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

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

**TITLE OF INFORMATION COLLECTION:** NIMH Joint Alliance-Coalition for Research Progress Meeting Registration Form (Private-sector)

**PURPOSE:**

The National Institute of Mental Health (NIMH) Office of Science Policy, Planning, and Communications (OSPPC) supports the Institute’s mission by strengthening the public health impact of NIMH-supported research through effective and efficient outreach that seeks to assure dissemination of research findings to key stakeholders. Through the use of targeted initiatives, programs and activities which encourage two-way communication, OSPPC sustains existing partnerships and works to build new relationships with groups and organizations with an interest in NIMH’s mission or programs.

NIMH convenes the Joint Alliance-Coalition for Research Progress Meeting, comprised of representatives of patient and family advocacy organizations, professional groups, and select non-profit groups, to share the latest research advances and related developments and foster dialogue on the future path and directions of research. Registration information collected is used to develop a participant list and to distribute related materials after the meeting.

**DESCRIPTION OF RESPONDENTS**:

Participants in the Joint Alliance-Coalition for Research Progress Meeting are representatives of national patient and family advocacy organizations, professional groups, and non-profit organizations who have an interest in NIMH research.

**TYPE OF COLLECTION:** (Check *all that applies*)

[ ] 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.

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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** |
| Private Sector (for profit/not for profit) | 145 | 1 | 5/60 | 12 |
| **Totals** |  | 145 |  | **12** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Category of Respondent** | **Total Burden Hours** | **Wage Rate\*** | **Total Burden Cost** |
| Private Sector (for profit/not for profit) | 12 | $61.09/hr | $733.08 |
| **Totals** |  |  | $733.08 |

*\* The federal contractor respondent wage was estimated based upon the locality pay for the DC-MD-VA-WV-PA salary table at* [*https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2020/DCB.pdf*](https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2020/DCB.pdf)*. Private sector respondent wage rate data is from the Top Executives (11-1000) category at* [*http://www.bls.gov/oes/current/oes\_nat.htm#00-0000*](http://www.bls.gov/oes/current/oes_nat.htm#00-0000)*.*

**FEDERAL COST:** The estimated annual cost to the Federal government is $ 616

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Staff** | **Grade/Step** | **Salary\*** | **% of Effort** | **Fringe (if applicable)** | **Total Cost to Gov’t** |
| **Federal Oversight** |  |  |  |  |  |
| Program Analyst | 13/7 | $123,198 | .5 |  | $616 |
|  |  |  |  |  |  |
| **Contractor Cost** |  |  |  |  |  |
|  |  |  |  |  |  |
| Travel |  |  |  |  |  |
| Other Cost |  |  |  |  |  |

*\*the Salary in table above is cited from* [*https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2020/DCB.pdf*](https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2020/DCB.pdf)*.*

**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? [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?

NIMH OSPPC maintains a list of organizations that have participated in previous outreach and engagement activities. Invitations to register are sent to this distribution list.

**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.**