

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

**(OMB#: 0925-0740 Exp Date: 07/2022)**

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**TITLE OF INFORMATION COLLECTION:** NINDS Strategic Planning Discussion Panel Regarding Training and Diversity

**PURPOSE:** The purpose of this information collection is to collect general registrant information (e.g., name, institution, and contact information) and other optional demographic information such as gender, race, disabilities, and past funding experience with NINDS. As the discussion panel will focus on the topic of Training and Diversity, the internal NIH planning committee for the event will use the demographic information collected to determine the diversity represented within the actual discussion panel itself.

**DESCRIPTION OF RESPONDENTS:** Respondents are meeting registrants including National Institutes of Health (NIH)-funded investigators and associated scientific staff from academic and private institutions around the country who will attend the NINDS Strategic Planning Discussion Panel for Training and Diversity to be held virtually between September 22-23, 2020. The online registration form is the same for all meeting attendees.

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

Abstract  
 Registration Form

Application  
 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: Sophia Jeon, Ph.D. Health Science Policy Analyst, NINDS OSPP

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

Amount: \_\_\_\_\_

Explanation for incentive: (include number of visits, etc.)

**ESTIMATED BURDEN HOURS and COSTS**

Category of Respondent	No. of Respondents	No. of Responses per Respondent	Time per Response (in hours)	Total Burden Hours
Individual: <b>Investigator</b> for federally funded NIH projects	50	1	5/60	5
<b>Totals</b>		<b>50</b>		<b>5</b>

Category of Respondent	Total Burden Hours	Wage Rate*	Total Burden Cost
Individual: <b>Investigator</b> for federally funded NIH projects	5	\$40.19	\$200.95
<b>Totals</b>			<b>\$200.95</b>

\*Hourly wage rates for 19-1029 Biological Scientists is \$40.19 (based on <http://www.bls.gov/oes/current/oes191029.htm>).

**FEDERAL COST:** The estimated annual cost to the Federal government is \$4,316.75.

Staff	Grade/Step	Salary	% of Effort	Fringe (if applicable)	Total Cost to Gov't
<b>Federal Oversight:</b>					
Health Science Policy Analyst	12/1	\$86,335	5%		\$4,316.75
<b>Contractor Cost (optional):</b>	N/A				
Travel (optional)					
Other Cost (optional)					
<b>Total</b>					<b>\$4,316.75</b>

**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  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.

The NINDS Strategic Planning Discussion Panel regarding Training and Diversity will include participants who are federal grantees of the National Institutes of Health who have previously expressed an interest in attending this event. The list of potential respondents will include approximately 50 research investigators who will receive the link to the registration form and are invested in enhancing training and diversity within the neuroscience community.

**Administration of the Instrument**

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

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  No

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