

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

TITLE OF INFORMATION COLLECTION: ALS Strategic Plan Workshop Registration (NINDS)

PURPOSE: The purpose of this information collection is to collect general registrant information for individuals who will participate in the ALS Strategic Plan Workshop held by NINDS. The information will be used to provide meeting details and links to attendees and for program planning purposes. NINDS is committed to promoting a diverse research workforce and to including diverse participants at this workshop. To allow staff to determine whether participants at the workshop represent diverse groups and backgrounds, the registration form gives registrants an opportunity to share demographic information, which will be aggregated for internal NINDS use and ongoing program improvement purposes only.

DESCRIPTION OF RESPONDENTS: Respondents are members of the public, media, members of congress, patient/advocacy groups, clinicians, investigators and associated scientific staff from academic and private institutions around the country, as well as federal staff (primarily NIH and FDA).

TYPE OF COLLECTION: (Check one)

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: Cara Long, Ph.D., NINDS OSPP

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 [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 | 700 | 1 | 5/60 | 58 |
| | | | | |
| | | | | |
| | | | | |
| Totals | | 700 | 5/60 | 58 |

COST TO RESPONDENT

| Category of Respondent | Total Burden Hours | Wage Rate* | Total Burden Cost |
|------------------------|--------------------|------------|-------------------|
| Individuals | 58 | 43.22 | 2506.76 |
| | | | |
| | | | |
| | | | |
| Totals | | | 2506.76 |

*Hourly wage rates for “Academic or independent investigator” 19-1029 Biological Scientists is \$43.22 (based on <http://www.bls.gov/oes/current/oes191029.htm>).

FEDERAL COST: The estimated annual cost to the Federal government is \$859.68

| Staff | Grade/Step | Salary | % of Effort | Fringe (if applicable) | Total Cost to Gov't |
|-------------------------------|------------|---------|-------------|------------------------|---------------------|
| Federal Oversight | | | | | |
| Health Science Policy Analyst | 13/1 | 106,823 | 2.5% | | \$267 |
| Contractor Cost | | | | | |
| Travel | | 130,250 | 2.5% | | 592.68 |
| Other Cost | | | | | |

| | | | | | |
|-------|--|--|--|--|----------|
| | | | | | |
| Total | | | | | \$859.68 |

*the Salary in table above is cited from <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2022/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 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?

There is not a comprehensive list of all potential registrants. We aim to reach as many as possible individuals that may be interested and want to engage on this topic, primarily via email, social media, and a meeting website. To do that, we have lists of individuals that have responded previously on this topic, lists of partner organizations that will promote the event through their communications and social media. As this is not a research study, we do not have a detailed sampling plan.

Administration of the Instrument

1. 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

2. Will interviewers, facilitators, or research coordinators be used? Yes No

Please make sure that all instruments, instructions, and scripts are submitted with the request.