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

(OMB#: 0925-0740 Exp Date: 7/31/2022)

TITLE OF INFORMATION COLLECTION: Implementation Science Consortium in Cancer (ISCC) Registration Form

PURPOSE:

The National Cancer Institute (NCI) Division of Cancer Control and Population Sciences (DCCPS) hosts this Implementation Science Consortium in Cancer (ISCC) to foster the communication among implementation science stakeholders, identify and develop solutions, and promote collaborative projects to fill implementation science gaps. The 2020 ISCC will be a working meeting and feature a variety of presentations and discussion sessions to encourage more engagement and discussion during each virtual meeting.

Questions regarding race and gender are asked for tracking purposes only – these categories are not mandatory fields, as indicated on the application form.

DESCRIPTION OF RESPONDENTS:

Scientists, Researchers, Pls, postdocs and academic

| TYPE OF COLLECTION: (Check all | that apply) | |
|--------------------------------|-----------------|--|
| [] 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 <u>not</u> raise issues of concern to other federal agencies.

Name: Sarah Bernal

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 | 500 | 1 | 5/60 | 42 |
| Totals | | 500 | | 42 |

| Category of Respondent | Total Burden Hours | Hourly Wage Rate* | Total Burden Cost |
|------------------------|--------------------|-------------------|-------------------|
| Individuals | 42 | \$46.95 | \$1,971.90 |
| Total | | | \$1,971.90 |

^{*}Source of the mean Hourly Wage Rate is provided by the Bureau of Labor Statistics, Occupation title

FEDERAL COST: The estimated annual cost to the Federal government is \$6,360.97.

| Staff | Grade/Step | Salary** | % of Effort | Fringe (if applicable) | Total Cost to Gov't |
|------------------------|------------|-----------|----------------|---------------------------|------------------------|
| Federal Oversight | | | | | |
| Program Director | 14/5 | \$137,491 | 1% | | \$1,374.91 |
| Communications | 10/5 | \$74,303 | 2% | | ¢1 104 04 |
| Manager | 10/3 | \$74,303 | Z/0 | | \$1,486.06 |
| Contractor Cost | | | | | \$3,500 |
| Travel | | | | | \$0 |
| Other Cost | | | | | \$0 |
| Total | | | | | \$6,360.97 |

^{**}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

[&]quot;Medical Scientists" 19-1040, https://www.bls.gov/oes/2019/May/oes_nat.htm#00-0000.

If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:

The selection of your targeted respondents

| 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?

This training program is advertised through the Implementation Science listserv.

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|---------------------------------|-------|---------|------|------|----------|--------|----|
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| 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 |
| |

Will interviewers or facilitators be used? [] Yes [X] No

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