

Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB#: 0925-0648 Exp., date: 06/30/2024)

TITLE OF INFORMATION COLLECTION: Collecting Feedback from Cancer Fatigue Event Participants (NINR)

PURPOSE: This information collection will gather feedback from the people who attend virtual NINR events related to cancer fatigue. Feedback will be used to analyze the information received internally, but that analysis will not be made public.

DESCRIPTION OF RESPONDENTS: Individuals – patients with/without formal diagnosis of fatigue, family members, staff coordinating virtual program.

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: Leorey Saligan

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 | 140 | 1 | 5/60 | 12 |
| | | | | |
| Totals | | 140 | | 12 |

COST TO RESPONDENT

| Category of Respondent | Total Burden Hours | Hourly Wage Rate* | Total Burden Cost |
|------------------------|--------------------|-------------------|-------------------|
| All Occupations | 12 | \$27.07 | \$162.00 |
| | | | |
| Totals | | | \$325 |

*Salary in table above based on:

https://www.bls.gov/regions/mid-atlantic/summary/blssummary_washington.pdf

FEDERAL COST: The estimated annual cost to the Federal government is \$4,360

| Staff | Grade/Step | Salary* | % of Effort | Fringe (if applicable) | Total Cost to Gov't |
|--------------------------|------------|----------|-------------|------------------------|---------------------|
| Federal Oversight | | | | | |
| Program Analyst | 12-1 | \$87,198 | 5% | | \$4,360 |
| | | | | | |
| | | | | | |
| Contractor Cost | | | | | |
| | | | | | |
| Travel | | | | | |
| Other Cost | | | | | |
| | | | | | |
| Total | | | | | \$4,360 |

*the Salary in table above is cited from

<https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/21Tables/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

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 [X] 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?

Potential respondents will have a link to the survey. NINR will not have any personally identifiable information linking to participants, they will only have access to the link from the event coordinators. The email from NINR will be sent to the coordinators at the Leukemia and Lymphoma Society, and Hope Connection. We will be using a survey tool, where the answers are provided anonymously.

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.