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

 **TITLE OF INFORMATION COLLECTION:** Registration form for HIV DRP Think Tank Meeting (NCI)

**PURPOSE:**

The HIV Dynamics and Replication Program (HIV DRP) will be hosting the 24th Annual DRP Think Tank Meeting which will be held virtually on May 11, 2021. The program will consist of a series of short (15-minutes or less) presentations by members of the local retrovirology community on topics related to HIV, AIDS, and retrovirus biology.

**DESCRIPTION OF RESPONDENTS**: Attendees will be members of the local retrovirology community consisting of postdoc fellows, postbac fellows, and PI’s.

**TYPE OF COLLECTION:** (Check all that apply)

[ ] 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:\_\_\_\_Valerie Turnquist\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 BurdenHours |
| Individuals  |  120 | 1 | 8/60 | 16 |
| **Totals** |  | **120** |  | **16** |

|  |  |  |  |
| --- | --- | --- | --- |
| Category of Respondent | Total BurdenHours | Hourly Wage Rate\* | Total Burden Cost |
| Individuals  | 16 | $46.95 | $751.20 |
| **Total** |  |  | **$751.20** |

\*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/2019/May/oes_nat.htm#00-0000>.

**FEDERAL COST:** The estimated annual cost to the Federal government is $\_2,209.10.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Staff** | **Grade/Step** | **Salary\*\*** | **% of Effort** | **Fringe** **(if applicable)** | **Total Cost** **to Gov’t** |
| **Federal Oversight**  |  |  |  |  |  |
| Administrative Lab Manager | 12/9 | $110,455 | 2% |  | $2,209.10 |
| **Contractor Cost** |  |  |  |  | $0 |
| Travel |  |  |  |  | $0 |
| Other Cost |  |  |  |  | $0 |
| **Total** |  |  |  |  | **$2,209.10** |

\*\*The salary in the table above is cited from <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/21Tables/html/DCB.aspx>

**The selection of your 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?

We will be using an email list of Principal Investigators in retrovirology to pass along to members of their labs to register.

**Administration of the Instrument**

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

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.**