Request for Approval under the "Generic Clearance for NIH Citizen Science and Crowdsourcing Projects" (OMB#: 0925-0766 Exp., date: 04/30/2023)

TITLE OF INFORMATION COLLECTION: Administrative Supplements to Stimulate or Strengthen Global Cancer Health Disparities Research (NCI)

PURPOSE: The purpose of this information collection is to learn about accomplishments and lesions learned from this supplement award to inform future efforts to advance cancer health disparities research globally. The objectives are:
1. Determine the outcomes of the supplements towards understanding cancer health disparities globally
2. Identify facilitators and challenges towards meeting the aims of the supplement award

This survey should be completed by the investigator who has sufficient knowledge of the supplement project. Your responses to this survey will not be used to evaluate your project specifically nor inform current or future funding decisions for your projects. This survey is voluntary and should take approximately 15 minutes to complete.

DESCRIPTION OF RESPONDENTS: NIH-funded Researchers and PIs

TYPE OF COLLECTION: (Check one)

[ ] Data Catalogue   [ ] Repository of Tools and Best Practices
[ ] Recommendations of scientific reviewers   [ ] Resources
[ ] Call for Nominations   [X] Other: Crowdsourcing

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. Information gathered will not be used for the purpose of <u>substantially</u> informing <u>influential</u> 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: James Alaro

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
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

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	20	1	15/60	5
Totals		**20**		**5**

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Individuals	5	$48.45	$ 242.25
Total			**$ 242.25**

*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/2020/May/oes_nat.htm#19-1040.

FEDERAL COST: The estimated annual cost to the Federal government is $ 5,341.15

Staff	Grade/Step	Salary**	% of Effort	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight					
Health Specialist	GS13/01	106,823	5%		$ 5,341.15
Contractor Cost					$0
Travel					$0
Other					$0
Total					**$ 5,341.14**

**The salary in the table above is cited from https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2022/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?

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 [X] No

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