

Revision Request  
(0920-0650)

**Current Title: Prevention Research Centers Information System**

**Proposed New Title: Prevention Research Centers Program  
National Evaluation Reporting System**

**Supporting Statement: Part A**

**March 24, 2010**

**Submitted by:**

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Division of Adult and Community Health  
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## TABLE OF CONTENTS

### Part A. Justification

1. Circumstances Making the Collection of Information Necessary
2. Purpose and Use of the Information Collection
3. Use of Improved Information Technology and Burden Reduction
4. Efforts to Identify Duplication and Use of Similar Information
5. Impact on Small Businesses or Other Small Entities
6. Consequences of Collecting the Information Less Frequently
7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5
8. Comments in Response to the FRN and Efforts to Consult Outside the Agency
  - a. Federal Register Notification
  - b. Other Consultations
9. Explanation of Any Payment or Gift to Respondents
10. Assurance of Confidentiality Provided to Respondents
11. Justification for Sensitive Questions
12. Estimates of Annualized Burden Hour and Costs
  - a. Estimated Burden
  - b. Estimated Costs
13. Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers
  - a. Total Capital and Start-up Costs
  - b. Total Operation and Maintenance
14. Annualized Cost to the Government
15. Explanation for Program Changes or Adjustments
16. Plans for Tabulation and Publication and Project Time Schedule
17. Reason(s) Display of OMB Expiration Date is Inappropriate
18. Exceptions to Certification for Paperwork Reduction Act Submissions

### Exhibits

- |                     |   |
|---------------------|---|
| <b>Exhibit 12.a</b> | Estimated Annualized Burden Hours       |
| <b>Exhibit 12.b</b> | Estimated Annualized Burden Costs       |
| <b>Exhibit 14.a</b> | Annualized Costs of PRC Data Collection |

## **Attachments**

- 1: Authorizing Legislation: Public Law 98-551
- 2A: Federal Register Notice
- 2B: Summary of Public Comments and CDC Response
- 3: PRC Program Performance Indicators
- 4: Survey
- 5: Telephone Interview
- 6: Collaborative Evaluation Design Team

## **Abstract**

The Centers for Disease Control and Prevention (CDC) currently collects information from awardees funded through Prevention Research Centers (PRC) program (OMB 0920-0650, expiration date August 31, 2010). CDC requests OMB approval to continue the information collection for three years, with changes. This Revision request describes plans to 1) change the methods for data collection; 2) modify the title of the clearance to reflect the change in data collection methods; 3) decrease the data collection burden for each PRC by decreasing the number of questions and collecting data on an annual basis rather than biannual; and 4) increase the number of respondent PRCs. OMB approval is requested by June 1, 2010. This will allow CDC to train grantees on the new data collection methods in July 2010 and to collect fiscal year 2010 data in the revised format for the period from August 1, 2010 to September 30, 2010.

### **A. JUSTIFICATION**

#### **1. Circumstances Making the Collection of Information Necessary**

##### **a. Background**

In 1984, Congress passed Public Law 98-551 directing DHHS to establish Centers for Research and Development of Health Promotion and Disease Prevention. In 1986, CDC received lead responsibility for this program, referred to as the Prevention Research Centers (PRCs) Program. Attachment 1 provides a copy of the authorizing legislation for the PRC program, the Health Promotion and Disease Amendments of 1984. The PRC Program was refunded for FY 10 and received a \$2 million increase in funding.

Currently, CDC provides funding to 33 PRCs selected and renewed through a competitive external peer review process. The PRCs are managed as a CDC cooperative agreement with awards made for five years.

Each PRC is housed within a school of public health or a school of medicine or osteopathy with a preventive medicine residency. PRCs conduct outcomes-oriented health promotion and disease prevention research on a broad range of topics using a multi-disciplinary and community-based approach. Research projects involve faculty from the school and different departments within the university, and partners from the community and external organizations. Partners include state and local health departments, departments of education, schools and school districts, community organizations, health providers, and other health organizations. Partners collaborate with the PRC to assess community health priorities; identify research priorities; set a research agenda; conduct research projects and related activities such as training and technical assistance; and disseminate research results to public health practitioners, researchers, and the general public.

Each PRC receives an approximately equal amount of core resources from CDC to establish its core capacity and support a core research project as well as training and evaluation activities. Research foci reflect each PRC's area of expertise and the needs of the community. Health disparities and goals outlined in *Healthy People 2010* are a particular emphasis for most PRC core research. Since 1993, PRCs can apply for Special Interest Projects (SIPs), funded by units throughout CDC as well as other DHHS agencies. The SIPs are cooperative agreements, sometimes, but not always, related to the PRC core project. In addition, many PRCs conduct research on other disease prevention and health promotion topics funded by sources such as health departments, foundations, and other federal agencies.

In April 2008, CDC published program announcement DP09-001 for the PRC program. The announcement was competed with a total of 37 PRCs funded from September 2009 to September 2014. The DP09-001 program announcement included a set of 23 program performance indicators for the PRC Program. The program indicators were developed collaboratively with program stakeholders and correspond to the PRC conceptual framework (or logic model) that identifies program inputs, activities, outputs, and outcomes.

CDC is currently approved to collect progress and performance information from PRCs through the PRC Information System (IS), a web-based application (OMB #0920-0650, exp. 8/31/2010). The IS was developed to organize programmatic information through workplans and progress reports and to assist in tracking progress toward and achievement of the PRC performance indicators. Respondents also report data related to the prevention research projects, products resulting from those projects, trainings related to those projects, and partnerships. The IS was designed to collect information in a systematic and timely manner, streamline data collection and reporting, and reduce the effort of progress reporting associated with paper-based reports. Validation procedures were built into the IS improve the quality of the reported data.

The IS was modified in September 2005 (Change Request 1) to clarify data entry fields and add components that allow each PRC to upload its organizational chart, enter its annual work plan, and add the number of participants for each research project. In addition, Change Request 1 increased the total burden hours due to the addition of 5 PRCs, changing the total number of PRCs from 28 to 33. The average respondent burden hours did not change. Change Request 2, approved November 2006, reflected deletions, modifications, and additions to the IS questions based on development of the final set of performance indicators. Many of the changes converted text-based data collection to check-box data collection to facilitate data analysis and reporting. An Extension ICR, approved in August 2007, supported continuation of data collection through the IS through the current expiration date of 8/31/2010.

While the initial experience among PRCs was favorable, it became clear recently that the system is not as user-friendly as initially thought, with respect to both data entry and data analysis. It also became clear that data related to some questions were not valid and required a different method for data collection. A thorough review of all questions by the PRC Program office and grantees resulted in identification of a subset of questions that will adequately meet the PRC Program needs. Based on review of fiscal year 2007 data and input from the PRCs during 2008 - 2009, the list of program indicators was decreased. Attachment 3 provides the final set of 17 PRC program performance indicators.

The data collected allow the PRC Program to answer the following questions:

- What does the PRC Program contribute to public health practice and policy?
- How is community-based participatory research implemented across PRCs?
- How are communities and partners engaged in PRCs' activities and how does participation build community capacity?
- What are the similarities and differences across PRCs concerning infrastructure, organizational factors, and how PRCs partner with communities and organizations?

The purposes of the indicator data collection are to accomplish the following:

- Demonstrate national program accountability to decision-makers and national program partners.
- Facilitate program improvement at the PRC Program office within CDC and at the PRCs.
- Demonstrate success of each PRC.
- Document innovative work (e.g., dissemination of effective interventions, engagement of communities in research).

In this Revision, CDC requests OMB approval to 1) change the methods for data collection; 2) modify the title of the clearance to reflect the change in data collection methods; 3) reduce the data collection burden for each PRC by decreasing the number of questions, and collecting data on an annual basis rather than biannual; and 4) increase the number of PRCs from which we need to collect data from 33 to 37. Approval for three years is requested.

## **b. Privacy Impact Statement**

### **i. Overview of the Data Collection System**

The information collection includes an annual survey conducted through Survey Monkey, a Web-based data entry system (Attachment 4). Information collected through Survey Monkey will be downloaded to a SAS database on-site at CDC for analysis and reporting. The information collection also includes an annual telephone interview (Attachment 5). There are no data collection partners. Data

will be maintained for ten years to allow for continued data analysis and publication of reports and scientific journal articles.

## ii. Items of Information to be Collected

The web-based survey requests the name and telephone number of a contact person for each PRC. No individually identifiable personal information is being collected. Rather, the data reflect activities and outputs of each PRC.

The data to be collected through Survey Monkey include the following:

- PRC involvement with state and local health departments and other governmental agencies
- Number of other research projects under the PRC's umbrella. For each other research project, we will collect the following information:
  - Amount of annual funding
  - Funding source
  - Population (age group, race, ethnicity, underserved)
  - Geographic location and site
  - Health topic
    - Research type (determinant, intervention/translation, methodological)
    - Type of intervention (environmental/policy, programmatic)
- Number of training programs delivered
  - Number of people trained by type of audience for each training program delivered
  - Number of students trained or mentored (high school, undergraduate, masters, doctoral, and post-doctoral)

Similarly, the name and telephone number of a PRC contact person are collected with the telephone interview data. No personal information is collected. The data to be collected by telephone interview, while quantitative in nature, may require some discussion to better understand the data. The information to be collected includes the following:

- Number of people hired by your PRC to support the PRC or participate in PRC activities
- Number of contracts entered into and supported by PRC core funds
  - How many interventions developed and/or tested by your PRC were designated by an external group or agency as an effective intervention? If  $\geq 1$ :
    - What sources determined the intervention to be effective?
    - What is the health focus of the intervention?
    - What is the type of intervention?
    - Has the intervention been adopted outside of the original study population? If yes:
      - What types of entities adopted the intervention?
      - How many entities adopted the intervention?

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

Survey Monkey is hosted through a website and there are no pages or other information directed at children under thirteen years of age. The web address will be shared with the PRC Directors and other PRC involved in data entry.

## 2. Purpose and Use of the Information Collection

Reports will be easily generated at two levels:

- **National-level reports** provide aggregate data across all PRCs (e.g., the number of PRCs working with minority populations) or a specific subset of PRCs (e.g., among PRCs working with adolescents, the percentage focusing on physical activity).
- **Local-level reports** provide information specific to a single PRC such as the number of publications during the past year.

The CDC published a report in March 2010 that reflects the highest priority 2007 indicator data. At the same time, each PRC received a report that reflected their 2007 data. In addition, some 2007 data are included in a paper accepted for publication by the Journal of Public Health Management and Practice entitled “Ensuring Accountability in Public Health Prevention Research: Evaluating the Prevention Research Centers Program at the Centers for Disease Control and Prevention.”

The data collected to date have proved very useful in describing PRC activities and outputs when responding to requests for information about the PRC Program from Congress, the CDC Director, and others. Based on experience with the data, we plan to reduce the number of indicators and associated questions. This revision reflects the most important information needed by the PRC Program.

The data evaluate the PRC Program grantees’ activities, outputs, and outcomes and are generalizable within the PRC Program. The data are not necessarily generalizable to other large research programs.

### a. Privacy Impact Assessment Information

The information is being collected for and will be used for the following reasons:

- To monitor compliance with cooperative agreement requirements.
- To identify needs for training and technical assistance in areas such as training, evaluation, or community-based participatory research.
- To evaluate progress made in achieving PRC-specific goals and activities.
- To obtain information needed to respond to inquiries from HHS, Congress, and other sources.

- To summarize PRC program activities across all 37 PRCs, which provides a national description of the Program.
- To identify PRCs with similar activities and link them with each other and with CDC units to facilitate collaboration.
- To describe the PRC Program overall related to amount of funding, number of projects and population characteristics, number of community committees and members' constituencies, number of training programs, number of persons trained, number of publications and presentations, and number of recognition awards.

The data can be used by the PRCs for the following purposes:

- To provide summaries of their own activities and impact on their partners, communities, and local decision-makers.
- To share information with other PRCs for collaboration on projects and for learning from the experience of other PRCs doing similar research.

No IIF is being collected other than the name and phone number of the person(s) responding on behalf of each PRC. No personal IIF is collected, and the proposed data collection will have no effect on the respondent's privacy.

### **3. Use of Improved Information Technology and Burden Reduction**

While the PRC IS is a centralized, web-based system that uses a relational data base to support 100% of data collection, it is on an old platform no longer supported by CDC. In addition, its reporting capabilities proved cumbersome for both queries and data analysis. The data collection methods proposed in this Revision will utilize a Web-based data entry system, Survey Monkey, to both decrease burden and more easily develop data files readily integrated by linking identification numbers. A small subset of data that require discussion and explanation will be collected through telephone interview. Both Survey Monkey and the telephone interview will collect data from all 37 PRCs; we expect a 100% response rate.

Special attention was given to ensure the revised system collects only the highest priority data need by the PRC Program, is easy to use, and the data are readily analyzed. The data collection methods will use information technology to ensure minimum number of data entry errors through use of range checks, quality of information, and no information redundancy. All methods will be integrated through linking identifiers by PRC and project. The data collection methods allow varying degrees of access for PRCs and CDC staff. System access ranges from read-only to full data entry privileges depending on the user's role and needs.

### **4. Efforts to Identify Duplication and Use of Similar Information**

The proposed revision will provide an efficient method for PRCs to submit evaluation information on their center's other research projects, involvement with health departments, training programs, and intervention dissemination and adoption needed to measure progress toward, or achievement of, the PRC program indicators.

No other agency, either within the federal government or in the private sector, collects data to evaluate PRC program activities.

**5. Impact on Small Businesses or Other Small Entities**

No small businesses will be involved in this data collection.

**6. Consequences of Collecting the Information Less Frequently**

The PRC Program proposes annual data collection for the indicator data. Less than annual data collection for most variables would delay receipt of critical information on PRC activities, outputs, and outcomes which would:

- Negatively impact the national evaluation of the PRC Program
- Undermine accountability efforts at both the national and local levels
- Weaken programmatic efforts to monitor grantees
- Weaken efforts to respond in a timely manner to inquiries from Congress and other stakeholders with current information

There are no legal obstacles to reduce the burden.

**7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5**

This request fully complies with the regulation 5 CFR 1320.5.

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

**a. Federal Register Notification**

A 60-day Federal Register Notice was published in the *Federal Register* on January 27, 2010, volume 75, number 17, pages 4395-4396 (Attachment 2A). One public comment was received and acknowledged (Attachment 2B).

**b. Other Consultations**

The PRC Program Indicators were initially developed as part of the PRC Program national evaluation planning process (Task Number 04C99985, through the Department of Health & Human Services Program Support

Center, with ORC Macro). Consultants for refining the PRC program indicators were members of the PRC Program's Collaborative Evaluation Design Team (CEDT). The CEDT included two PRC directors, three PRC investigators or evaluators, one PRC community liaison staff member, one representative of a state health agency, and two community advisory board members. Attachment 6 provides a list of CEDT members. The CEDT met through periodic conference calls which began in December 2004 and continued until 2007. Via conference calls, the consultants provided feedback on type of information to be collected for the indicators, the availability of this information, and the reporting format. A July 28-29, 2005 in-person meeting in Atlanta, followed by several conference calls in August 2005, focused on selecting constructs on which to develop a refined set of program indicators.

Following development of a draft set of program indicators, the PRC Program office drafted new questions or revised existing questions to collect indicator data through the PRC Information System. The CEDT provided feedback on those questions September – October 2005.

In November 2005, the draft indicators with accompanying new and revised questions were shared with PRCs. Several PRCs provided comments on the clarity of wording, feasibility of data collection, and relevance of indicators to PRC work. The PRC Program staff and CEDT used the feedback to refine the indicators and questions. The refined version was shared with all PRCs, and several PRCs provided comments on minor edits and clarifications in May 2006. The feedback resulted in Modification 2 which was submitted and approved (changes considered non-substantive) by OMB in November 2006.

In summer 2008, the PRC Program began the process of extracting fiscal year 2007 data from the IS. At that time, the program identified a subset of data considered as high priority for program accountability. Informal consultation with staff at various PRCs resulted in the suggestion to decrease the amount of data collected and to consider alternative methods for data collection. Attachment 4 provides the questions and response options for data collection via web-based survey (baseline and years 2 – 5) and Attachment 5 provides the telephone interview.

## **9. Explanation of Any Payment or Gift to Respondents**

The PRCs do not receive any payment or gift for providing information collected by Web-based survey or telephone interview.

## **10. Assurances of Confidentiality Provided to Respondents**

The information reported to CDC is used to identify training and technical assistance requirements, evaluate progress made in achieving PRC-specific goals, and obtain information needed to respond to Congressional and other inquiries

regarding program effectiveness. CDC does not collect any personally identifiable information from PRCs about individuals participating as subjects in PRC research or training activities. IRB approval is not required for the collection of PRC progress and performance indicators.

### **Privacy Impact Assessment Information**

- a. Privacy Act Determination. This submission has been reviewed by staff in CDC's Information Collection Review Office, who determined that the Privacy Act does not apply. Respondents are PRC grantees. Although each PRC identifies one or more contact persons, the contact person(s) report(s) information about organizational activities. No personal information will be collected through the Web-based survey or telephone interview.
- b. Safeguards. The data will be secured on CDC servers, which require password protected access. An assurance of confidentiality is not needed as no individual level data are collected. For the web-based survey, each PRC has access to its own information and decides on the level of access to the survey for each user.
- c. Consent. Respondent consent is not needed. Data collected reflect each PRCs activities, outputs, and outcomes, not data about a specific individual. Numerous methods are used to inform the PRCs about the data collection – 1) discussion on committee conference calls, 2) presentations at the PRC Directors meetings, and 3) distribution of a guidance document.
- d. Nature of Response. Each PRC is required to report its progress and performance indicators to CDC.

## **11. Justification for Sensitive Questions**

No information is collected on individuals participating as subjects in PRC research activities. Neither the Web-based survey nor telephone interview will collect sensitive information on any PRC project staff or partners. Data collected will reflect each PRC; public disclosure of the data will be in aggregate across all 37 funded PRCs. No data on individual PRCs will be published.

## **12. Estimates of Annualized Burden Hour and Costs**

### **a. Estimated Burden to Respondents**

Each PRC will complete the annual Web-based survey (see Attachment 4). The burden estimate for the annual survey is 6 hours per response. The instructions

for question #7 change slightly after Year 1 (2010). In Year 1 (2010), PRCs will be asked to identify and provide information about “other” research projects conducted within the scope of the PRC. In subsequent years (2011-2014), PRCs will be asked to verify/update the information reported during the previous year, and to enter information about any new projects. The estimated burden per response is not expected to change during the three years of this Revision request. The total estimated annualized burden for the Web-based survey is 222 hours (see Exhibit A.12.a). There are 37 respondents (PRCs).

In addition, a representative from each PRC will participate in an annual telephone interview (see Attachment 5). The estimated burden per response is one hour, and the total estimated annualized burden for the telephone interview is 37 hours.

The total estimated annualized burden for both information collections is 259 hours (see Exhibit A.12.a).

**Exhibit A.12.a**  
**Estimated Annualized Burden Hours**

<b>Type of Respondent</b>	<b>Form Name</b>	<b>No. of Respondents</b>	<b>No. of Responses per Respondent</b>	<b>Average Burden per Response (in hours)</b>	<b>Total Burden (in hours)</b>
<b>PRC Program</b>	<b>Survey</b>	<b>37</b>	<b>1</b>	<b>6</b>	<b>222</b>
	<b>Telephone Interview</b>	<b>37</b>	<b>1</b>	<b>1</b>	<b>37</b>
<b>Total</b>					<b>259</b>

**b. Estimated Cost to Respondents**

PRC clerical staff will collect, verify and report survey information to CDC. PRC directors will participate in the telephone interview. The estimated cost to respondents is based on hourly salary rates published by the Bureau of Labor Statistics (BLS). For PRC clerical workers, the mean average of \$20.00 per hour was used (BLS category 43.6011, Executive Secretaries and Administrative Assistants). For PRC Directors, the mean average of \$80.00 per hour was used (ninetieth percentile of BLS category 25-1071, Health Specialties Teachers, Postsecondary). The ninetieth percentile was used because the PRC Directors are the leaders in the field of health promotion research.

The total estimated annualized cost to respondents is \$7,400, as summarized in Exhibit A.12.b.

**Exhibit A.12.b  
Estimated Annualized Burden Costs**

<b>Type of Respondent</b>	<b>Form Name</b>	<b>No. of Respondents</b>	<b>No. of Responses per Respondent</b>	<b>Average Burden per Response (in hours)</b>	<b>Average Hourly Wage Rate</b>	<b>Total Cost</b>
<b>PRC Program</b>	<b>Survey</b>	<b>37</b>	<b>1</b>	<b>6</b>	<b>\$20</b>	<b>\$4,440</b>
	<b>Telephone Interview</b>	<b>37</b>	<b>1</b>	<b>1</b>	<b>\$80</b>	<b>\$2,960</b>
<b>Total</b>						<b>\$7,400</b>

**13. Estimate of Other Total Annual Cost Burden to Respondents or Record Keepers**

**a. Total Capital and Start-up Costs**

The PRCs will not incur any capital or start-up costs as a result of the survey or telephone interview. All PRCs have access to the Internet and telephone, as well as computers. Thus, no new hardware or software are needed to respond to the survey or telephone interview.

**b. Total Operation and Maintenance**

The PRC Program office will incur a minimal cost for a site license for Survey Monkey.

**14. Annualized Cost to the Government**

The PRC national evaluation reporting system will include both contractor and Federal employee costs. The PRC Research and Evaluation Team leader will provide oversight of the development and implementation of the questionnaires and develop reports from the data. The PRC Research and Evaluation Team evaluator is responsible for developing and implementing the web-based survey and the telephone interview, and for providing oversight of the development of the data system. A PRC Research and Evaluation Team member will conduct the data analysis. A full-time contractor will provide training for the PRCs, develop the data system, manage the data, conduct data analysis, and provided continued enhancements to the data system and data analysis.

From FY 2010 – FY 2013 annualized costs for federal employee time is \$42,000 for a total of \$126,000 over the three years. In addition, the annualized costs for

one full-time contractor’s (Health Research Analyst) salary and benefits are \$111,000 for a total cost of \$333,000 over the three years (see Exhibit A.14.a).

**Exhibit A.14.a  
Annualized Costs of PRC Data Collection**

<b>Cost Category</b>	<b>Description</b>	<b>Percent Effort and Average Annual Salary</b>	<b>Cost</b>
Federal Personnel	Team Leader	5% FTE @ \$120,000/year	\$6,000
	Evaluator	20% FTE @ \$90,000/year	\$18,000
	Health Scientist	20% at 90,000/year	\$18,000
	<i>Subtotal, Federal Personnel</i>		<i>\$42,000</i>
Contractor	Data system development and implementation, and user training	100% FTE @ \$111,000/year	\$111,000
		<i>Subtotal, Contractor</i>	<i>\$111,000</i>
		<b>Total, Federal Personnel and Contractor</b>	<b>\$153,000</b>

**15. Explanation for Program Changes or Adjustments**

Due primarily to a reduction in the frequency of data collection, the estimated annualized burden per respondent will decrease from 8.46 hours (4.23 hours per response, collected twice per year) to 7 hours (7 hours per response, collected once per year). Although the number of responding PRCs will increase from 33 to 37, the result will be a net reduction in the total annualized burden (from 279 hours to 259 hours).

**16. Plans for Tabulation and Publication and Project Time Schedule**

Information collected through survey and telephone interview will be tabulated through descriptive statistics such as percentages, ranges, means, and medians. CDC will not use complex statistical methods to analyze data. Example statements include:

- Across all PRCs, a total of 4,000 people were trained during the past fiscal year and ranged from 0 – 300 people per PRC.
- Across all PRCs, 29 PRCs have funds to support other research projects for a total of 200 other research projects.
- Across all PRCs, 25% have research projects related to African-American adolescents.

The PRCs are funded from October 1 – September 30 each year. Information collected through the Web-based survey and telephone interviews will be

disseminated annually through both internal CDC documents as well as in fact sheets and special reports for both internal and external stakeholders.

Data collection from the PRCs will occur at the end of each funding year. In order to collect year 1 data in a timely manner, it is critical that OMB approval is received no later than June 1, 2010. Table A.16 – 1 shows the timeline for year 1 data collection, analysis, and reporting. The timeline will repeat for all three years.

**A.16 – 1 Project Time Schedule**

<b>Activity</b>	<b>Time Schedule</b>
Send guidance document to PRCs	1 week after OMB approval
Train PRCs on new data collection methods	1 month after OMB approval
Collect Web-based data	2 – 3 months after OMB approval
Conduct telephone interviews	3 months after OMB approval
Review and validate data	4 – 5 months after OMB approval
Aggregate data	6 – 8 months after OMB approval
Develop reports	9 – 11 months after OMB approval

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

The Web-based survey will display the expiration date for the OMB approval on the first page of the survey.

**18. Exceptions to Certification for Paperwork Reduction Act Submissions**

There are no exceptions to the certification.