

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

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**TITLE OF INFORMATION COLLECTION:** I-SCORE 2023 Feedback Survey (NCI)

**PURPOSE:** I-SCORE is the Annual Meeting for the NCI DCP Cancer Prevention Clinical Trials Network (CP-CTNet). I-SCORE aims to stimulate information sharing and collaborations between DCP staff and CP-CTNet, including investigators, program staff, and coordinators, and to develop strategies to enhance cancer prevention intervention research programs both scientifically and operationally. We wish to obtain feedback on the content and quality of both the sessions and operational aspects of the meeting to improve future I-SCORE meetings.

**DESCRIPTION OF RESPONDENTS:** Respondents will be attendees of I-SCORE 2023. They will be identified and contacted via email using email addresses provided during the meeting registration process.

**TYPE OF COLLECTION:**

- |  |  |
|--|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form          | <input 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 checked="" type="checkbox"/> Other: <u>Participant Event Feedback</u> |

**FREQUENCY OF REPORTING:** (Check one)

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Once                | <input type="checkbox"/> Quarterly   |
| <input type="checkbox"/> Monthly             | <input type="checkbox"/> On Occasion |
| <input checked="" type="checkbox"/> Annually | <input type="checkbox"/> 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: Lisa Bengtson

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 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, a token of appreciation) provided to participants?  Yes  No

Amount: \_\_\_\_\_

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

**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	90	1	5/60	8
<b>Totals</b>		<b>90</b>		<b>8</b>

Category of Respondent	Total Burden Hours	Wage Rate*	Total Burden Cost
Individuals	8	\$43.80	\$350.40
<b>Total</b>			<b>\$350.40</b>

\* The Bureau of Labor Statistics provides the source of the mean Hourly Wage Rate, Occupation title “[Healthcare Practitioners and Technical Occupations](https://www.bls.gov/oes/2021/May/oes_nat.htm#29-0000)” 29-0000, [https://www.bls.gov/oes/2021/May/oes\\_nat.htm#29-0000](https://www.bls.gov/oes/2021/May/oes_nat.htm#29-0000).

**FEDERAL COST:** The estimated annual cost to the Federal government is \$2,720.75.

Staff	Grade/Step	Salary**	% of Effort	Fringe (if applicable)	Total Cost to Gov’t
<b>Federal Oversight</b>					
Program Director	14/10	172,075	1%		\$ 1,720.75
<b>Contractor Cost</b>					\$1,000.00
Travel					\$0
Other Cost					\$0
<b>Total</b>					<b>\$ 2,720.75</b>

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

We will send the survey to attendees of the I-SCORE 2022 meeting via an email request (attached).

**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

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