

Request for Approval under the Generic Clearance for the “Conference, Meeting, Workshop, and Poster Session Registration Generic Clearance (OD)” (OMB#: 0925-0740, Expiration Date: 07/31/2022)

TITLE OF INFORMATION COLLECTION: Age-Dependent Changes in Cancer Biology Conference (NCI)

PURPOSE: The purpose of this conference is to increase awareness of the impact of aging, in cancer risk, with special considerations of cancer in the elderly. The invited experts will provide input regarding existing gaps in knowledge, discuss the overlap and divergent paths of cancer and aging biology, and facilitate the prioritization of the scientific areas for further research efforts.

DESCRIPTION OF RESPONDENTS: This conference is targeting NIH staff with interest in cancer and aging and outside investigators interested in pursuing research on this topic.

TYPE OF COLLECTION: (Check all that apply)

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: Gabriela Riscuta

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

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
Individuals	300	1	5/60	25
Totals		300		25

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Individuals	25	\$46.95	\$1,173.75
Total			\$1,173.75

*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/2019/May/oes_nat.htm#00-0000.

FEDERAL COST: The estimated annual cost to the Federal government is \$5,988.75.

Staff	Grade/Step	Salary**	% of Effort	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight					
Program Director	13/6	\$119,775	5%		\$5,988.75
Contractor Cost					\$0
Travel					\$0
Other Cost					\$0
Total					\$5,988.75

**The salary in the table above is cited from <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/20Tables/html/DCB.aspx>

The selection of your 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?

We plan to use NCI and NIH admin wide emails.

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
 Survey Form
 Chart Abstraction
 Other, Explain

Will interviewers, facilitators, or research coordinators be used? Yes No

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