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 The Clinical Proteomic Tumor Analysis Consortium (CPTAC) virtual meeting (NCI)

PURPOSE:

The purpose of the conference is to bring together NCI-funded Proteome Characterization Centers (PCC), Proteogenomic Data Analysis Centers (PGDAC), and Proteogenomic Translational Research Centers (PTRC) investigators to share their latest data and research activities with each other. Data analysis and dissemination of such critical data through an open conference is critical in translating NCI funded discoveries into diagnostic and treatment modalities. The meeting will be partly public and partly private with two different registration pages respectively. Posters will be emailed directly to the Program Manager who will then upload as one PDF file to the Poster Page for the private registration page right before the meeting.

DESCRIPTION OF RESPONDENTS:

For the private portion, respondents include investigators from various institutions including NCI-funded Proteome Characterization Centers (PCC), Proteogenomic Data Analysis Centers (PGDAC), and Proteogenomic Translational Research Centers (PTRC); other CPTAC supporting teams; and NIH/NCI staff members. For the public portion, respondents will also include participants from public in addition to aforementioned CPTAC investigators.

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 <u>not</u> raise issues of concern to other federal agencies.

Name: Mehdi Mesri, Ph.D.

To assist review, please provide answers to the following question: If you are collecting name and email, then check yes for PII.

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:	
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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 Burden Hours
Public Session Registration	Individuals	250	1	5/60	21
Private Session Registration	Individuals	200	1	5/60	17
Totals			450		38

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Individuals	38	\$ 48.45	\$ 1,841.10
Total			\$ 1,841.10

^{*}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#00-0000.

FEDERAL COST: The estimated annual cost to the Federal government is \$2,592.86.

Staff	Grade/Step	Salary**	% of Effort	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight					
Program Director	14/10	\$159,28 6	1%		\$1,592.86
Contractor Cost					\$1,000.00
Travel					\$0
Other Cost					\$0
Total					\$ 2,592.86

^{**}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 at plan)? If the answer is no, please provide a description of how you potential group of respondents and how you will select them?	_	_	
This meeting is advertised through NIH/NCI/OCCPR listservs, and CP members.	TAC committe	ee	
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? [] Y	Yes [x] No		
Please make sure that all instruments, instructions, and scripts a the request.	are submitted	l with	