

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

TITLE OF INFORMATION COLLECTION: HPV Cancer Center Consortium Survey (NCI)

PURPOSE:

The Division of Cancer Control and Population Sciences is interested in surveying those who participated in the two-day HPV Cancer Center Consortium meeting to assess interest in future meetings and activities and identify topics of greatest interest.

DESCRIPTION OF RESPONDENTS:

Scientists, researchers and academics

TYPE OF COLLECTION: (Check one)

- Customer Comment Card/Complaint Form Customer Satisfaction Survey
 Usability Testing (e.g., Website or Software) Small Discussion Group
 Focus Group Other: _____

FREQUENCY OF REPORTING: (Check one)

- Once Quarterly
 Monthly On Occasion
 Annually Other _____

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. The results are not intended to be disseminated to the public.
5. Information gathered will not be used to inform effective policy decisions substantially.
6. 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: Cindy Vinson

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, will any collected information be included in records subject to the Privacy Act of 1974? Yes No
3. If Yes, has an up-to-date System of Records Notice (SORN) been published?
 Yes No

Gifts or Payments:

Is an incentive (e.g., money or reimbursement of expenses, a token of appreciation) provided to participants? Yes No

Amount: _____

The explanation for incentive: (include the number of visits, etc.)

ESTIMATED BURDEN HOURS and COST

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
Totals		100		17

Category of Respondent	Total Burden Hours	Wage Rate*	Total Burden Cost
Individual	17	\$49.44	\$840.48
Totals			\$840.48

*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/2021/May/oes_nat.htm#19-1040.

FEDERAL COST: The estimated annual cost to the Federal government is \$2,130.39

Staff	Grade/ Step	Salary* *	% of Effort	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight					
Program Director	12/7	\$ 113,039	.1%		\$1,130.39

Contractor Cost					\$1,000.00
Travel					\$0
Other Cost					\$0
Total					\$2,130.39

**The salary in the table above is cited from

<https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/23Tables/html/DCB.aspx>

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

If yes, please describe both below (or attach the sampling plan). If the answer is no, please describe how you plan to identify your potential group of respondents and how you will select them.

Respondents are members of the HPV Cancer Center Consortium and opt to complete the survey.

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
- [] Survey Form
- [] Chart Abstraction
- [] Other, Explain

2. Will interviewers, facilitators, or research coordinators be used? [] Yes [X] No