## Request for Approval under the “Conference, Meeting, Workshop, and Poster Session Registration Generic Clearance (OD)”

## (OMB#: 0925-0740 Exp Date: 07/2022)

**TITLE OF INFORMATION COLLECTION:** NIMH Sleep and Suicide Prevention Virtual Workshop Registration

**PURPOSE:**

Collect preliminary information from participants of NIMH’s Sleep and Suicide Prevention virtual workshop.

**DESCRIPTION OF RESPONDENTS**:

The workshop aims to bring together clinicians, behavioral scientists, epidemiologists, neuroscientists, and public health experts to discuss the current state of the science in sleep medicine and suicide prevention.

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

[ ] 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: David Leitman, NIMH

To assist review, please provide answers to the following question:

**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 Burden****Hours** |
| Individuals/Households | 300 | 1 | 1/60 | 5 |
|  |  |  |  |  |
| **Totals** |  | **300** |  | **5** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Category of Respondent** | **Total Burden Hours** | **Wage Rate\*** | **Total Burden Cost** |
| Individuals/Households | 5 | $44.31/hr | $222 |
|  |  |  |  |
| **Totals** |  |  | **$222** |

*\* Private sector and government respondent wage rate data is from the Life Scientists, All Other (19-1099) 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 $376.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Staff** | **Grade/Step** | **Salary\*** | **% of Effort** | **Fringe (if applicable)** | **Total Cost to Gov’t** |
| **Federal Oversight** |  |  |  |  |  |
| Program Analyst |  GS-13/S 10 | $134,798 | 0.05% |  | $67 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Contractor Cost** |  | N/A | N/A |  | $309 |
|  |  |  |  |  |  |
| Travel |  |  |  |  |  |
| Other Cost |  |  |  |  |  |
| **Total** |  |  |  |  | **$376** |

*\*the Salary in table above is cited from* [*https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2021/DCB.pdf*](https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2021/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 [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?

We will send an email announcement about the conference (with registration link) to NIMH listservs of employees and public partners, and encourage them to forward as well. The workshop is open to the public so anyone who completes the registration form will be able to attend and view the workshop via webcast.

**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

1. 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.**