

Form Approved

OMB No. 0920-0479

Exp. xx/xx/xxxx

Public reporting burden of this collection of information is estimated to average 45 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; A TTN: PRA (0920-0479)

**PROGRAM
INFORMATION**

RESOURCES

PLANNING

**ACTION
PLAN**

[Contact Information](#) | [Program Summary](#)

2009-2010 Program Information

^{*} required field

Edit Contact Information

Updated 02/10/2009

Organization Name: [Grantee Name Displayed here]

Grantee Number: [Grantee number]

Announcement Number: [Announcement number]

DUNS Number: [Duns number]

* Telephone: ext.

FAX:

Website Address:

* Mailing Address
* Address Line 1:
Address Line 2:
* City, State, ZIP:

Shipping Address
 Same as mailing address
* Address Line 1:
Address Line 2:
* City, State, ZIP:

Principal Investigator:
[PI Name, phone and email displayed here from personnel section]
 Same as mailing address
* Address Line 1:
Address Line 2:
* City, State, ZIP:

Business/Financial Official:
[Business Official Name, phone and email displayed here from personnel section]

Program/Project Manager:
[Project Manager(s) Name, phone and email displayed here from personnel section]

CDC Grant Specialist:
[CDC Grant Specialist Name, phone and email displayed here from personnel section]

CDC Project Officer:
[CDC Project Officer Name, phone and email displayed here from personnel section]

Save

Cancel

2009-2010 Program Information

Edit Program Summary

* required field

Updated:02/10/2009

* Grantee Type:

- State/District of Columbia
- Tribe/Tribal Organization
- Pacific Island Jurisdiction
- Territory

* Program Summary:

Characters: 00 / max: 5000

Save

Cancel

**PROGRAM
INFORMATION**

RESOURCES

PLANNING

**ACTION
PLAN**

[Personnel](#) | [Partners](#) | [Contracts](#)

2009-2010 Resources

Add Personnel

* required field

* Position: Select:

* Position Status: Vacant Filled

* Percent of Time Allocated to Program: %

* Position Description:

Text goes here...

Characters: 00

2009-2010 Resources

Add Personnel

* required field

* Position: Select:

* Position Status: Vacant Filled

* Percent of Time Allocated to Program: %

* Position Description:

Text goes here...

Characters: 00

* Name:

* Status: Active - Hire Date

Inactive - Vacated Date

* Telephone: ext.

FAX:

Email:

* Employment Type: (All, except HCP)
 State, Tribal Nation, Pacific Island Jurisdiction, and District of Columbia Employee
 Contract Employee
 Other (specify)

(HCP)
 National Organization, state, Large City, Tribal Employee
 Contract Employee
 Other (specify)

Assignment to Work Plan Objectives

No objectives

Status

Timeline

2009-2010 Resources

* required field

Add Partner

Updated 02/10/2009

* Status: Active Inactive

* Partner Name:

* Partner Level: Federal/National
 State/Territory
 District/County
 Indian Country/Federally Recognized Tribal Government
 Local/City/Town

* Partner Type:

Other (Specify):

Assignment to Action Plan Activities

Status

Complete
In process
Planned

Timeline

07/01/2009-10/01/2009
10/01/2009-12/01/2010
11/15/2009-06/30/2010

2009-2010 Resources

* required field

Add Contract/Consultant

* Contract Status: Vacant Filled

* Primary Role in Program:

* Organization Name:

* Organization Type:

Other (specify)

* Organization's Status on Contract: Active Inactive

Association to Action Plan

Timeline

No activities assigned.



Most Recent Data Set Used (yyyy)

* Standard Data Sources:

- American Cancer Society Facts and Figures
- Behavioral Risk Factor Surveillance System (BRFSS)
- Centers for Medicare and Medicaid Services (CMS)
- Health Plan Employer Data and Information Set (HEDIS)
- Indian Health Service
- Kaiser Foundation
- National Cancer Data Base (NCDB)
- National Health and Nutrition Examination Survey (NHANES)
- National Immunization Survey (NIS)
- National Program of Cancer Registries
- National Youth Tobacco Survey (NYTS)
- Pregnancy Risk Assessment Monitoring System (PRAMS)
- REACH Risk Factor Surveillance System
- School Health Education Profile
- Surveillance Epidemiology and End Results (SEER) Program
- U.S.Census
- Vital statistics
- Woman, Infants, and Children (WIC)
- Youth Risk Behavior Surveillance System (YRBSS)
- Other (specify):

Save

Cancel

2009-2010 Planning

Add Other Data Source

* required field

* Data Source Name:

* Population Sampled:

* Collection Method:

Characters: 00

* Collection Frequency:

Ongoing Single

* Most Recent Year Collected:

Save

Cancel