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

## (OMB#: 0925-0740 Exp Date: 05/31/2019)

**TITLE OF INFORMATION COLLECTION:**

12th Annual Frontiers in Chemistry and Biology Interface Symposium

**PURPOSE:**

Research at the chemistry-biology interface has emerged as an enabling paradigm in modern biology and medicine. Jointly organized by the NCI’s Chemical Biology Laboratory and George Washington University, this day-long symposium is designed to highlight research from chemical biology experts and trainees across the mid-Atlantic region across a broad range of topics including:

* Natural product discovery
* Bioorthogonal chemistry
* New organic fluorophores and imaging
* Chemical manipulation of enzyme structure and function
* Developing and applying biomaterials
* Chemoproteomics and drug target elucidation

This symposium offers an intimate environment to foster discussion and learn more about the current status of chemical biology in the study of disease, share research, network with leading figures in the field and discuss applications of cutting-edge techniques with leading researchers. The schedule typically includes invited and submitted talks as well as poster sessions. There is no charge to attend the symposium and everyone – Research Scientists, Faculty, Post-Docs and Graduate Students – involved in research from academic, government and local industrial institutions is encouraged to participate.

**DESCRIPTION OF RESPONDENTS**:

NIH Scientists, Researchers, PIs, postdocs, academic and local industrial institutions

**TYPE OF COLLECTION:** (Check one)

[ X ] 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: Julia Lam

**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

**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 (Registration) | 200 | 1 |  5/60 | 17 |
| Individuals (Abstract) | 60 | 1 |  5/60 | 5 |
| **Totals** | **260** | 260 |  | 22 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Category of Respondent** | **Total Burden Hours** | **Hourly Wage Rate\*** | **Total Burden Cost** |
| Individuals | 22 | $45.64 | $1,004.08 |
| **Total** |  |  | **$1,004.08** |

\*Source of the mean Hourly Wage Rate is provided by the Bureau of Labor Statistics, Occupation title “Medical Scientists” 19-1040, <https://www.bls.gov/oes/2017/May/oes_nat.htm#00-0000>.

**FEDERAL COST:** The estimated annual cost to the Federal government is $2,298.69

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Staff** | **Grade/Step** | **Salary\*\*** | **% of Effort** | **Fringe** **(if applicable)** | **Total Cost to Gov’t** |
| **Federal Oversight** |  |  |  |  |  |
|  Program Director | 14/5 | $129,869 | 1% |  | $1,298.69 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Contractor Cost** |  |  |  |  | $1,000 |
| Travel |  |  |  |  | 0 |
| Other Cost |  |  |  |  | 0 |
| **Total** |  |  |  |  | **$2,298.69** |

\*\*The salary in the table above is cited from <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/18Tables/html/DCB.aspx>

**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**

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?

This meeting is advertised through NIH/NCI and NCI Frederick listservs, individual labs and committee members.

**Administration of the Instrument**

How will you collect the information? (Check all that apply)

[X] Web-based or other forms of Social Media

[ ] Telephone

[ ] In-person

[ ] Mail

[ ] Other, Explain

Will interviewers or facilitators be used? [ ] Yes [X] No

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