

**PAPERWORK REDUCTION ACT SUBMISSION WORKSHEET**  
Part I: Information Collection Request

**This template is intended for staff without an ICRAS account. Please fill out and submit to the appropriate Operating Division to enter into ICRAS. The form mirrors the screens available in the ICRAS 4 system. To request an account to log into ICRAS.**

**Instructions for filling out the form are available at [www.paperworkreduction.gov](http://www.paperworkreduction.gov).**

1. Agency/Subagency originating request: CDC																																							
2. Title : The National Violent Death Reporting System																																							
3. Type of information collection (check one) <i>(See instructions)</i> <input type="checkbox"/> New collection (Request for a new OMB Control Number) <input checked="" type="checkbox"/> Extension without change of a currently approved collection <input type="checkbox"/> Revision of a currently approved collection <input type="checkbox"/> Reinstatement without change of a previously approved collection <input type="checkbox"/> Reinstatement with change of a previously approved collection <input type="checkbox"/> Nonmaterial or nonsubstantive change to a currently approved collection (formerly 83C) <input type="checkbox"/> Existing collection in use without and OMB Control Number	4. OCN: <u>0920-0607</u> _____																																						
5. Type of review requested (check one)  a. <input checked="" type="checkbox"/> Regular b. <input type="checkbox"/> Emergency - Approval requested by: ____/____/____ c. <input type="checkbox"/> Delegated  <i>If Emergency, please attach justification. ( 4000 characters maximum)</i>	6. Requested expiration date (check one)  a. <input checked="" type="checkbox"/> Three years from approval date b. <input type="checkbox"/> Six Months from approval date (Maximum for Emergency reviews) c. Other  Specify: ____/____ (mm/yy) or Number of Months from Approval Date																																						
7. Abstract (4000 characters maximum, attach additional sheets as necessary) The purpose of this project is to continue the collection and reporting of state violent death information. The proposed state-based surveillance system will collect data from violent deaths and will provide more detailed and timely information regarding violent deaths.. This system will use case records held by medical examiners, coroners, police and crime labs.																																							
8. Authorizing Statute(s)  Public Law: <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width:25%;">Congress Number</th> <th style="width:25%;">Sequence Number</th> <th style="width:25%;">Section</th> <th style="width:25%;">Name</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> US Code: <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width:33%;">Title</th> <th style="width:33%;">Section</th> <th style="width:34%;">Name</th> </tr> </thead> <tbody> <tr> <td>42</td> <td>241 (280 1-a)</td> <td>General Powers and Duties of Public Health Service</td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> Executive Order: <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width:50%;">Number</th> <th style="width:50%;">Name</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>				Congress Number	Sequence Number	Section	Name													Title	Section	Name	42	241 (280 1-a)	General Powers and Duties of Public Health Service							Number	Name						
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Statute:

Title	Subtitle

9. Associated Rulemaking Information      Stage of Rulemaking (*check one*)      Federal Register Citation  
RIN: \_\_\_\_\_      a.  Proposed Rule      Volume 70      Page number 66839

Publication Date 11 / 03 / 2005

b.  Interim Final or Final Rule

*For a Proposed Rule, OMB will not consider an ICR complete until the Notice of Proposed Rulemaking has been published.  
For a Final Rule, please put the ICR reference number for the ICR reviewed at the proposed rule stage in Box 4.  
For ICRs associated with Interim Final or Final rules that are not significant under EO*

10. Federal Register Notices & Comments

Federal Register Citation

60-day Notice:      Volume 70      Page number 66839      Publication Date 11 / 03 / 2005

30-day Notice:      Volume \_\_\_\_\_      Page number \_\_\_\_\_      Publication Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Did the Agency receive public comments on this ICR?  Yes     No

*Unless submitted as an Emergency or Associated with Rulemaking, OMB will not consider an ICR complete until the 30-day notice has been published. 12866, please attach a draft of the Federal Register document.*

11. Annual Cost to Federal Gov:

\$ 424,000

14. Agency contact:

Name: Catina Conner

Phone: 404-639-4775

E-mail: CConner@cdc.gov

12. Does this ICR contain surveys, censuses, or employ statistical methods?

Yes (Attach Part B of Supporting Statement)     No

13. Is the Supporting Statement intended to be a Privacy Impact Assessment required by the E-Government Act of 2002?

Yes     No

PAPERWORK REDUCTION ACT SUBMISSION WORKSHEET  
 Part I: Information Collection Request (continued)  
**Information Collection Budget (ICB)**

If a change in burden is due to a Program Change Due to New Statute, identify the Citations for New Statutory Requirements:

Public Law:

Congress Number	Sequence Number	Section	Name

US Code:

Title	Section	Name
42	241	Public Service Act

Executive Order:

Number	Name

Statute:

Title	Subtitle

If Program Change is due to Agency Discretion, please categorize the reduction. Burden reduction from (select one):

- a.  Cutting Redundancy
- b.  Using Information Technology
- c.  Changing Regulations
- d.  Changing Forms
- e.  Miscellaneous Actions

If Program Change is due to Agency Discretion, please categorize the increase in burden. Burden increase caused by (select one):

- a.  Changing Regulations
- b.  Miscellaneous Actions

Explain the reasons for any program changes or adjustments reported; that is, provide a short statement how the reduction in burden was achieved or why the increase in burden occurred. (If you need more space, please provide a short summary here and elaborate in the Supporting Statement.) This package is exactly the same as the previously package with the exception of an increase in states collecting the data, which inturn has increased the burden by 20,000 hours annually.

PAPERWORK REDUCTION ACT SUBMISSION WORKSHEET  
Part II: Information Collection Detail

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1. Title: The National Violent Death Reporting System (NVDRS)		
2. Is this a Common Form?  <input type="checkbox"/> Yes  <input type="checkbox"/> No	3. Obligation to respond ( <i>check one</i> )  a. <input type="checkbox"/> Voluntary  b. <input type="checkbox"/> Required to obtain or retain benefits  c. <input checked="" type="checkbox"/> Mandatory	4. Frequency of reporting ( <i>check all that apply</i> )  a. <input type="checkbox"/> Hourly (24 -7) b. <input type="checkbox"/> Hourly Bus (40 per week) c. <input type="checkbox"/> Daily (7 per week) d. <input type="checkbox"/> Daily Bus (5 per week) e. <input checked="" type="checkbox"/> Weekly (52 per year) f. <input type="checkbox"/> Monthly g. <input type="checkbox"/> Yearly h. <input type="checkbox"/> Every Decade i. <input type="checkbox"/> Quarterly j. <input type="checkbox"/> Semi-annually k. <input type="checkbox"/> Biennially l. <input type="checkbox"/> Once m. <input type="checkbox"/> occasionally
5. CFR Citation(s) for the information collection under review (if applicable).  Title _____ Part _____ Section _____ Title _____ Part _____ Section _____ Title _____ Part _____ Section _____ Title _____ Part _____ Section _____		
6. Information Collection Instruments - Send all instruments along with the Part 2 form(s). If more than one Part 2 is completed make sure to identify which instruments are associated with which Part 2 form.		
7. Federal Enterprise Architecture Business Reference Model (Select one Services for Citizens Line of Business and one Subfunction from its group)		
Services for Citizens Line of Business None	Subfunction	
Community and Social Services___	<b>Homeownership Promotion</b> ___ <b>Community and Regional Development</b> ___ <b>Social Services</b> ___ <b>Postal Service</b> ___ <b>None</b> ___	
Correctional Activities___	<b>Criminal Incarceration</b> <b>Criminal Rehabilitation</b>	

	<b>None</b>
Defense and National Security__	<b>Strategic National and Theater Defense</b> __ <b>Operational Defense</b> __ <b>Tactical Defense</b> __ <b>None</b> __
Disaster Management__	<b>Disaster Monitoring and Predication</b> __ <b>Disaster Preparedness and Planning</b> __ <b>Disaster Repair and Restore</b> __ <b>Emergency Response</b> __ <b>None</b> __
Economic Development__	<b>Business and Industry Development</b> __ <b>Intellectual Property Protection</b> __ <b>Financial Sector Oversight</b> __ <b>Industry Sector Income Stabilization</b> __ <b>None</b> __
Education__	<b>Elementary, Secondary, and Vocational Education</b> __ <b>Higher Education</b> __ <b>Cultural and Historic Preservation</b> __ <b>Cultural and Historic Exhibition</b> __ <b>None</b> __
Energy__	<b>Energy Supply</b> __ <b>Energy Conservation and Preparedness</b> __ <b>Energy Resource Management</b> __ <b>Energy Production</b> __ <b>None</b> __
Environmental Management__	<b>Environmental Monitoring and Forecasting</b> __ <b>Environmental Remediation</b> __ <b>Pollution Prevention and Control</b> __ <b>None</b> __
General Science and Innovation__	<b>Scientific and Technological Research and Innovation</b> __ <b>Space Exploration and Innovation</b> __ <b>None</b> __
Health__	<b>Illness Prevention</b> __ <b>Immunization Management</b> __ <b>Public Health Monitoring</b> __ <b>Health Care Services</b> __ <b>Consumer Health and Safety</b> __ <b>None</b> __
Homeland Security__	<b>Border and Transportation Security</b> __ <b>Key Asset and Critical Infrastructure Protection</b> __ <b>Catastrophic Defense</b> __ <b>None</b> __
Income Security__	<b>General Retirement and Disability</b> __ <b>Unemployment Compensation</b> __ <b>Housing Assistance</b> __ <b>Food and Nutrition Assistance</b> __ <b>Survivor Compensation</b> __ <b>None</b> __
Intelligence Operations__	<b>Intelligence Planning and Direction/Needs</b> __ <b>Intelligence Collection</b> __ <b>Intelligence Analysis and Production</b> __ <b>Dissemination</b> __ <b>None</b> __
International Affairs and Commerce__	<b>Foreign Affairs</b> __ <b>International Development and Humanitarian Aid</b> __ <b>Global Trade</b> __ <b>None</b> __
Law Enforcement__	<b>Criminal Apprehension</b> __ <b>Criminal Investigation and Surveillance</b> __ <b>Citizen Protection</b> __ <b>Crime Prevention</b> __ <b>Leadership Protection</b> __ <b>Property Protection</b> __ <b>Substance Control</b> __ <b>None</b> __
Litigation and Judicial Activities__	<b>Judicial Hearing</b> __ <b>Legal Defense</b> __

	<b>Legal Investigation</b> ___ <b>Legal Prosecution and Litigation</b> ___ <b>Resolution Facilitation</b> ___ <b>None</b> ___
Natural Resources ___	<b>Water Resource Management</b> ___ <b>Conservation, Marine and Land Management</b> ___ <b>Recreational Resource Management and Tourism</b> ___ <b>Agricultural Innovation and Services</b> ___ <b>None</b> ___
Transportation ___	<b>Air Transportation</b> ___ <b>Ground Transportation</b> ___ <b>Water Transportation</b> ___ <b>Space Operations</b> ___ <b>None</b> ___
Workforce Management ___	<b>Training and Employment</b> ___ <b>Labor Rights Management</b> ___ <b>Worker Safety</b> ___ <b>None</b> ___

See <http://www.feapmo.gov> for the Business Reference Model categories and definitions.

8. Privacy Act System of Records (if applicable)

Title: \_\_\_\_\_

Federal Register Citation: Volume 70 Page number 66839 Publication date 11 / 03  
/ 2005

9. Respondents

- a. Total # 20
- b. Small Entity # 0
- c. Percent Electronic 100%

Affected public (choose one)

- a.  Individuals or households
  - b.  Private Sector
  - c.  State, Local, or Tribal Governments
  - d.  Federal Government
- (if Private Sector check all that apply)
- a.  Business or other for-profits
  - b.  Not-for-profit institutions
  - c.  Farms

10. Frequency: How often on average will each respondent respond to the Information Collection?

- Number of Responses per Respondent 1000  
Per (select the most appropriate time period for this collection)
- a.  Hour (24-7) - 8736 per year
  - b.  Business Hour (40 per week) - 2080 per year
  - c.  Day (7 per week) - 364 per year
  - d.  Business Day (5 per week) - 260 per year
  - e.  Week - 52 per year
  - f.  Month - 12 per year
  - g.  Year
  - h.  Decade .1 per year
  - i.  Quarter - 4 per year
  - j.  Half-Year - 2 per year
  - k.  Biennial - 0.5 per year

Calculated: Annual Frequency = 52 times a year (per respondent)

Calculated: Annual Number Of Responses = 20,000 a year

11. Hour and Cost Burden

Enter the hours and cost (per response) broken out by reporting, record keeping, and third-party disclosure.

	Time per Response	Hour per response	Annual Hour Burden	Cost per Response	Annual cost Burden
Reporting		2.5	2000		
Record keeping					
Third party disclosure					
Total					

12. Allocate the change in burden

	Total Requested	Change Due to New Statute	Change Due to Agency Discretion	Due to Agency Estimate	Change Due Violation	Currently Approved
a. Annual Responses						
b. Annual Hour Burden	hours	hours	hours	hours	hours	hours
c. Annual Cost Burden	\$	\$	\$	\$	\$	\$