

**Request for Approval under the “Conference, Meeting, Workshop, and Poster  
Session Registration Generic Clearance (OD)”  
(OMB#: 0925-0704 Exp Date: 05/2019)**

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**TITLE OF INFORMATION COLLECTION:**

Sandpit Workshop

**PURPOSE:**

The purpose of this data collection to obtain information to enable the selection of candidates with relevant expertise, diverse research interests, and demonstrated collaborative capacity to attend the Sandpit Workshop event. The goal of the workshop is to advance cancer control by facilitating innovative, multidisciplinary research on high-priority topics in cancer research. The information being collected will be:

- a CV;
- the names of two professional references;
- a cover letter that describes the applicant’s background, research interests, and area of expertise; why they are interested in applying for the workshop; their approach to working in a team; their experience with or interest in stepping outside their area of expertise; and their experience with or interest in developing novel approaches as part of a team;
- a visual representation (e.g., diagram or mental model) that illustrates a conceptual schema of the applicant’s area of interest; and
- a letter of commitment from the applicant’s organization or institution

Prospective applicants will be asked to submit their materials electronically by emailing them to an email address and inbox established solely for the purpose of accepting applications for the workshop.

**DESCRIPTION OF RESPONDENTS:**

The respondents are health researchers from varied disciplines.

**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: Kara Hall

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	90	1	120/60	180
<b>Totals</b>	<b>90</b>	<b>90</b>		<b>180</b>

Category of Respondent	Total Burden Hours	Wage Rate*	Total Burden Cost
Individual	180	\$45.26	\$8146.80
<b>Totals</b>	<b>180</b>		<b>\$8146.80</b>

\* The total annualized cost to all respondents is \$8,146.80 This cost was calculated using a wage rate of \$45.26 per hour, which was obtained from the May 2016 Bureau of Labor Statistics website ([http://www.bls.gov/oes/current/oes\\_nat.htm#00-0000](http://www.bls.gov/oes/current/oes_nat.htm#00-0000)), for the title “Medical Scientists,” occupation code 19-1040.

**FEDERAL COST:** The estimated annual cost to the Federal government is \$3,018.94

Staff	Grade/Step	Salary	% of Effort	Fringe (if applicable)	Total Cost to Gov't
<b>Federal Oversight</b>					<b>\$1,418.94</b>
Health Scientist Administrator	GS 14/9	\$141,894	1.0		\$1,418.94
<b>Contractor Cost</b>					<b>\$1600</b>
Receiving, organizing, and responding to applications					\$1600
Travel					\$0
Other Cost					\$0
<b>Total</b>					<b>\$3018.94</b>

### **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?

### **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.**