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

## (OMB#: 0925-0740 Exp Date: 07/31/2022)

**TITLE OF INFORMATION COLLECTION:**

Early Onset Colorectal Think Tank Conference (NCI)

**PURPOSE:**

Supported by the National Cancer Institute (NCI) and National Institute of Environmental Health Sciences (NIEHS), this virtual think tank meeting will bring together national experts from inter-disciplinary fields to identify research priorities that address the important problems, barriers, and potential solutions surrounding EO-CRC. Potential environmental factors and biological mechanisms contributing to the increasing incidence of EO-CRC will be discussed.

**DESCRIPTION OF RESPONDENTS**:

Extramural Scientists, NIH Scientists, and Researchers (Non FTEs)

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

[ ] 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.

Name: Laura Brockway-Lunardi

**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 (Registration) | 100 | 1 |  10/60 | 17 |
| **Totals** |  | **100** |  | **17** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Category of Respondent** | **Total Burden Hours** | **Hourly Wage Rate\*** | **Total Burden Cost** |
| Individuals | 17 | $46.95 | $798.15 |
| **Total** |  |  | **$798.15** |

\*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](https://www.bls.gov/oes/2019/May/oes_nat.htm#00-0000).

**FEDERAL COST:** The estimated annual cost to the Federal government is $2,374.91

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 |
| **Contractor Cost** |  |  |  |  | $1,000 |
| Travel |  |  |  |  | $0 |
| Other Cost |  |  |  |  | $0 |
| **Total** |  |  |  |  | **$2,374.91** |

\*\*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>

**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? [ ] Yes [X ] 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 have a list of confirmed speakers. We will ask those speakers to identify individuals who would benefit from participating.

**Administration of the Instrument**

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, facilitators, or research coordinators be used? [ ] Yes [ X ] No

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