

**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’s Biotypes of CNS Complications in People Living with HIV Meeting Registration

PURPOSE:

To collect preliminary information from participants of NIMH’s Biotypes of CNS Complications in People Living with HIV Meeting, scheduled for October 21-22, 2021.

DESCRIPTION OF RESPONDENTS:

This proposed workgroup meeting aims to bring together the researchers in the NeuroHIV field, to identify and analyze common data elements from the different HIV associated CNS disease studies by integrating elements of underlying psychopathology with the currently available measures such as self-report, neuropsychological testing, neuroimaging, and plasma/CSF biomarker analyses.

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

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: Vasudev Rao, NIMH

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/Households | 150 | 1 | 2/60 | 5 |
| Totals | | 150 | | 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.

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 | | | | | \$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>.

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 grantees. The meeting is open to the public so anyone who completes the registration form will be able to attend and view the meeting via webcast.

Administration of the Instrument

1. 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

2. Will interviewers, facilitators, or research coordinators be used? Yes No

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