## 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:**

Workshop Registration and Abstract for Collaborations in Metabolomics Event

**PURPOSE:**

The goal of *Building International Collaborations in Metabolomics: An Epidemiological Perspective* is to provide an opportunity where both COMETS and BBMRI-NL investigators who have common interests and face similar challenges in the field can: 1) share general knowledge about the initiatives; 2) exchange best practices for metabolomics studies with an epidemiology study design; and 3) establish new research collaborations.

This is a one-day event that will include scientific sessions highlighting both consortia, a poster session, and a facilitated discussion to identify future collaborations between the two groups. The information being collected will be:

* Name and cohort affiliation
* Registration confirmation
* Proposed abstract for the meeting Poster Session

Prospective applicants will be asked to submit their materials electronically by emailing them to the programmatic staff located at NCI.

**DESCRIPTION OF RESPONDENTS**:

The respondents are health researchers from varied disciplines.

**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: Krista Zanetti

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**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Form** | **Category of Respondent**  | **No. of Respondents** | **No. of Responses per Respondent**  | **Time per** **Response** **(in hours)**  | **Total Burden****Hours**  |
| Registration and Abstract | Individuals – Health Researchers | 95 | 1 | 20/60 | 32 |
| **Totals** |  | **95** | 95 |  | **32** |

|  |  |  |  |
| --- | --- | --- | --- |
|  **Category of Respondent** | **Total Burden****Hours** | **Wage Rate\*** | **Total Burden Cost**  |
| Individuals – Health Researchers | 32 | $33.49 | $1,071.68 |
| **Total** |  |  | **$1,071.68** |

\*\*Source of the mean Hourly Wage Rate is provided by the Bureau of Labor Statistics, Occupation title “Epidemiologists” 19-1041, <https://www.bls.gov/oes/2017/May/oes_nat.htm#00-0000>.

**FEDERAL COST:** The estimated annual cost to the Federal government is $1,973.45.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Staff** | **Grade/Step** | **Salary** | **% of Effort** | **Fringe (if applicable)** | **Total Cost to Gov’t** |
| **Federal Oversight** |  |  |  |  |  |
|  Program Director\*\* | 14/9 | $148,445.00 | 1.0 |  | $1,484.45 |
|  CRTA Fellow\*\*\* |  | $48,900.00 | 1.0 |  | $489.00 |
| **Contractor Cost** |  |  |  |  | 0 |
| Travel |  |  |  |  | 0 |
| Other Cost |  |  |  |  | 0 |
| **Total** |  |  |  |  | **$1,973.45** |

\*\*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>

\*\*\*The CRTA Fellow Salary is cited from <https://www.cancer.gov/grants-training/training/at-nci/crta/crta.pdf>, Page 22. The CRTA Fellows attending this event are (Master’s Level or Doctorate Degree Candidates; Category 3 or Category 4’s).

**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 [X] 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)

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

[ ] Telephone

[ ] In-person

[ ] Mail

[ ] Survey form

[ ] Chart Abstraction

[ ] Other, Explain

1. Will interviewers, facilitators, or research coordinators be used? [ ] Yes [ X] No

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