

**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)**

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**TITLE OF INFORMATION COLLECTION:**

The Intramural Continuing Umbrella of Research Experiences (iCURE) Program Welcome Ceremony 2021 (NCI)

**PURPOSE:**

This invitation-only ceremony will welcome the fourth cohort of iCURE scholars to the NCI. The iCURE program supports mentored research experiences for qualified students and scientists in the multidisciplinary research environment of the NCI campuses in Bethesda, Rockville, and Frederick, Maryland. iCURE offers unique training and career development opportunities to enhance the workforce diversity in cancer and cancer health disparities research in the NCI. Scholars, NIH/NCI staff, family, friends will attend.

iCURE scholars are being asked to complete the questionnaire in order to provide information for posters that will be created and presented during the meeting. Scholars will give a brief introduction during the ceremony. The poster for each scholar will be shown during the presentation.

**DESCRIPTION OF RESPONDENTS:**

Scholars, NIH/NCI staff, and scientists

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

Abstract

Application

Registration Form

Other: Scholar Poster Information

**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: **Jessica Calzola**

**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	300	1	10/60	50
Individuals - Poster	18	1	10/60	3
<b>Totals</b>		<b>318</b>		<b>53</b>

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Individuals	53	\$48.45	\$2,567.85
<b>Total</b>			<b>\$2,567.85</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 \$2,389.00

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%		\$1,389.00
<b>Contractor Cost</b>					\$1,000.00
Travel					\$0
Other Cost					\$0
<b>Total</b>					<b>\$2,389.00</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?

This workshop is by invitation only and the invitees are current training award recipients for the NCI Center to Reduce Cancer Health Disparities.

**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.**