

**Request for Approval under the “Generic Clearance for NIH Citizen
Science and Crowdsourcing Projects”
(OMB#: 0925-0766, Expiration Date: 04/30/2024)**

TITLE OF INFORMATION COLLECTION: Nominations for Center for Cancer Training NCI Director’s Outstanding Mentor Award (NCI)

PURPOSE:

The purpose of the annual award programs are to recognize excellence in mentoring and guiding the careers of trainees in cancer research. These award programs aim to empower trainees by participating in the process from the beginning to the end. This is achieved by fellows/trainees nominating excellence of mentorship by NCI investigators, staff scientists, staff clinicians, contractor scientists, or any other scientists in the role to mentor trainees and the coordination of a fellows/trainees led review committee to select the winner. Winners of the NCI Director’s Award are recognized in the fall during the NCI Director’s Ceremony.

These awards are essential for the continued empowerment of NCI trainees and the encouragement of outstanding mentorship from NCI scientists. NCI CCT maintains a nomination website where each nomination is submitted by a primary and secondary nominator submitted in a standardized format. The call for nominations will begin in May 2021.

DESCRIPTION OF RESPONDENTS:

There are a primary and secondary nominator. The primary nominators are a NCI current postdoctoral fellow, research fellow, or clinical fellow. The secondary nominator are a current, recent or former postdoctoral, research or clinical fellow, postbaccalaureate fellow, graduate student, or other trainee with appropriate knowledge of the nominee. Once the primary nominator completes the online form, then the form is automatically sent to the secondary nominator to complete.

TYPE OF COLLECTION: (Check one)

- | | |
|--|---|
| <input type="checkbox"/> Data Catalogue | <input type="checkbox"/> Repository of Tools and Best Practices |
| <input type="checkbox"/> Recommendations of scientific reviewers | <input type="checkbox"/> Resources |
| <input checked="" type="checkbox"/> Call for Nominations | <input type="checkbox"/> Other: _____ |

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. Information gathered will not be used for the purpose of substantially informing influential policy decisions.
5. 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: Angela Jones

To assist review, please provide answers to the following question:

Personally Identifiable Information:

1. Is personally identifiable information (PII) collected? [x] Yes [] No
2. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974? [X] 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 | 50 | 1 | 15/60 | 13 |
| Totals | | 50 | | 13 |

| Category of Respondent | Total Burden Hours | Hourly Wage Rate* | Total Burden Cost |
|------------------------|--------------------|-------------------|-------------------|
| Individuals | 13 | \$46.95 | \$610.35 |
| Total | | | \$610.35 |

* 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 **\$1129.30**.

| Staff | Grade/Step | Salary** | % of Effort | Fringe (if applicable) | Total Cost to Gov't |
|--------------------------|------------|-----------|-------------|------------------------|---------------------|
| Federal Oversight | | | | | |
| Program Analyst | 13/4 | \$112,930 | 1% | | \$1129.30 |
| Contractor Cost | | | | | \$0 |
| Travel | | | | | \$0 |
| Other Cost | | | | | \$0 |
| Total | | | | | \$1129.30 |

**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

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?

Nominations for these awards are requested from NCI current, recent or former postdoctoral fellows, research fellows, clinical fellows, postbaccalaureate fellows, graduate students, and other trainees.

Administration of the Instrument

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

- [X] Web-based or other forms on Social Media
- [] Telephone
- [] In-person
- [] Mail
- [] Survey Form
- [] Chart Abstraction
- [] Other, Explain:

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.