

**Request for Approval under the “Conference, Meeting, Workshop, and Poster  
Session Registration Generic Clearance (OD)”  
(OMB#: 0925-0740 Exp Date: 09/30/2025)**

---

**TITLE OF INFORMATION COLLECTION:** Understanding the Role of Intrinsically Disordered Proteins (IDPs) in Cancer Biology (NCI)

**PURPOSE:**

The meeting aims to illustrate how technological advancements enlighten cell biological investigations of IDPs. It brings together experts in biophysical approaches to investigate the structural properties of IDPs with researchers focused on cell biological processes that involve phenomena regulated by IDPs and intrinsically disordered regions embedded within structured proteins. The dysregulation of IDPs has been connected to many human diseases, including cancer, and invited speakers will highlight novel technologies to study IDPs, as well as the connections between molecular mechanisms of IDP-mediated processes and physiological and pathophysiological phenotypes. Based on the workshop, new research opportunities and cross-disciplinary collaborations may arise to accelerate progress in the field.

**DESCRIPTION OF RESPONDENTS:**

NIH Scientists, Researchers, PIs, postdocs, students and fellows

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

Abstract  
 Registration Form

Application  
 Other: \_\_\_\_\_

**CERTIFICATION:**

I certify the following to be true:

1. The collection is voluntary.
2. The collection is a low burden for respondents and a low cost for the Federal Government.
3. The collection is non-controversial and does not raise issues of concern to other federal agencies.

Name: Stefan Maas

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 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: \_\_\_\_\_

The explanation for incentive: (include a 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	400	1	3/60	20
<b>Totals</b>		<b>400</b>		<b>20</b>

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Individuals	20	\$49.44	\$988.80
<b>Total</b>			<b>\$988.80</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/2021/May/oes\\_nat.htm#19-1040](https://www.bls.gov/oes/2021/May/oes_nat.htm#19-1040).

**FEDERAL COST:** The estimated annual cost to the Federal government is **\$273.64**.

Staff	Grade/Step	Salary**	% of Effort	Fringe (if applicable)	Total Cost to Gov’t
<b>Federal Oversight</b>					
HSA/Workshop Organizer	14/6	\$147,272	0.05%		\$73.64
<b>Contractor Cost</b>					\$200.00
Travel					\$0
Other Cost					\$0
<b>Total</b>					<b>\$273.64</b>

\*\*The salary in the table above is cited from <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/22Tables/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 describe how you plan to identify your potential group of respondents and how you will select them.

The universe of potential respondents encompasses current DCB grantees and their laboratory personnel, NCI scientific staff, as well as selected other NIH program staff and scientists. They will be contacted via email correspondence.

**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
- Other, Explain

Will interviewers or facilitators be used?  Yes  No

**Please ensure that all instruments, instructions, and scripts are submitted with the request.**