# Health Care and Other Facilities Project Status Update Form

#### SUPPORTING STATEMENT

#### A. JUSTIFICATION

## 1. <u>Circumstances of Information Collection</u>

The Health Resources and Services Administration (HRSA) is requesting Office of Management and Budget (OMB) approval for extension for the Health Care and Other Facilities Project Status Update Form (OMB# 0915-0309). This form allows for the standardized and electronic collection of information that will allow HRSA to monitor and verify its grantees' progress towards completion of their projects. The information collection is authorized by 42 USC 300s-6 (Section 1627 of the Public Health Service (PHS) Act).

HRSA's Health Care and Other Facilities (HCOF) program provides congressionally-directed funds to health-related facilities for construction-related activities and/or capital equipment purchases. Awarded facilities are required to provide a periodic (quarterly for construction-related projects, annually for equipment only projects) update of the status of the funded project until it is completed. The monitoring period averages about 3 years with some projects taking up to 5 years to complete. The information collected from these updates is vital to program management staff to determine whether projects are progressing according to the established timeframes, meeting deadlines established in the Notice of Grant Award (NGA), and drawing down funds appropriately. Information collected from these updates is also shared with the Division of Grants Management Operations (DGMO) for their assistance in the overall evaluation of each project's progress.

Currently, monitoring data are received on the OMB approved form transmitted electronically via the HRSA Electronic Handbook in which grantees describe program status to date. The monitoring form provides identical standardized information. This information collection request is being submitted in order to continue to collect standardized identical information from grantees on the progress of their projects.

## 2. <u>Purpose and Use of Information</u>

HRSA's Healthcare Systems Bureau (HSB) has the primary responsibility for monitoring the HCOF projects. HRSA needs the standardized reports in order to conduct oversight of the project.

Grantees will be required to submit the following information: the estimated or actual start and completion dates of the project, project completion percentage, percentage of award drawn down, and a discussion of change orders, major problems, or notification of any change(s) in project scope. Design-only, and construction projects are required to

submit reports on a quarterly basis. Equipment-only projects are required to submit reports on an annual basis.

The data will be used by HRSA to monitor grantees' progress in completing their projects and will be useful in highlighting potential problems that may need to be addressed. These problems could include excess draw downs of grant funds, unapproved changes in scope, and undue delays in project completion. In addition, the status updates will provide a vehicle for the grantees to inform HRSA of administrative changes such as a change in the project contact person.

# 3. <u>Use of Improved Information Technology</u>

The form is fully electronic.

## 4. <u>Efforts to Identify Duplication</u>

The information requested is not available from any other source. The information we are requesting is specific to this funding award program and is unique to the program.

## 5. <u>Involvement of Small Entities</u>

The data collection activities do not significantly impact small entities.

# 6. <u>Consequences if Information Collected Less Frequently</u>

Congress, as well as the DGMO, requires Federal oversight to ensure that funds are used for their intended purpose. Without frequent monitoring, projects might prematurely draw down grant funds, projects might be delayed without HRSA program staff knowing the reasons, or projects might not be completed within the 5-year draw down limit. If construction projects were to be monitored less frequently, HRSA would be less able to remedy problems in a timely manner.

#### 7. Consistency with the Guidelines in 5 CFR 1320.5(d)(2)

This action is consistent with the Guidelines in 5 CFR 1320.5(d)(2).

# 8. <u>Consultation Outside the Agency</u>

The notice required in 5 CFR 1320.8(d) was published in the *Federal Register* on May 4, 2010 (Volume 75, Number 85, Page 23772). No comments were received.

We contacted three grantees who provided comments on the burden and design of the form. Their comments were taken into consideration and are reflected in the burden estimates. The persons we contacted are as follows:

Ms. Sara King, MPH

Director of Resource Development San Ysidro Health Center 1275 30<sup>th</sup> Street San Diego, CA 92154 (619) 662-4150

Ms. Karen Midkiff Mercy Health Foundation 1010 Three Springs Blvd. Durango, CO 81301 (970) 764-2804

Ms. Kathleen Mulligan Shevlin Director, Resource Development Trinitas Health Foundation P.O. Box259 Elizabeth, NJ 07207 (908) 994-8249

# 9. <u>Remuneration of Respondents</u>

Respondents will receive no remuneration.

# 10. <u>Assurance of Confidentiality</u>

The Privacy Act does not apply because these information collection requirements do not include collection of information on individuals; all information is aggregated to the facility level.

#### 11. Questions of a Sensitive Nature

No questions of a sensitive nature are involved.

## 12. Estimate of Annualized Hour Burden

The following estimates of burden per response are based on comments from the grantees referenced in Section 8 that describes consultation outside of the agency.

The burden estimates shown below are based on the following estimates of the average number of facilities in each category over the next 3 years:

Total reporting facilities with remaining obligations: 1,719

Construction-related 481 Equipment only 1,238

# ESTIMATE OF INFORMATION COLLECTION BURDEN

| Project Type  | Number of   | Responses per | Total     | Hours per | Total Burden |
|---------------|-------------|---------------|-----------|-----------|--------------|
|               | Respondents | Respondent    | Responses | Response  | Hours        |
| Construction- |             |               |           |           |              |
| Related       | 481         | 4             | 1,924     | .5        | 962          |
| Equipment     |             |               |           |           |              |
| Only          | 1,238       | 1             | 1,238     | .5        | 619          |
| Total         | 1,719       |               | 3,162     |           | 1,581        |

#### **Basis for Estimates:**

# 13. <u>Estimates of Annualized Cost to Respondents</u>

There are no capital or start up costs for this activity. Purchase of computers, testing equipment, etc., is not needed. Also, there are no operations and maintenance costs that would be required beyond normal staff time.

#### 14. Estimates of Annualized Cost to the Federal Government

The estimated cost to the Federal Government to analyze and process monitoring reports is estimated to be 50.41 percent of 1 FTE at a GS-13 level, amounting to approximately \$50,865.

## 15. Changes in Burden

The current annual hour burden approved by OMB for this activity is 1,052 hours. The estimated annual hour burden has increased by 529 hours due to a program adjustment. The number of total respondents has increased because of 801 more grants awarded.

## 16. Time Schedule, Publication and Analysis Plans

There are no plans to publish the results of the information collected in this report.

#### 17. Exemption for Display of Expiration Date

No exemptions are requested.

#### 18. Certification

The information collection fully complies with 5 CFR 1320.9