Request for Approval under the "Conference, Meeting, Workshop, and Poster Session Registration Generic Clearance" (OMB#: 0925-0740, Expiration Date: 05/31/2019)

TITLE OF INFORMATION COLLECTION:

Division of Cancer Control and Population Sciences and Division of Cancer Prevention 2019 New Grantee Workshop (NCI), November 21-22, 2019

PURPOSE:

The workshop is specifically designed for our grantees who have received their first independent NIH R01 grant within the last two years. The workshop will include presentations on the structure, roles, and inter-relationship of NIH, NCI, DCCPS/DCP, and the individual programmatic branches within the Divisions. A second focus will highlight the resources and additional funding opportunities (supplements, tools and existing NCI/NIH resources, etc.) including how to support fellows through training and diversity awards, as well as, how to efficiently manage the funds in the award to accomplish the goals/aims in their research proposal.

DESCRIPTION OF RESPONDENTS:

NIH/NCI New Investigator awarded in FY 2018-2019.

TYPE OF COLLECTION: (Check one)

Х	Abstract	[] Application
Х	Registration Form	X Other: assessment survey

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 <u>not</u> raise issues of concern to other federal agencies.

Name: Mark Alexander

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)/ (Abstract)	123	1	6/60	12
Individuals (Assessment)	123	1	3/60	6
Totals	123	123		18

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Medical Scientist	18	\$45.64	\$821.52
Total			\$821.52

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

FEDERAL COST: The estimated annual cost to the Federal government is \$1,523.00

Staff	Grade/Step	Salary**	% of Effort	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight					
Public Health Advisor	14/10	\$152,352	1%		\$1,523
Contractor Cost					0
Travel					0
Other Cost					0
Total					\$1,523.00

******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? [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?

We will use the NIH/NCI New Investigator listing awarded in FY 2018-2019

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.