## 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 Late-Life Suicide Workshop

**PURPOSE:**

Collect preliminary information from participants in the NIMH Social Disconnection in Late-Life Suicide Workshop.

**DESCRIPTION OF RESPONDENTS**:

Participants of the workshop include academic and federal researchers and community and private clinical health practitioners in the field of suicide prevention.

**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.

Name: Elizabeth Necka, NIMH/NIH OD

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 | 300 | 1 | 2/60 | 10 |
| **Totals** |  | **300** |  | **10** |

**COST TO RESPONDENTS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category of Respondent** | **Total Burden Hours** | **Wage Rate\*** | **Total Burden Cost** |
| Workshop Participants – Researchers | 5 | $41.29/hr | $206 |
| Workshop Participants – Community Health Practitioners | 5 | $24.23/hr | $121 |
| **Totals** |  |  | **$327** |

*\* Private sector respondent wage rate data is from the Life Scientists, All Other (19-1099) and Counselors, Social Workers, and Other Community and Social Service Specialists (21-1000) categories 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 $ 9

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Staff** | **Grade/Step** | **Salary\*** | **% of Effort** | **Fringe (if applicable)** | **Total Cost to Gov’t** |
| **Federal Oversight** |  |  |  |  |  |
| Health Scientist Administrator | 12/1 | $86,335 | .01 |  | $9 |
|  |  |  |  |  |  |
| **Contractor Cost** |  |  |  |  |  |
|  |  |  |  |  |  |
| Travel |  |  |  |  |  |
| Other Cost |  |  |  |  |  |
| Total |  |  |  |  | $9 |

*\*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? [ ] 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 will send out information about the workshop to scientific societies whose members conduct suicide-related research, to the NIH extramural community (through e-blasts and through NIMH Promotions marketing on Twitter, LinkedIn, etc.), and to colleagues in the federal government whose work pertains to suicide prevention. This population describes the sample population that we anticipate will attend the workshop. However, the workshop will be open to the entire public and we will not have any restrictions on who can participate – anyone who registers will be allowed to attend.

**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.**