

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:

Population Health Assessment in Cancer Center Catchment Areas Closeout Grantee Meeting

PURPOSE:

The purpose of this data collection is to help NCI staff 1) plan for the *Population Health Assessment in Cancer Center Catchment Areas Closeout Grantee Meeting*, and 2) select the studies that will be presented during the poster session at this meeting. Submitted abstracts and registration information will be reviewed by an internal NCI committee responsible for planning the activities, who will be making final decisions regarding accepted abstracts, agenda, logistics, etc.

The information collected for the purposes of participant registration will include: name, academic degree, institutional affiliation, and personal contact information (phone number and e-mail address). The abstract submission form will ask for a title, a short abstract (~300 words) describing the research, a list of authors, and the presenting/corresponding authors’ email address and affiliation.

Without collecting information on how many people are planning to attend the meeting and their affiliation, NCI staff would not be able to properly plan for the conference or tailor meeting activities to be relevant to attendees. NCI staff also need to be able to collect abstracts prior to the conference in order to make decisions regarding the research presented at the conference, in order to ensure that all research presented is both relevant and of high quality.

DESCRIPTION OF RESPONDENTS:

Most respondents will be health researchers (mainly staff from the Cancer Prevention & Control/Population Science programs at NCI-designated Cancer Centers).

TYPE OF COLLECTION: (Check one)

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:

Kelly Blake, ScD

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

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)	150	1	6/60	15
Individuals (Abstract)	40	1	1	40
Total		190		55

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Individuals - Medical Scientist	55	\$45.80	\$ 2,519
Totals			\$ 2,519

* 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/current/oes_nat.htm#00-0000).

FEDERAL COST: The estimated annual cost to the Federal government is \$15,792.82

Staff	Grade/Step	Salary **	% of Effort	Fringe (if applicable)	Total Cost to Gov’t
Federal Oversight					
Program Director	14/8	\$129,282	1%		\$1,292.82
Contractor Cost					\$14,500.00
Travel					\$0
Other Cost					\$0
Total					\$15,792.82

**The salary in the table above is cited from <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2019/RUS.pdf>

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

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?

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

2. 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.