# Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB#: 0925-0648 Expiration Date: 6/30/2024)

**TITLE OF INFORMATION COLLECTION:** NCI SBIR Investor Initiatives program Post Event Feedback Survey

## PURPOSE:

The purpose of this information collection is to determine a respondent’s satisfaction with the NCI SBIR Investor Initiatives program and to assess if participation in program led to any positive communications, deals, or partnerships with the investment and strategic partner community.

## DESCRIPTION OF RESPONDENTS:

The respondents are all participants of the NCI SBIR Investor Initiatives program.

**TYPE OF COLLECTION:** (Check one)

[ ] Customer Comment Card/Complaint Form [X] Customer Satisfaction Survey [ ] Usability Testing (e.g., Website or Software) [ ] Small Discussion Group

[ ] Focus Group [ ] Other:

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

[ ] Once [ ] Quarterly

[ ] Monthly [X] 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: Brittany Connors

Please answer the following question to assist with review: If you collect names and emails, check for PII.

### 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 subject to the Privacy Act of 1974? [ X ] Yes [ ] No
3. If Applicable, has a System or Records Notice been published? [ X ] Yes [] No

### Gifts or Payments:

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

Amount:

The explanation for incentive: (include a 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 (Whole numbers only)** |
| Individuals | 35 | 1 | 10/60 | 6 |
| **Totals** |  | **35** |  | **6** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Category of Respondent** | **Total Burden Hours** | **Wage Rate\*** | **Total Burden Cost** |
| Individuals | 6 | $49.44 | $296.64 |
| **Totals** |  |  | **$296.64** |

\*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#00-0000.](https://www.bls.gov/oes/2021/May/oes_nat.htm#00-0000)

**FEDERAL COST:** The estimated annual cost to the Federal government is $4,866.95

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Staff** | **Grade/Step** | **Salary\*\*** | **% of Effort** | **Fringe (if applicable)** | **Total Cost to Gov’t** |
| **Federal Oversight** |  |  |  |  |  |
| Program Analyst | 12/2 | $ 97,339 | 5% |  | $4,866.95 |
| **Contractor Cost** |  |  |  |  | $0 |
| Travel |  |  |  |  | $0 |
| Other Cost |  |  |  |  | $0 |
| **Total** |  |  |  |  | **$4,866.95** |

\*\*The salary in the table above is cited from: [https://www.opm.gov/policy-data-oversight/pay-leave/salaries-](https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/22Tables/html/DCB.aspx) [wages/salary-tables/23Tables/html/DCB.aspx](https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/22Tables/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

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

All respondents will have participated in the NCI SBIR Investor Initiatives program. The company representative that participated will be the one who is asked to fill out the form.

### 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

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

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