

**Request for Approval under the “Conference, Meeting, Workshop, and Poster Session Registration Generic Clearance (OD)”  
(OMB#: 0925-0740, Expiration Date: 07/31/2022)**

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**TITLE OF INFORMATION COLLECTION:**

Registration and Abstract Submission for the NCI Cohort Consortium 2019 Annual Meeting

**PURPOSE:**

This request is for attendees to submit registration for the NCI Cohort Consortium 2019 Annual Meeting. Registration may include a submission of abstracts for posters and oral presentations. The Cohort Consortium Steering Committee encourages every Cohort Consortium Working Group/Project to submit abstracts for poster presentation at <https://www.scgcorp.com/ncicohorts2019/Default>. Abstracts are requested to share findings, information about methodologic studies and tools, and other topics likely to be of interest to the Cohort Consortium membership. Posters allow Working Groups/Projects to share the current status of the project, future plans of the project, and the publications (if applicable). Abstracts that are accepted for poster presentation will be included in the meeting packets for all meeting participants. Abstracts are limited to 350 words or 2,000 characters and poster presentations can be no bigger than 4’ x 6’ in size.

**DESCRIPTION OF RESPONDENTS:**

Cohort Consortium Working Group and Project leaders who are individual investigators, research fellows / post-doctoral fellows, NCI program staff and researchers from intramural and extramural divisions.

**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: Nonye Harvey

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**

Form	Category of Respondent	No. of Respondents	No. of Responses per Respondent	Time per Response (in hours)	Total Burden Hours
Registration and Abstract	Individuals	40	1	30/60	20
Registration Only	Individuals	160	1	5/60	13
<b>Total</b>			200		<b>33</b>

Category of Respondent	Total Burden Hours	Wage Rate*	Total Burden Cost
Individuals	33	\$36.39	\$1,200.87
<b>Totals</b>	<b>33</b>		<b>\$1,200.87</b>

\*Source is the Bureau of Labor Statistics, Mean Hourly Wage rate for Epidemiologists (19-1041) [http://www.bls.gov/oes/current/oes\\_nat.htm#19-0000](http://www.bls.gov/oes/current/oes_nat.htm#19-0000)

**FEDERAL COST:** The estimated annual cost to the Federal government is \$9,425.14.

Staff	Grade/Step	Salary**	% of Effort	Fringe (if applicable)	Total Cost to Gov't
<b>Federal Oversight</b>					
Public Health Advisor	13/10	\$128,920	2%		\$2,578.40
<b>Contractor Cost</b>					\$5,446.74
Travel					\$0
Other Cost					\$0
CRTA Fellow					\$1,400.00
<b>Total</b>					<b>\$9,425.14</b>

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

The request for abstract will go to a distribution list / list serve of NCI Cohort Consortium members and others who are interested in the work of the consortium and attended the consortium’s annual meetings in the past. This includes external investigators and NCI program staff or program staff at any other agency or institution. The announcement is also distributed through other communication listservs at NIH.

**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  
[X] Other, Explain – Individuals may also submit an abstract in advance by emailing it to the Steering Committee.
2. Will interviewers, facilitators, or research coordinators be used? [ ] Yes [X] No