## 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 registration for the meeting. Applicants will complete the online form electronically and submit the completed application to the point of contact. 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

[ X ] 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To assist review, please provide answers to the following question:

**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 that are subject to the Privacy Act of 1974? [ 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: \_\_\_\_

Explanation for incentive: (include number of visits, etc.)

**ESTIMATED BURDEN HOURS and COSTS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Instrument** | **No. of Respondents** | **No. of Responses per Respondent** | **Time per****Response****(in hours)** | **Total Burden****Hours** |
| Registration | 30 | 1 | 7/60 | 4 |
| **Totals** | **30** | **30** |  | **4** |

|  |  |  |  |
| --- | --- | --- | --- |
|  **Instrument** | **Total Burden****Hours** | **Wage Rate** | **Total Burden Cost**  |
| Abstract | 4 | $77.06 | $308.24 |
| **Totals** | **4** |  | **$308.24** |

\*Cite source per bls.gov if applicable

<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? [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?

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)

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