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: US-Latin American-Caribbean HIV/HPV-Cancer Prevention Clinical Trials Network (ULACNet) Annual Meeting

PURPOSE:

This activity is for collecting information for facilitating registration for the ULACNet Annual Meeting. ULACNet focuses on developing evidence to improve and optimize approaches for prevention of human papillomavirus (HPV)-related cancers in people living with human immunodeficiency virus (HIV) infection. This international collaborative research network brings together institutions in the United States and counterparts in low- and middle-income countries (LMICs) in the Latin American and Caribbean (LAC) region. Funded in Fall 2019 via a U54 Partnership Centers Cooperative Agreement mechanism, ULACNet comprises of three Partnership Centers each collaboratively conducting a multidisciplinary Clinical Trials Program supported via an infrastructure of an Administrative and Coordinating Core, a Data Management and Statistical Core, and a Central Laboratory Core.

DESCRIPTION OF RESPONDENTS: The respondents will be individual collaborators from the three U54 Partnership Centers and NCI staff associated with the network.

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:__Vikrant Sahasrabuddhe_____

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
Individuals	100	1	2/60	3
Totals		**100**		**3**

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Individuals	3	$27.07	$ 81.21
Total			**$ 81.21**

*Source of the mean Hourly Wage Rate is provided by the Bureau of Labor Statistics, Occupation title "All Occupations" 00-0000, https://www.bls.gov/oes/2020/May/oes_nat.htm#00-0000.

FEDERAL COST: The estimated annual cost to the Federal government is $159.29.

Staff	Grade/Step	Salary**	% of Effort	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight					
Health Scientist Administrator	14/10	$159,286	.01%		$ 159.29
Contractor Cost					$
Travel					$
Other Cost					$
Total					**$ 159.29**

**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?

<div align="right">[x] Yes [ ] No</div>

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 meeting is open to all ULACNet-affiliated investigators, collaborators, consultants, and program staff. Please feel free to forward/share this invitation with them so that they can individually register for the meeting. We look forward to seeing you at the meeting on December 1!

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.