## 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 National Cooperative Reprogrammed Cell Research Groups & Convergent Neuroscience (NCRCRG-CN) Annual Consortium Meeting 2021 and Joint Sessions on Cross-Species Analysis & Combined Data Pipelines 2021

**PURPOSE:**

Collect preliminary information from participants of the upcoming NCRCRG-CN Annual Consortium Meeting (November 3, 2021) and Joint Session on Cross-Species Analysis and Combined Data Pipelines (November 4-5, 2021).

**DESCRIPTION OF RESPONDENTS**:

Participants of the consortium include NIMH grantees in the fields of functional genomics, translational research, and neuroscience.

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

[ ] 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: David Panchision, NIMH

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? [X] Yes [ ] 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**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category of Respondent** | **No. of Respondents** | **No. of Responses per Respondent** | **Time per**  **Response**  **(in hours)** | **Total Burden**  **Hours** |
| Private sector | 400 | 1 | 1/60 | 7 |
|  |  |  |  |  |
| **Totals** |  | **400** |  | **7** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Category of Respondent** | **Total Burden Hours** | **Wage Rate\*** | **Total Burden Cost** |
| Life scientist and All other | 7 | $44.31/hr | $310 |
|  |  |  |  |
| **Totals** |  |  | **$310** |

*\* 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*](http://www.bls.gov/oes/current/oes_nat.htm#00-0000)*.*

**FEDERAL COST:** The estimated annual cost to the Federal government is **$271**.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Staff** | **Grade/Step** | **Salary\*** | **% of Effort** | **Fringe (if applicable)** | **Total Cost to Gov’t** |
| **Federal Oversight** |  |  |  |  |  |
| Health Scientist Administrator | 15/9 | $172,500 | 0.1% |  | $173 |
|  |  |  |  |  |  |
| **Contractor Cost** |  | $98,000 | 0.1% |  | $98 |
|  |  |  |  |  |  |
| Travel |  |  |  |  |  |
| Other Cost |  |  |  |  |  |
| **Total** |  |  |  |  | **$271** |

*\*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*](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 email invitations (including registration link) to grantees with funding through selected NIMH-funded consortia, including the National Cooperative Reprogrammed Cell Research Groups (NCRCRG) cooperative agreement ([PAR-13-225](https://grants.nih.gov/grants/guide/pa-files/PAR-13-225.html)) or the Convergent Neuroscience cooperative agreement ([PAR-17-179](https://grants.nih.gov/grants/guide/pa-files/PAR-17-179.html)), the BRAIN Initiative Cell Census Network (BICCN) and PsychENCODE. On an ad hoc basis, we will also send email invitations to a small number of grantees from one or more relevant research projects, centers, networks or consortia, e.g., with NIH R01, P50, U01, U19, U54, U24 awardees, as well as other qualified scientists. Anyone who is invited and completes the registration form will be able to participate in the consortium.

**Administration of the Instrument**

1. 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

1. 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.**