

Request for Approval under the “Conference, Meeting, Workshop, and Poster Session Registration Generic Clearance (OD)”

(OMB#: 0925-0740 Exp Date: 05/2019)

TITLE OF INFORMATION COLLECTION: Application for NIH Support to Participate in Industry and Investor Showcase Events

PURPOSE:

The information collection encompassed by this form will allow the NIH to select the most appropriate participants for non-grantee activities sponsored, organized, and run by NIH staff, according to the type and purpose of the activity. For NIH to plan and conduct activities that are timely for participants in their field of research, it is often necessary for such information to be collected within a relatively short turnaround time. In general, submitted application materials will be reviewed by an internal NIH committee responsible for planning activities. However, application materials may be shared with conference organizers outside of NIH. The committee and/or conference organizers will be responsible for selecting and notifying participants. It is fully anticipated that the applicants will have the requested information readily available, minimizing the burden on each applicant. It is expected that this form will be used to select participants for 10 conferences per year.

DESCRIPTION OF RESPONDENTS:

All respondents will be health professionals who represent small businesses that have received funding from the NIH through the SBIR/STTR programs. It is anticipated that each conference will receive 50 applications.

TYPE OF COLLECTION: (Check one)

Abstract
 Registration Form

Application
 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.

Name: John Sheridan, Ph.D.

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

Gifts or Payments:

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

Amount: _____

Explanation for incentive: (include 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
Private Sector (for-profit)	500	1	1	500
Totals	500	500		500

Category of Respondent	Total Burden Hours	Wage Rate*	Total Burden Cost
Health Professionals	500	\$35.93	\$17,965
Totals	500		\$17,965

*Cite source per bls.gov if applicable: This estimate is based on the following data from the Bureau of Labor Statistics: The Health Professionals wage rate was obtained from <http://www.bls.gov/oes/2013/may/oes290000.htm> occupation title “Healthcare Practitioners and Technical Occupations”, occupation code 29-0000.

FEDERAL COST: The estimated annual cost to the Federal government is \$1,965.78

Staff	Grade/Step	Salary	% of Effort	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight					
Program Analyst	GS-13, Step 3	\$98,289	2%		\$1,965.78
Contractor Cost					
Travel					\$1,965.78
Other Cost					

The selection of 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 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?

Active and/or recently awarded NIH SBIR/STTR awardees will be eligible to apply to participate in NIH-supported industry and investor showcase events. Certain events focus on a specific technology field (e.g., medical devices), thus a subset/sampling of awardees may be asked to complete the form.

Administration of the Instrument

1. How will you collect the information? (Check all that apply)
- 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 make sure that all instruments, instructions, and scripts are submitted with the request.

Instructions for completing Request for Approval under the “United States and Global Human Influenza Surveillance in at-risk Settings”

PLEASE DO NOT SUBMIT INSTRUCTIONS WITH FINALREQUEST

TITLE OF INFORMATION COLLECTION: Provide the name of the collection that is the subject of the request. (e.g. Comment card for soliciting feedback on xxxx)

PURPOSE: Provide a brief description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

DESCRIPTION OF RESPONDENTS: Provide a brief description of the targeted group or groups for this collection of information. These groups must have experience with the program.

TYPE OF COLLECTION: Check one box. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

CERTIFICATION: Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

Personally Identifiable Information: Provide answers to the questions.

Gifts or Payments: If you answer yes to the question, please describe the incentive and provide a justification for the amount.

BURDEN HOURS and COSTS:

Category of Respondents: Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households; (2) Private Sector (for profit or not-for-profit); (3) State, local, or tribal governments; or (4) Federal Government. **Only one type of respondent can be selected per row.**

No. of Respondents: Provide an estimate of the number of respondents.

Average Burden per Response: Provide an estimate of the amount of time required for a respondent to participate (e.g. fill out a survey or participate in a focus group). Describe the amount in fractions if the time is less than an hour (e.g., 5 minutes would be 5/60)

Total Burden Hours: Provide the number of burden hours by multiplying the # of responses x the # of responses per respondent x the average burden per response.

Burden Cost: Multiply Total Burden Hours x Wage Rate to get the Total Burden Cost.

FEDERAL COST: Provide an estimate of the annual cost to the Federal government. Fill out table to itemize the Federal cost of the collection. At a minimum there should be Federal cost.

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. Please provide a description of how you plan to identify your potential group of respondents and how you will select them. If the answer is yes, to the first question, you may provide the sampling plan in an attachment.

Administration of the Instrument: Identify how the information will be collected. More than one box may be checked. Indicate whether there will be interviewers (e.g. for surveys) or facilitators (e.g., for focus groups) used.

Please make sure that all instruments, instructions, and scripts are submitted with the request.