## 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:** Hematologic SPOREs Investigators Meeting (Heme SPOREs) (NCI)

**PURPOSE:** The primary goal of the Hematologic SPOREs Investigators Meeting is the identification of new collaborative opportunities in prevention and treatment of hematologic malignancies. The meeting will facilitate breakout sessions that will focus on collaborative interactions in four specific areas including molecular diagnostics, targeted therapies, immunotherapy, and technology development.

**DESCRIPTION OF RESPONDENTS**:

NCI awardee of the Specialized Program of Research Excellence (SPORE) grants from hematologic group. Specifically, Directors of lymphoma, leukemia, myeloma, and Hyperactive RAS.

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

[ X ] 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: Tamara Walton

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**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? [ ] Yes [ X] 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**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Form Name | Category of Respondent | No. of Respondents | No. of Responses per Respondent | Time per Response(in hours) | Total BurdenHours |
| Registration | Individuals | 100 | 1 | 5/60 | 8 |
| Abstract | Individuals | 21 | 1 | 2 | 42 |
| **Totals** |  |  | **121** |   | **50** |

|  |  |  |  |
| --- | --- | --- | --- |
| Category of Respondent | Total BurdenHours | Hourly Wage Rate\* | Total Burden Cost |
| Individuals | 50 | $120.99 | $6,049.50 |
| **Total** |  |  | **$6,049.50** |

\*Source of the mean Hourly Wage Rate is provided by the Bureau of Labor Statistics, Occupation title “Surgeons, Except Ophthalmologists” 29-1248, <https://www.bls.gov/oes/2020/May/oes_nat.htm#00-0000>.

**FEDERAL COST:** The estimated annual cost to the Federal government is: $3,170.34.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Staff** | **Grade/Step** | **Salary\*\*** | **% of Effort** | **Fringe** **(if applicable)** | **Total Cost to Gov’t** |
| **Federal Oversight** |   |   |   |  |   |
|  Analyst | 14/7 | $147,034 | .01% |  | $1,470.34 |
| **Contractor Cost** |  |   |   |  | $1,700.00 |
| Travel |  |  |  |  | $0 |
| Other Cost |  |  |  |  | $0 |
| **Total** |  |  |  |  | **$3,170.34** |

\*\*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 espondents 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?

An email will be sent to awarded grantees of the Specialized Programs of Research Excellence (SPOREs).

**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.**