

**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:** NIMH Joint Alliance-Coalition for Research Progress Meeting Registration Form (Federal)

**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  
 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: Rajni Agarwal, NIMH OSPPC

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 (federal contractor respondents)	5	1	5/60	1
<b>Totals</b>		5		<b>1</b>

Category of Respondent	Total Burden Hours	Wage Rate*	Total Burden Cost
Individual (federal contractor respondents)	1	\$60.87/hr	\$60.87
<b>Totals</b>			<b>\$60.87</b>

\* 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>. 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
<b>Federal Oversight</b>					
Program Analyst	13/7	\$123,198	.5		\$616
<b>Contractor Cost</b>					
Travel					
Other Cost					
<b>Total</b>					<b>\$616</b>

\*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>

### **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?

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)
- 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.**