

**“Request for Approval under the “Generic Clearance for NIH Citizen  
Science and Crowdsourcing Projects”  
(OMB#: 0925-0766 Expiration Date: 04/30/2023)**

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**TITLE OF INFORMATION COLLECTION:** NCI Equity and Inclusion Working Group: Call for Volunteers

**PURPOSE:** The NCI Equity and Inclusion Program’s (EIP) five Working Groups (WGs) seek staff at all levels, including but not limited to; trainees, fellows, staff scientists, early career staff, and contractors interested in joining the EIP. This dedicated group of individuals would be contributing to and creating an NCI where all staff understand and agree that equity and inclusion are core values and where organizational initiatives, policies, structure, and resources address structural racism and drive transparency and accountability. With approximately 2,140 non-federal employees, we estimate only 5% percent will respond for a total of 107 respondents.

**DESCRIPTION OF RESPONDENTS:** Federal employees, trainees, fellows, staff scientists, early career staff, and contractors

**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 type="checkbox"/> Call for Nominations                    | <input checked="" type="checkbox"/> Other: <u>Call for Volunteers</u> |

**CERTIFICATION:**

I certify the following to be true:

1. The collection is voluntary.
2. The collection is a low burden for respondents and a 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 to inform effective policy decisions substantially.
5. The collection is targeted to soliciting opinions from respondents who have experience with the program or may have experience with the program in the future.

Name: Nina Goodman

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

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected?  Yes  No – Name and email
2. If Yes, is the information that will be collected included in records 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	107	1	5/60	9
<b>Totals</b>		<b>107</b>		<b>9</b>

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Individuals	9	\$28.01	\$252.09
<b>Totals</b>			<b>\$252.09</b>

\*The Bureau of Labor Statistics provides a source of the mean Hourly Wage Rate, Occupation title “All Occupations” 00-0000, [https://www.bls.gov/oes/2021/May/oes\\_nat.htm#19-1040](https://www.bls.gov/oes/2021/May/oes_nat.htm#19-1040).

**FEDERAL COST:** The estimated annual cost to the Federal government is \$1,598.94

Staff	Grade/Step	Salary*	% of Effort	Fringe (if applicable)	Total Cost to Gov’t
<b>Federal Oversight</b>					
Public Health Advisor	14-9	159,894	1		\$1,598.94
<b>Contractor Cost</b>					\$0
Travel					\$0
Other Cost					\$0
<b>Total</b>					<b>\$1,598.94</b>

\*the Salary in the table above is cited from <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/2022/general-schedule/>

**If you are conducting a focus group or 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

Invitations to participate in this survey will go out to all NCI staff.

**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 ensure that all instruments, instructions, and scripts are submitted with the request.**