`Request for Approval under the "Generic Clearance for NIH Citizen Science and Crowdsourcing Projects"
(OMB#: 0925-0766 Exp., date: 07/2023)

TITLE OF INFORMATION COLLECTION: 5th Annual NIH HEAL Investigator Meeting – Travel Award Nomination Form

PURPOSE:

The NIH HEAL Initiative® plans to host the 5th Annual NIH HEAL Initiative Investigator Meeting on February 7-8, 2024, at the Bethesda North Marriott Hotel & Conference Center in Bethesda, MD (virtual opportunities to participate also available). The meeting brings together researchers funded by the initiative that are working to stem the pain and opioid crises. There is a limited amount of funds to offset travel expenses to the meeting for early career investigators, trainees, and patient and community partners. This accomplishes two goals: 1. Strengthening system capacity by investing in training the next generation of scientists to do this work is essential for reaching the goals of HEAL; and 2. Ensuring HEAL research reflects the full range of populations affected by pain and addiction and offer tools and outcomes that are meaningful to diverse groups. The purpose of this information collection is to collect nominations for travel awards. Nominations include a statement to the selection committee on why a nominee would benefit from attending the meeting in person. The statement is limited to 200 words or less. Submissions are encouraged but not required. Submissions are free of charge to all individuals. Respondents can submit one nomination per response, so this scenario was used to estimate the time required for these forms.

DESCRIPTION OF RESPONDENTS:

Respondents are primarily HEAL-funded researchers and their staff from academic and private institutions around the country. Respondents may also include NIH scientific staff that support HEAL research programs, patients and community partners, and miscellaneous HEAL stakeholders. The travel award nomination form is the same for every individual. By completing the abstract the travel award nomination form, respondents are demonstrating their interest in supporting early career investigators, trainees, and patient and community partners attending the annual investigator meeting in-person.

TYPE OF COLLECTION: (Check one)

[ ] Data Catalogue   [ ] Repository of Tools and Best Practices
[ ] Recommendations of scientific reviewers   [ ] Resources
[X] Call for Nominations   [ ] Other:_____

FREQUENCY OF REPORTING: (Check one)

[ ] Once   [ ] Quarterly
[ ] Monthly   [ ] On Occasion
[X] Annually   [ ] 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.
4. Information gathered will not be used for the purpose of <u>substantially</u> informing <u>influential</u> policy decisions.
5. The collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the future.

Name: Diana S. Morales, MPH, Communications Director, NIH HEAL Initiative

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
3. If Applicable, has a System or Records Notice been published? [ ] Yes [X] No
4. Privacy Act Systems of Records Title: _____ FR Citation ____FR

Gifts or Payments:
Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? [ ] Yes [X] No

ESTIMATED BURDEN HOURS and COSTS

Category of Respondent	No. of Respondents	No. of Responses per Respondent	Time per Response (in hours)	Total Burden Hours
Individual	200	1	15/60	50
Totals		200		**50**

COST TO RESPONDENT

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Individual	50	$46.11*	$2,306
Totals			**$2,306**

*Hourly wage rates are based on http://www.bls.gov/oes/current/oes191029.htm: on the mean hourly wage percentile for biological scientists

FEDERAL COST: The estimated annual cost to the Federal government is **$3,269.**

Staff	Grade/Step	Salary*	% of Effort	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight					
Communications Director	14/8	$163,252	0.25%		$408
Administrative Officer	12/1	$94,199	0.25%		$235
Contractor Cost					
Meeting Planner					$1,854
Editor					$772
Travel					
Other Cost					
Total					**$3,269**

*the Salary in table above is cited from **https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2023/DCB.pdf**

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
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?

<div align="right">[X] Yes [ ] No [ ] Not Applicable</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?

The nomination form will be sent to two listservs used to communicate with HEAL stakeholders – the investigator listserv (~1000 recipients) and the NIH scientific staff listserv (~1300 recipients). Last year (the first time the meeting was held in person since 2020), we sent the form to these listservs and received 100 responses. With increased awareness about the awards as well as more time to submit nominations, we estimate 200 responses. Considering limited funds, we will be able to select ~40% of nominations. The HEAL staff will review and select awardees ensuring there is representation across the portfolio of HEAL research.

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
    [ ] Other, Explain

2. Will interviewers or facilitators be used? [ ] Yes [X] No

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