

**HRSA AIDS Education and Training Centers
Data Submission Cover Page**

Please type answers to questions. Please do not leave any blanks. There is space on the bottom to note any exceptions to requested data or questions regarding data coding.

AETC Name: _____ AETC _____ Number:

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Staff responsible for submission _____

Date of submission:

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 (mm/dd/yyyy)

Start of data collection period:

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 (mm/dd/yyyy)

End of data collection period:

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 (mm/dd/yyyy)

Datasets:	File Names	Number of Records
Participant Information Form	PIF	
Event Record	ER	

File Format Access Excel

- The Datasets attached to this transmittal form conform to the variable name and value formats specific in the AETC Data Manual**
- A list of local performance sites and the corresponding subsite codes are attached.**

Notes/questions regarding data:

Include this cover page as a separate file when uploading data

PUBLIC BURDEN STATEMENT: 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 number. The OMB control number for this project is 0915-0281. Public reporting burden for this collection of information is estimated 209 hours per year. This estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

**HRSA AIDS Education and Training Centers
AETC Submission Status and Validation Report**

Item	Status	Errors	Warnings
Cover Page			
Sub-sites			
Participant Information Form (PIF)			
Event Record (ER)			