

## Request for Approval under the “Generic Clearance for NIH Citizen Science and Crowdsourcing Projects” (OMB#: 0925-0766 Exp., date: 04/2023)

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**TITLE OF INFORMATION COLLECTION:** Cancer Moonshot Junior Investigators Nomination (NCI)

**PURPOSE:** The organizers of the Cancer Moonshot Seminar Series are interested in having Junior Investigators take part and present at 2 of the 10 events planned for the upcoming 2021-2022 seminars. To determine the best presenters for this, they are asking Principal Investigators of Cancer Moonshot programs to submit nominations for Junior Investigators in their labs to serve as speakers.

**DESCRIPTION OF RESPONDENTS:** The targeted group completing the information will be Principal Investigators funded through Cancer Moonshot. The information collected will pertain to Junior Investigators in their labs/research facilities and/or involved in their Cancer Moonshot research.

**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: _____                           |

**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. 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: Kimberly Seyferth

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 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  No

**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	100	1	10/60	17
<b>Totals</b>		<b>100</b>		<b>17</b>

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Individuals	17	\$46.95	\$798.15
<b>Totals</b>			<b>\$798.15</b>

\*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](https://www.bls.gov/oes/2019/May/oes_nat.htm#00-0000).  
[https://www.bls.gov/oes/2019/May/oes\\_nat.htm#00-0000](https://www.bls.gov/oes/2019/May/oes_nat.htm#00-0000)

**FEDERAL COST:** The estimated annual cost to the Federal government is \$1860.26

Staff	Grade/Step	Salary*	% of Effort	Fringe (if applicable)	Total Cost to Gov't
<b>Federal Oversight</b>					\$
Health Science Policy Analyst	12/3	\$93,013	2%		\$1,860.26
<b>Contractor Cost</b>					\$0
Travel					\$0
Other Cost					\$0
<b>Total</b>					<b>\$1,860.26</b>

\*The Salary in table above is cited from <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/2021/general-schedule/>

**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?  
[ ] 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?

**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  
[ ] Other, Explain
2. Will interviewers or facilitators be used? [ ] Yes [ ] No

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