

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

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**TITLE OF INFORMATION COLLECTION:**

HEALthy Brain and Child Development Study - Virtual Fall 2020 PI Meeting

**PURPOSE:**

This 1.5 day meeting will bring together HEALthy BCD planning phase investigators for a final discussion of progress, reporting of findings, and plans moving forward to inform the longitudinal Phase II study. The meeting will be webcast for the public to view.

**DESCRIPTION OF RESPONDENTS:**

NIH Scientists, Researchers, panelists, invited speakers, and the general public.

**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: Michelle Freund (this must be a Federal Employee)

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
Individuals (Registration)	250	1	10/60	42
<b>Totals</b>		<b>250</b>		<b>42</b>

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Individuals	42	\$45.80	\$1,924
<b>Total</b>			<b>\$1,924</b>

\*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/2018/May/oes\\_nat.htm#00-0000](https://www.bls.gov/oes/2018/May/oes_nat.htm#00-0000).

**FEDERAL COST:** The estimated annual cost to the Federal government is \$2,810

Staff	Grade/ Step	Salary**	% of Effort	Fringe (if applicable)	Total Cost to Gov't
<b>Federal Oversight</b>					
Program Director	AD	\$181,048	1%		\$1,810
<b>Contractor Cost</b>					<b>\$1,000</b>
Travel					0
Other Cost					0
<b>Total</b>					<b>\$2,810</b>

\*\*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:**

*We are not conducting a focus group or survey and will not employ statistical methods.*

**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?

*Invitations will be sent to all HBCD study Principal Investigators and NIH staff that are involved with this program to attend as speakers. The meeting also will be announced through the NIDA and NIH websites. Members of the general public will be able to register to watch the meeting via NIH VideoCast.*

**Administration of the Instrument**

**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**

**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.**