

**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.**