

**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:

Annual Norman P. Salzman Memorial Award and Symposium in Virology

PURPOSE:

The Foundation for the National Institutes of Health (FNIH) and the NIH Virology Interest Group announce the Eighteenth Annual Norman P. Salzman Memorial Symposium and Award in Virology. This information collection request is to obtain approval for the abstract submission for the award. Applicants will complete the pdf electronically and email the completed application to the point of contact. The Award will be presented to an outstanding Postdoctoral Fellow, Research Fellow, or Clinical Fellow working in the field of virology within the intramural NIH, CBER, or Leidos community. The Award honors Dr. Salzman's 40-year career in virology research and his accomplishments in mentoring of young scientists. The Symposium program highlights current research of eminent extramural and intramural virologists.

DESCRIPTION OF RESPONDENTS:

The respondents are virologists at the NIH and FDA.

TYPE OF COLLECTION: (Check one)

Abstract

Application

Registration Form

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: Teresa Burdette

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 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
Individual	15	1	6/60	2
Total	15	15		2

Category of Respondents	Total Burden Hours	Wage Rate*	Total Burden Cost
Virologists	2	\$77.06	\$154.52
Total	2		\$154.52

*<http://www.bls.gov/oes/current/oes119121.htm> Occupation Code “11-9121” Occupation title “Natural Science Managers”

FEDERAL COST: The estimated annual cost to the Federal government is \$4,114

Staff	Grade/Step	Salary	% of Effort	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight					
Investigator	Title 42	\$205,700	2%		\$4,114
Awards					\$0
Contractor Cost					\$0
Travel					\$0
Other Cost					\$0
TOTAL					\$4,114

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?

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?

Utilize the VIG listserv, VIG membership list, and NIH Meeting Listserv.

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 No

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