, visiting fellows, and CRTA fellows.

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: Cara Murray

**To assist review, please provide answers to the following question:
Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected? Yes 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 of Records Notice (SORN) been published? Yes No

Gifts or Payments:

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? Yes 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	110	1	10/60	18
Totals		110		18

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Individuals	18	\$45.80	\$824.40
Totals			\$824.40

*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/2018/May/oes_nat.htm#00-0000.

FEDERAL COST: The estimated annual cost to the Federal government is **\$1,438.34**.

Staff	Grade/Step	Salary**	% of Effort	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight					
Fellowship Program Coordinator	11/5	\$81,634	1%		\$816.34
Contractor Cost					\$622.00
Travel					\$
Other Cost					\$
Total					\$1,438.34

**The salary in the table above is cited from <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2020/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

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?

We will be sending out the electronic survey to all fellows on the NCI DCEG Fellows Listserv.

Administration of the Instrument

How will you collect the information? (Check all that apply)

Web-based or other forms of Social Media

Telephone

In-person

Mail

Other, Explain

Will interviewers or facilitators be used? Yes No

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