



## ASSURANCE OF COMPLIANCE

with the

**“REQUIREMENTS FOR CONTENTS OF AIDS-RELATED WRITTEN MATERIALS, PICTORIALS, AUDIOVISUALS, QUESTIONNAIRES, SURVEY INSTRUMENTS, AND EDUCATIONAL SESSIONS IN CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) ASSISTANCE PROGRAMS”**

By signing and submitting this form, we agree to comply with the specifications set forth in the “Requirements for Contents of AIDS-Related Written Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments, and Educational Sessions in Centers for Disease Control and Prevention (CDC) Assistance Programs,” as revised June 15, 1992, 57 Federal Register 26742.

We agree that all written materials, audiovisual materials, pictorials, questionnaires, survey instruments, proposed group educational sessions, educational curricula and like materials will be submitted to a Program Review Panel. The Panel shall be composed of no less than five (5) persons representing a reasonable cross-section of the general population; but which is not drawn predominantly from the intended audience. (See additional requirements in attached contents guidelines, especially paragraph 2.c. (1)(b), regarding composition of Panel.)

The Program Review Panel, guided by the CDC Basic Principles (set forth in 57 Federal Register 26742), will review and approve all applicable materials prior to their distribution and use in any activities funded in any part with CDC assistance funds. The panel should assure that HIV educational sessions and materials do not promote sexual activity or substance abuse (42 U.S.C. 300ee(c)).

Following are the names, occupations, organizational affiliations, and target population expertise of the proposed panel members: (If panel has more members than can be shown here, please indicate additional members on the reverse side.)

NAME	OCCUPATION	AFFILIATION	TARGET POP. EXPERTISE

**Note:** For target population expertise, note “General,” if the member has no specific target population expertise.

<b>Applicant/Grantee Name</b>	<b>Program Announcement and Award Number (If Known)</b>
<b>Signature: Project Director</b>	<b>Signature: Authorized Business Official</b>
<b>Date</b>	<b>Date</b>





**Statement of Compliance with Content of HIV/AIDS-Related  
Written Materials, Pictorials, Audiovisuals, Questionnaires,  
Survey Instruments, and Education Sessions**

***NO REPORT OF APPROVAL/DISAPPROVAL  
BY OUR CONTENT REVIEW PANEL NECESSARY***

**Agency Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Program Announcement:** \_\_\_\_\_

**Award Number:** \_\_\_\_\_

To comply with the requirements described in the Review of Contents of *HIV/AIDS-Related Written Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments, and Education Sessions*, published in the Federal Register on June 15, 1992, I certify that from the period of \_\_\_\_\_ through \_\_\_\_\_ that we do not need to send a report of approval/disapproval of materials for the following reason(s) (check all that apply):

- All of the materials we are using have been approved by our content review panel and previously reported to CDC
- We are only using materials previously reviewed and approved by the health department or CDC HIV/AIDS funded national/regional organizations
- We are only using materials developed by CDC or other federal agencies.
- We are not using any HIV prevention educational materials in our program
- Other (please describe)

Sincerely,

**Signature:** \_\_\_\_\_

**Name:** \_\_\_\_\_

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