

**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:

Center of Excellence in Chromosome Biology (CECB), Chromatin and Cell Fate Decisions in Development, Aging & Cancer Conference.

PURPOSE:

The mission of the Center of Excellence in Chromosome Biology (CECB) is to achieve a comprehensive understanding of the mechanisms involved in chromosome function, how aberrations in chromosomes and chromatin lead to disease and how these defects can be corrected.

Towards achieving our mission, this symposium brings together scientists in the fields of chromatin and chromosome biology, with the focus on stem cells, cell development, aging and cancer.

We hope this symposium offers an opportunity to learn more about the current status of chromosome structure and function in development and disease, the ability to share research, and to discuss the use and implications of these advances for clinical applications.

DESCRIPTION OF RESPONDENTS:

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

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: Julia Lam

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

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)	500	1	5/60	42
Individuals (Abstract)	60	1	5/60	5
Totals	560	560		47

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Individuals	47	\$45.64	\$2,145.08
Total			\$2,145.08

*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 \$2,328.18

Staff	Grade/Step	Salary**	% of Effort	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight					
Program Director	14/5	\$132,818	1%		\$1,328.18
Contractor Cost					\$1,000
Travel					0
Other Cost					0
Total					\$2,328.18

**The salary in the table above is cited from <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/19Tables/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?

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)

Web-based or other forms of Social Media

Telephone

In-person

Mail

Other, Explain

Will interviewers or facilitators be used? Yes No

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