## Request for Approval under the “Conference, Meeting, Workshop,

## Registration and Challenges Generic Clearance (OD)”

## (OMB#: 0925-0740, Exp Date: 09/30/2025)

**TITLE OF INFORMATION COLLECTION:** Containers and Workflows Webinar Speaker Abstract Form (NCI)

**PURPOSE:** The form will be sent as a word document to speakers interested in presenting at the monthly Containers and Workflows Interest Webinar (CWIG) series. The form is due on 10/14/2022. All information from the form will be used to schedule the event and post details on the CWIG webinar site.

Note: this is an annual request form and was originally approved in 2021.

**DESCRIPTION OF RESPONDENTS**: Interested speakers (government and non-government speakers) in the field of cloud computing, bioinformatics, and data science.

**TYPE OF COLLECTION:**

[ X] Abstract [ ] Application

[ ] Challenges and Competition

[ ] 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: Kanakadurga Addepalli

**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? [ ] Yes [X] 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 | 20 | 1 | 30/60 | 10 |
| **Totals** |  | **20** |  | **10** |

**COST TO RESPONDENT**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category of Respondent** | **Total Burden****Hours** | **Hourly Wage Rate\*** | **Total Burden Cost** |
| Individuals | 10 | $ 49.44 | $ 494.40 |
| **Total** |  |  | **$ 494.40** |

\*Source of the mean Hourly Wage Rate is provided by the May 2021 Bureau of Labor Statistics, Occupation title “Medical Scientists” 19-1040, <https://www.bls.gov/oes/current/oes_nat.htm#19-0000>

**FEDERAL COST:** The estimated annual cost to the Federal government is $155.69.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Staff** | **Grade/Step** | **Salary\*\*** | **% of Effort** | **Fringe** **(if applicable)** | **Total Cost to Gov’t** |
| **Federal Oversight** |  |  |  |  |  |
| Staff Scientist | 14/8 | $155,687 | 0.1% |  | $ 155.69 |
| **Contractor Cost** |  |  |  |  | $0 |
| Travel |  |  |  |  | $0 |
| Other Cost |  |  |  |  | $0 |
| **Total** |  |  |  |  | **$ 155.69** |

\*\*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>

**The selection of your 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?

On the CWIG event site, there is a note encouraging any interested individual to email NCICWIGUserMail@mail.nih.gov. The abstract form will be provided to interested speakers. The event coordinator may also reach out to specific individuals who are subject matter experts in the field of cloud computing or may have presented a topic of interest to the webinar series.

**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.**