

**American Recovery and Reinvestment Act
CDC Performance Progress Report Form
Supporting Statement**

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A. Justification

1. Circumstances Making the Collection of Information Necessary

This is a new Information Collection Request (ICR).

The American Recovery and Reinvestment Act of 2009 (ARRA or Recovery Act) is a historic opportunity to create jobs, revive the economy, and advance health reform. This Act lays the groundwork for a generation of health reform and economic opportunity. In the face of an economic crisis, Congress demonstrated its commitment to a holistic approach to public health and improving health and wellness for all Americans. The Recovery Act's unprecedented investment in preventive care represents an important ideological shift -- from a reactive model focused on treatment to a proactive prevention model with the goal of eliminating health disparities and ensuring quality of life for all Americans.

The Act requires unprecedented levels of transparency, oversight, and accountability and requires that all grantees submit frequent financial and performance progress reports as set forth in Section 1512 of the Recovery Act and the Office of Management and Budget (OMB) data collection instrument titled Standard Data Elements for Reports under Section 1512 of the American Recovery and Reinvestment Act of 2009, Public Law 111-5 (Grants, Cooperative Agreements and Loans) (see Attachment A). This CDC data collection is also authorized by Section 301 of the Public Health Service Act (42 U.S.C. 241).

The Centers for Disease Control and Prevention has outlined the basic requirements for Recovery Act reporting in each Notice of Funding Opportunity Announcement and in the Standard Terms and Conditions of each recipient's grant award. These notices require each grantee to prepare and submit the performance reports to CDC that will enable the agency to monitor program performance progress and assess program effectiveness.

This Recovery Act (ARRA) ICR is submitted under the expedited review provision and addresses the data collection requirements of the Initial Quarterly Performance Progress Report for CDC Recovery Act funded programs as well as the regular Quarterly Performance Progress Reports.

Privacy Impact Assessment

The data collection does not involve the collection of sensitive and/or personally identifiable information (PII).

Overview of the Data Collection System

Information for the Performance Progress Report will be collected by CDC grantees and submitted to the agency in paper form by email. Data collected will be maintained until the grant award is official closed out.

Items of Information to be Collected

This ICR does not involve the use of Information in Identifiable Form.

Identification of Website(s) and Website Content Directed at Children Under 13 Years of Age

This ICR does not involve web-based data collection methods.

2. Purpose and Use of the Information Collection

As a new collection, the Performance Progress Report (see Attachment B) is a uniform reporting format that will be used by all CDC Recovery Act funded grantees to meet the performance requirements contained in the terms and conditions of their Federal awards. The form contains identifying data elements (which match the SF-424 grant application cover page), a section for a performance narrative, and a section to report on program-specific performance progress. As a defined set of standard data elements, Performance Progress Report facilitates the collection of Congressionally-mandated and needed program-specific and agency-specific information by allowing the information to be collected uniformly.

Information for the Performance Progress Report will be collected by CDC grantees and submitted to the agency in paper form by email. Each grantee will aggregate any sub grantee information and prepare and submit the report to CDC. All Performance Progress Reports must be submitted within the specified period outlined in the grantee's Notice of Grant Award.

The data will be used by CDC to monitor program performance progress of individual grantees, assess program effectiveness, and to determine compliance with funding requirements. The Performance Progress Reports will also be used to provide information on overall program performance and outcomes to HHS staff, other federal agencies, Congress, and the Office of Management and Budget.

Privacy Impact Assessment Information

No IIF is being collected.

3. Use of Improved Information Technology and Burden Reduction

The uniform Performance Progress Report format will support systematic data collection and a single format for reporting performance progress across the agency. Grantees will submit the Performance Progress Report form to CDC through email (in paper format). There are no plans to develop additional electronic systems for submission of performance progress reports for Recovery Act funded recipients.

4. Efforts to Identify Duplication and Use of Similar Information

Quarterly reports are required for all Recovery Act funded programs. CDC has designed a Performance Progress Report to capture all data elements specified by OMB in the Recovery Program Plan as well as a small number of additional data elements that will assist CDC in effective oversight of program performance. Respondents are only required to report performance progress to CDC through this report as agreed in the Funding Opportunity Announcement and Notice of Grant Award.

5. Impact on Small Businesses or Other Small Entities

No small businesses are involved as respondents to this data collection effort. CDC's Performance Progress Reports are completed by grantees and sub-grantees (local or state governments and nonprofit agencies) receiving Recovery Act funding.

6. Consequences of Collecting the Information Less Frequently

The Recovery Act requires that grantees collect and submit quarterly financial data and quarterly, semi-annual, or annual performance progress data. Less frequent data collection is not permitted under this program.

7. Special Circumstances relating to the Guidelines of 5 CFR 1320.5

The proposed data collection activities are consistent with the guidelines set forth in 5 CFR 1320.6 (Controlling Paperwork Burden on the Public—General Information Collection Guidelines). There are no special circumstances that require deviation from these guidelines.

8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency

The 60-day Federal Register notice was published on Wednesday, July 15, 2009 Volume 74 page 34357 soliciting comments to CDC (see Attachment C). No comments were received.

9. Explanation of Any Payment or Gift to Respondents.

CDC does not provide remuneration to grantees for completion and submission of the Performance Progress Report. However, CDC does require grantees to complete and submit the Performance Progress Report in order to continue to draw CDC funds for project activities.

10. Assurance of Confidentiality Provided to Respondents

This submission has been reviewed by the Information Collection Review Office who determined that the Privacy Act does not apply. This form only collects information on the

recipient organization’s performance. The name of the certifying officer is business contact information and is not personally identifiable. No IIF is being collected. This data collection does not involve human subjects.

11. Justification for Sensitive Questions

The Performance Progress Report does not include questions of a sensitive nature for CDC grantees or sub grantees.

12. Estimates of Annualized Burden Hours and Costs

The CDC estimates 559 recipients will submit quarterly Performance Progress Reports as required by the Recovery Act. On average the burden hours per response is 5 hours. Frequency is quarterly as required by the Recovery Act. Therefore, the total hourly burden annually is expected to be 11,676 hours.

Type of Respondent	Number of Respondents (Estimated)	Number of Responses per Respondent	Average Burden per Response (in hours)	Total Burden (in hours)
States: Section 317 Immunization Program - Reaching More Children & Adults	64	4	6	1536
States: Section 317 Immunization Program - Innovative Initiatives	15	4	6	360
States: Section 317 Immunization Program - Communication & Provider Education	10	4	6	240
States: Section 317 Immunization Program - Strengthening the Evidence Base	64	4	6	1536
States: Healthcare Associated Infections - Emerging Infections Program	10	4	6	240
States: Healthcare Associated Infections - Epidemiology & Laboratory Capacity	52	4	6	1248
States: Health Information Technology and Public Health	64	4	6	1536
Universities: Health Information Technology Professionals in Health Care	30	4	6	720
States: Communities Putting Prevention to Work - Quitline Support	50	4	2	400
States: Communities Putting Prevention to Work - Policy Activities	50	4	2	400
States: Communities Putting Prevention to Work - Policy Implementation	50	2	1	100
States: Communities Putting Prevention to Work - Community Policy Activities	40	4	16	2560
Communities: Communities Putting Prevention to Work - Policy Implementation	40	2	8	640
State Cancer Registries: Comparative Effectiveness Research to Enhance Cancer Registry Data Systems	15	4	2	120

Universities: Comparative Effectiveness Research to Improve Prevention and Wellness	5	4	2	40
Total				11,676

13. Estimates of Other Total Annual Cost Burden to Respondents and Record Keepers

There are no additional capital costs for respondents beyond customary or usual business practices that are not otherwise required to achieve compliance with the collection of information for purposes of completing the Performance Progress Report required by the Recovery Act.

Estimated Annualized Cost Per Grantee Respondent for Quarterly Performance Reporting			
Recipient Category	Total Burden Hours Per Grantee for Four Quarterly Reports	Hourly Wage Rate*	Total Respondent Costs
State and Local Government Grantees and University Grantees	306	\$31.83	\$9,739.98
*Hourly wage rates are based on the 2007 Occupational Employment and Wages published by the Department of Labor (5/9/08). The hourly wage rate in Exhibit 3 represents the average of "Business Operations Specialists, All Others" (\$29.88/hr) and "Data Base Administrators" (\$33.78), assuming an equal proportion of hours required to complete the Performance Report per occupational type.			

14. Annualized Cost to the Federal Government

Must have a cost associated with the entering/storing, review and assessment processes for the paperwork received. Normally the salary of the CDC employee type with estimated number of hours to perform the reviews.

The federal costs associated with the Performance Progress Reports are accounted for as part of overall program oversight and management. It is not possible to separate out any specific costs attributed to the data collection effort that are borne by the government.

Estimated Annualized Cost to the Federal Government for Quarterly Performance Reporting Review			
Employee Type	Total Burden Hours Per Employee to Review for Four Quarterly Reports	Hourly Wage Rate*	Total Respondent Costs
Sr. Project Officer/Program Consultant	153	\$45.46	\$6,955.38
*Hourly wage rates are based on the 2009 hourly rate for a Senior Project Officer/Program Consultant at the GS 13-5 level.			

15. Explanation for Program changes or Adjustments

N/A (this is a new data collection).

16. Plans for Tabulation and Publication and Project Time Schedule

Performance Progress Report data submitted by respondents will be entered and stored in program level project management systems by Federal staff. CDC staff will review and assess each Performance Progress Report to determine compliance with grantee performance expectations. Aggregated data from the Performance Progress Reports will be used to report to Congress, OMB, and other stakeholders on program performance quarterly, semi-annually, or annually.

17. Reason(s) for Display of OMB Expiration Date is Inappropriate

The OMB expiration date will be displayed on all data collection instruments.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.