# 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 NHLBI-funded Training Workshop

### **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 respondents 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 one conference per year.

### **DESCRIPTION OF RESPONDENTS:**

All respondents will be early career biomedical research investigators focused on implementation science for health equity among heart, lung, blood, and sleep (HLBS) disorders. Some of the respondents might have received funding from the NIH through the F, T, or K funding mechanisms. Others might be recipients of the NIH Diversity Supplement programs; while others have never received NIH funding to date. It is anticipated that the workshop will receive 75-100 applications.

<b>TYPE OF COLLECTION:</b> (Check o	ne)
[ ] Abstract [ ] Registration Form	[X] Application [ ] Other:
CERTIFICATION:	
	spondents and low-cost for the Federal Government. and does <u>not</u> raise issues of concern to other federal
Name: <u>Melissa Green Parker, Ph.D</u>	J <u>.</u>
To assist review, please provide answe	rs to the following question:
Personally Identifiable Information:	
1. Is personally identifiable information	on (PII) collected? [X] Yes [] No

2.	If Yes, is the informat	on that will be collected included in records that are subject to the
	Privacy Act of 1974?	[ <b>X</b> ] 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:

## **ESTIMATED BURDEN HOURS and COSTS**

Category of Respondent	No. of Respondents	No. of Responses per Respondent	Time per Response (in hours)	Total Burden Hours
Individuals or Households	100	1	2	200
Totals	100	100		200

Category of Respondent	Total Burden	Wage Rate*	Total Burden
	Hours		Cost
Individuals or Households	200	\$35.93	\$7,186
Totals	200		\$7,186

<sup>\*</sup>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 <a href="http://www.bls.gov/oes/2013/may/oes290000.htm">http://www.bls.gov/oes/2013/may/oes290000.htm</a> occupation title "Healthcare Practitioners and Technical Occupations", occupation code 29-0000.

**FEDERAL COST:** The estimated annual cost to the Federal government is \$4835.00

				Fringe (if applicable)	Total Cost to Gov't
Staff	Grade/Step	Salary	% of Effort		
Federal Oversight					
Health Scientist	GS-13, Step 8				\$2,391.00
Administrator		\$119,597	2%		
Health Scientist	GS-14, Step 3				\$2,444.00
Administrator		\$122,230	2%		
Contractor Cost					
Travel					
Other Cost					
Total					\$4835.00

<ul><li>The selection of targeted respondents</li><li>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?</li></ul>				
	[X] Yes	[ ] No		
If the answer is yes, please provide a description of both below (or attach the sampling plan)? the answer is no, please provide a description of how you plan to identify your potential group respondents and how you will select them?				
The upcoming NHLBI-funded workshop will provide travel awards to graduate students, doctoral students, medical students, and junior faculty with demonstrated interests in implementation science for health equity. Respondents will be identified by active and/or recently-awarded NIH career development awardees (F, K, and T mechanisms) or NHLBI Diversity Supplement grantees. All respondents will be asked to complete the attached application form and provide the requested support documentation.				
Applications will be reviewed based on 1) likelihood that respondent's career development will lead to a successful application for NIH, VA, or other sources of major funding for implementation research, 2) respondent's commitment towards working in implementation research for health equity, 3) evidence of research support, collaboration potential, institutional support, and access to mentors and colleagues, and 4) appropriateness of research concept paper.				
Application packages will be received via email and packages must be received no later than March 9, 2018. Final notification of acceptance will be made no later than April 6 <sup>th</sup> . Once acceptance of the travel award is confirmed, successful respondents will work with NHLBI's contractor to obtain official travel itinerary and associated files.				
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				
2. Will interviewers, facilitators, or research coordinators be used	? [ ] Yes [ X]	No		