

**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:** 2021 NCORP Annual Meeting (NCI)

**PURPOSE:**

The NCI Community Oncology Research Program (NCORP) is a NCI-supported network that brings cancer treatment, prevention, control, and cancer care delivery research (CCDR) trials to people in their communities. NCORP is housed in the NCI Division of Cancer Prevention, with collaboration by the NCI Division of Cancer Control and Population Sciences, NCI Division of Cancer Treatment and Diagnosis, and NCI Center to Reduce Cancer Health Disparities.

The The goal of the 2021 NCORP Annual Meeting is to bring together NCORP principal investigators, administrators, research staff, extramural and NCI stakeholders who contribute to the overall goal of providing access to cancer clinical trials.

**DESCRIPTION OF RESPONDENTS:**

Principal investigators, administrators, research staff, extramural and NCI stakeholders

**TYPE OF COLLECTION:** (Check one)

Abstract

Application

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: Kathleen Castro

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)	650	1	10/60	108
<b>Totals</b>		<b>650</b>		<b>108</b>

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Individuals	108	\$48.45	\$5,232.60
<b>Total</b>			<b>\$5,232.60</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/2020/May/oes\\_nat.htm](https://www.bls.gov/oes/2020/May/oes_nat.htm).

**FEDERAL COST:** The estimated annual cost to the Federal government is \$2,388.66.

Staff	Grade/Step	Salary**	% of Effort	Fringe (if applicable)	Total Cost to Gov’t
<b>Federal Oversight</b>					
Program Director	14/5	\$138,866	1%		\$1,388.66
<b>Contractor Cost</b>					\$1,000.00
Travel					\$0
Other Cost					\$0
<b>Total</b>					<b>\$2,388.66</b>

\*\*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>

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

**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  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 have a list of confirmed speakers. We will ask those speakers to identify individuals who would benefit from participating.

**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  No

**Please make sure that all instruments, instructions, and scripts are submitted with the request.**