

**Resources and Services Database of the CDC National Prevention  
Information Network**

**Supporting Statement A**

OMB No. 0920-0255

Contact Information:

F. E. Harrison, MBA, PMP  
National Prevention Information Network Services (NPIN) Project  
Officer  
National Center for HIV, Viral Hepatitis, STD, and TB  
Prevention/CDC  
1600 Clifton Rd NE, MS E-07  
Atlanta, GA 30333  
404-639-6095  
404-639-8910(fax)  
ckv3@cdc.gov

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**Resources and Services Database of the CDC National Prevention Information Network, OMB No. 0920-0255**

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**Information Collection of the Resources and Services Database of  
the National Prevention Information Network (NPIN, OMB Control No.  
0920-0255)**

**A. JUSTIFICATION**

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

The Centers for Disease Control and Prevention (CDC) requests reinstatement with change of Resources and Services Database (OMB Control No. 0920-0255) of the Centers for Disease Control and Prevention (CDC) National Prevention Information Network (formerly known as the National AIDS Clearinghouse). This information collection expired on May 31, 2010, and a temporary discontinuation was approved by OMB to accommodate this request for a 3-year reinstatement of the data collection with change.

**A.1.1 Background**

The National Prevention Information Network (NPIN) is a service of the CDC National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP). NPIN is a program of NCHHSTP that supports NCHHSTP's efforts to prevent and control human immunodeficiency virus (HIV) infection, viral hepatitis, sexually transmitted diseases (STDs), and tuberculosis (TB), which continue to present major public health challenges to the United States.

NPIN is an outgrowth of CDC health communications and information dissemination programs and the CDC National AIDS Clearinghouse (NAC), which was first established in 1988 and was subsequently expanded to include STD, TB, and most recently, viral hepatitis prevention. The NPIN Resources and Services Database is the only one of its kind in the United States. The database contains entries on 9,754 organizations and is the most comprehensive listing of national, state, and local organizations that provide HIV/AIDS, viral hepatitis, STD, and TB prevention, education, and treatment services available throughout the country. The database information serves as the source of information for several referral providers, including CDC-INFO and the HIVtest.org website, and is made available to the public through the NPIN website.

NPIN plays a significant role in supporting NCHHSTP's efforts to prevent these diseases. Its primary target audiences are community-based organizations, State and local health departments, health professionals working in the field of HIV/AIDS, viral hepatitis, STDs, and TB, and the general public, including special populations such as Spanish-speaking persons and those who are hearing-impaired. It serves as the U.S. reference, referral, and

dissemination service for information on HIV/AIDS, viral hepatitis, STDs, and TB and links Americans to HIV/AIDS, viral hepatitis, STD, and TB prevention, education, testing, and healthcare services. NPIN is a key member of the network of government agencies, community organizations, businesses, health professionals, educators, and human services providers that educate the American public about the grave threat to public health posed by these diseases and provides services for persons who are living with, or at risk for, these conditions.

This request is authorized under Section 301 of the Public Health Service Act (42 United States Code 241), which allows CDC to collect and make available through publications and other appropriate means, information regarding research "relating to causes, diagnosis, treatment, control, and prevention of physical and mental diseases and impairments of man."

Additionally, Section 2521 of the Health Omnibus Programs Extension Act of 1988 (PL 100-607) authorized the Director of the Centers for Disease Control (and Prevention) to "establish a clearinghouse to make information concerning acquired immune deficiency syndrome available to Federal agencies, States, public and private entities, and the general public." The pertinent sections of both laws may be found in Attachment 1.

#### **A.1.2 Privacy Impact Assessment**

NPIN collects information from and about organizations that provide services related to HIV/AIDS, viral hepatitis, STDs, and TB. This information is collected by contacting appropriate representatives of the organizations (federal, state, and local government agencies, community based organizations, social service organizations, etc.) by telephone or email to ascertain information about the organization. The data management procedures have not changed since previous approval, however, revisions to the instruments to reflect the programmatic needs of NCHHSTP have been made.

NPIN does not collect information about individuals, and the NPIN databases do not include any personal identifiable information.

#### **A.1.3 Overview of the Data Collection System**

Data for NPIN is the information from member organizations who share their communication resources for HIV prevention programs.

Organizations are contacted by telephone or email or have access to the NPIN Resource Organization Questionnaire, an online form

available on the NPIN website and the National HIV and STD Testing website. Since the first OMB approval on March 29, 1990, the NPIN Resource Organization Questionnaire (hereafter referred to as the "Questionnaire") has been administered to newly identified organizations, which have been asked to provide specific information, such as available services and materials, audiences and geographic area served, hours of operation, and special services or conditions. Collecting such data directly from the sources has greatly increased the accuracy and timeliness of the information. In addition, NPIN has continued its efforts to maintain an up-to-date database and has implemented a verification process with organizations that already exist in the database. These organizations are contacted annually to verify their information. As a result, NPIN has enhanced its responsiveness to its target audiences, as well as to those of the CDC-INFO toll-free line.

The protocol for the data collection has not changed since approval of the prior information collection request. The Questionnaire will continue to be administered over the phone and by email and available online. This has been shown to be an efficient method of data collection that yields a satisfactory response rate. In its continuing efforts to maintain an up-to-date, comprehensive database, NPIN plans to add up to 200 new resource organization listings each year over the next 3 years and update information on organizations that are already in the database annually. All of the listings in the Database will continue to be verified annually. Respondents will be asked to complete the verification instrument via telephone or e-mail once per year.

NPIN employs the following survey instruments and instructions:

- Initial Questionnaire (Attachment 3A)
- Telephone Script of the Initial Questionnaire (Attachment 3-B)
- Telephone Verification Script (Attachment 3-C)
- Email Verification Message (Attachment 4)
- Email Verification Instructions (Attachment 5)

#### **A.1.4 Items of Information to be Collected**

Information is collected on the organizations' demographics (name, location, contact information, type of organization), its hours of operation and eligibility requirements, the geographic area served, the services provided, the audiences served, and the languages spoken. Organization representatives are contacted directly via telephone or email to obtain the information. Collecting such data directly from the sources greatly increases the accuracy and timeliness of the information. In addition, organizations have access to an online form for the submission of information. The

specific information captured in the data collection are detailed in Section A.15.

No individually identifiable information is being collected.

**A.1.5 Identification of Websites(s) and Website Content  
Directed at Children Under 13 Years of Age**

NPIN provides an online form for the submission of information by organizations. This form is available on both the NPIN public website ([www.cdcnpin.org](http://www.cdcnpin.org)) and the National HIV and STD Testing public website ([www.hivtest.org](http://www.hivtest.org)). Neither of these websites are directed at children under 13 years of age.

**A.2. Purpose and Use of the Information Collection**

The information collection process described in this request provides a means of gathering data regarding organizations that offer services related to HIV/AIDS, viral hepatitis, STDs, and TB. The resultant information collected is used to support a resource for referrals, to facilitate coordination among programs dealing with HIV/AIDS, viral hepatitis, STDs, and TB, and to satisfy the legislative mandate that information and education on HIV/AIDS be made available expeditiously and accurately to the professional community and to the general public. Up to 200 new organizations are identified and included in the Database each year, and the approximately 10,000 organizations included in the database are each contacted once a year to provide updated information.

Collecting the information described in this package allows NPIN to:

- Acquire accurate, up-to-date information directly from the original source by phone and/or email in a timely manner.
- Collect data using a consistent format.
- Work toward attaining CDC's goals of more specific information collection to help meet the evolving specialized needs of organizations as the epidemic changes.
- Provide service organizations with only one form to complete that is clearly organized.

If NPIN does not continue this information collection and verification project, the potential number of resource listings will be significantly reduced, and the accuracy and currency of the existing records will be greatly diminished. Failure to proceed with this project would compromise efforts to meet the legislative

requirement of being as responsive as possible to the general public and professional communities who need access to the HIV/AIDS-related programs/services network. Failure to provide this information would impair CDC's ability to maintain a successful national HIV/AIDS, viral hepatitis, STD, and TB information education program through the CDC National Prevention Information Network and the CDC-INFO toll-free line, and would hamper the efforts of the BRTA/LRTA Program. Further, it would reduce the credibility of a Federal information and education program that is perceived by the general public and the professional community as having comprehensive and reputable information resources on HIV/AIDS, Viral Hepatitis, STDs, and TB.

Failure to continue this project would:

- Interfere with CDC's ability to assess what services are being offered and available at the local level.
- Reduce CDC's ability to communicate effectively and network with local programs.
- Reduce the Federal government's ability to foster networking among State and local programs.
- Create a situation that is counterproductive to the Federal government's efforts to enhance the reach of its HIV/AIDS information and education programs.

The procedures provided in this clearance have been used successfully for the past three years to gather the information for the database. These procedures have been shown to be both efficient and effective in gathering the requested information. The survey instruments are easy for respondents to understand and complete.

#### **A.2.1 Privacy Impact Assessment Information**

NPIN is a clearing house for HIV prevention organizations and does not include information on individuals.

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

NPIN is an online and computer supported database and communication system. The Initial Questionnaire (see Attachment 3-A) is designed to elicit as much information as possible about the services of organizations that are not yet listed in the database (i.e., "new" organizations). The Questionnaire is divided into six sections. Respondents are asked to complete sections I, II, V, and VI. These represent the minimum amount of data necessary to maintain a complete and accurate record of each organization and the services it provides. This basic information is essential to the task of referral-linking callers with organizations that provide



appropriate services. The remainder of the Questionnaire, Sections III and IV are designed with skip patterns to allow respondents to omit sections not applicable to them.

More and more organizations now have the capability to find information electronically using the Internet. In view of this, NPIN offers an electronic version of this Questionnaire in an HTML and PDF file format on the NPIN website (<http://www.cdcnpin.org>) that can be completed and submitted online or downloaded from the NPIN website and then e-mailed back to NPIN. Additionally, the Questionnaire may be sent to respondents by e-mail. These avenues of electronic data collection contribute to a reduction in the amount of staff time required to verify information over the telephone.

NPIN staff learns about new organizations through a variety of sources, including exhibiting at health and professional meetings, searching the Internet, and perusing newsletter announcements and press releases. Once a new organization is identified as providing services related to HIV/AIDS, viral hepatitis, STDs, or TB, NPIN staff will start collecting information on it. For organizations that have their own websites, staff will reduce the burden on organizations by gathering as much information as possible from this source before contacting them. NPIN staff will contact each newly identified organization (i.e., those with and those without websites) and administer the Questionnaire over the telephone (see Attachment 3-B). The purpose of the Questionnaire is to gather information about services available for HIV/AIDS, viral hepatitis, STDs, and/or TB from the organization, the geographic area the organization serves, and the target audiences for these services.

As the Resources and Services Database has matured, the importance of the task of verifying information on organizations already in the database has increased accordingly. For the annual verification of the Database, the majority of organizations will receive a telephone call to review their database listing. The interviewer will review the Questionnaire with the appropriate organizational representative. A sample telephone verification script is included in Attachment 3-C. The remaining organizations will receive a copy of their current database entry by electronic mail, including an email message (see Attachment 4) and a list of instructions (see Attachment 5). The instructions ask each organization to verify or update their listing and add or delete any services and target audiences as appropriate. A sample Resources and Services Database record is provided in Attachment 6.

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

Since the last OMB approval, the size of the Resources and Services Database has stabilized to include approximately 10,000 records. Use of the Database continues to increase. In addition, the

Database remains the only *national* computerized database to supply information about public and private organizations whose services or activities are designed specifically to educate the public about HIV/AIDS, viral hepatitis, STDs, and TB. NPIN has continued its collaboration with many organizations to share information. Community-based organizations and professionals increasingly rely on NPIN's Resources and Services Database for accurate and timely referral information.

NPIN has actively sought to avoid duplication of effort. Through extensive literature search, database searches, consultation with other PHS agencies, and information obtained at national meetings and conferences, NPIN has determined that it provides a unique service.

**Definition of Scope:** NPIN's focus is on organizations and the services they provide. Some other information services focus primarily on the clinical and research aspects of the disease, but not on organizations providing services.

**Identification of Other AIDS Data Collections:** NPIN's focus is national and therefore exceeds the scope of many organizations collecting data for their own purposes. No other organization covers all service areas or geographic levels (e.g., national, state, local, grassroots). NPIN is relied on to provide information outside the scope of the data collections of other sources. NPIN is aware of the following organizations known to be involved in AIDS data collection in a more limited way:

- The United States Conference of Mayors and the Foundation Center collect information about private funding for AIDS research and educational programs. However, neither collects information about public sources of such funding.
- The Florida AIDS Hotline collects information and maintains a database of AIDS resources and services available to Florida residents.

NPIN is not aware of any other **STD, TB, and/or Related Infections** data collection efforts in existence to date.

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

Some AIDS resource facilities are small operations. The Questionnaire has been designed for ease of use by many different types of organizations. Smaller organizations with only a few AIDS-related services will spend less time completing the Questionnaire than will larger organizations that have many departments and services. The skip patterns in the Questionnaire reduce the burden to the respondent from smaller organizations. Two closed-end questions at the beginning of Sections III and IV prompt the

respondent to go to another section if they are answered with a "no." Additional skip patterns appear within sections of the Questionnaire. This allows respondents to bypass the sections and questions that are not applicable to them.

#### **A.6 Consequences Of Collecting the Information Less Frequently**

Due to the dynamic nature of the Resources and Services Database and the requirement to provide accurate and appropriate referrals, timely changes in address, phone number, and services provided must be reflected. Although the use of the Questionnaire to collect information on HIV/AIDS-related organizations will be ongoing, each respondent will complete the Questionnaire one time only. All of the listings in the Resources and Services Database will be verified annually. Therefore, it is anticipated that respondents will complete the verification instrument via telephone or e-mail once per year. Authorization for use of the Questionnaire, telephone script of the Questionnaire, telephone verification script, email verification message, and email verification instructions is requested for a three-year period. There are no legal obstacles to reduce the burden.

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

This request fully complies with regulation 5 CFR 1320.5. Respondents to the Questionnaire are asked to report information only on an annual basis. There is neither a requirement to prepare a written response in fewer than 30 days after receipt of the Questionnaire, nor are respondents asked to submit any copies of the Questionnaire other than the original. Respondents are not required to retain any records regarding this information collection. This is not a statistical survey designed to produce valid and reliable statistical results and does not employ any statistical data classification. There is no pledge of confidentiality and no requirement of respondents to submit proprietary trade secrets or other confidential information.

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

**A.8.1.** A 60-day Federal Register Notice was published in the *Federal Register* on August 2, 2010, Vol.75, No. 147, p. 45122-45123 (see Attachment 2). There were no public comments received regarding this data collection.

**A.8.2.** On an ongoing basis, the NPIN team maintains regular communication with expert resources to share information and discuss strategies to ensure that the Resources and Services

Database is accurate and complete. Collaboration for this data collection occurs across the main divisions of NCHHSTP—Division of HIV/AIDS Prevention, Division of Viral Hepatitis, Division of STD Prevention, and the Division of Tuberculosis Elimination. These ongoing consultations help to assure the comprehensive scope of the Resources and Services Database and that mutual and related data needs are being met.

Since approval of the prior OMB clearance, a comprehensive review of the information to be included in the Database was conducted with representatives of the HIV/AIDS, Viral Hepatitis, STD, and TB divisions of NCHHSTP. The goal was to ensure that the Database contains only that information that is most relevant to CDC and partners' prevention efforts and to identify ways to streamline the data collection. Changes made to the Database included:

- Simplifying the information collected with regard to services, audiences, and languages that organizations provide (numerous codes were eliminated or combined)
- To reflect CDC's emphasis on the critical nature of behavior intervention in prevention, the Database will identify the specific types of behavioral interventions and behavioral intervention trainings provided by the organizations
- To reflect the critical nature of testing information in prevention, the Database will identify more information related to testing, specifically the types of STD testing provided and the types of free testing provided and will eliminate the distinction between anonymous HIV testing and confidential HIV testing
- Limiting address information to physical addresses (no longer collecting mailing addresses)

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

Not applicable.

#### **A.10. Assurance of Confidentiality Provided to Respondents**

Although full names of those completing the Questionnaire will be collected, respondents will be speaking from their roles as staff of community-based organizations, State and local health departments, and as health professionals working in the field of HIV/AIDS, viral hepatitis, STDs, and TB. They will provide no personal information about themselves. Instead, they will address

available services and materials, audiences and geographic area served, hours of operations, and special services or conditions of their respective organizations or programs.

The intended use of the information requested is expressly stated in the Questionnaire's introductory section: *"The information you provide about your organization or program will be added to the NPIN database and will be made available to health professionals and other users."* The disclosure of this information is voluntary. Because of the nature and purpose of this data collection, no assurance of confidentiality is extended.

The contractor that will be collecting the data protects virtual data using both electronic and physical means. The contractor employs a stateful-inspection packet filtering firewall to protect their network perimeter and data contained within it from sources outside of the network. Internal security is controlled using Windows NT share and file level security, and Novell NetWare NDS security. All data are password protected and secured on file servers within a locked server room. Servers are protected from unauthorized physical access by separate key lock to the network room. The contractor backs up virtual data to DLT tape on a nightly basis, Monday-Friday. Daily tapes are stored on-site in our locked network room, and weekly and monthly tapes are stored off-site in a locked vault at a tape storage facility.

#### **A.10.1 Privacy Impact Assessment Information**

No IIF is being collected. NPIN serves private and public organizations and not individuals.

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

CDC NCHHSTP has developed partnerships with faith-based organizations that provide HIV/AIDS services. Gathering this information supports that effort. No questions deal with behaviors of individuals such as sexual behavior, alcohol or drug use, or other behaviors that are commonly considered private. The Questionnaire does not ask for social security numbers or any personal identifiable information.

#### **A.12. Estimates of Annualized Burden Hours and Costs**

The survey protocol has not changed since the previous submission when the telephone survey was approved. At that time, the

Questionnaire was pre-tested with 9 organizations to determine ease of use and to obtain user feedback. The time required to complete the Questionnaire ranged from 13 to 20 minutes, depending on the size of the organization and its services. The results of the pre-test were positive with respondents finding the Questionnaire easy to complete, the questions unambiguous and overall not burdensome. The respondent completes the Questionnaire and verification only one time per year. Use of the telephone survey over the past three years has shown the time to complete the Questionnaire and its ease of use to be consistent with the original pilot study, and the revisions made to the survey instruments should have a negligible effect on respondents' completion of the Questionnaire.

Based on past experience, the survey of a Registered Nurse and another professional at the organization such as a Social and Community Service Manager, Health Educator, or Social and Human Service Assistant has been necessary to complete the Questionnaire. NPIN plans to contact approximately 200 new organizations each year to complete the Questionnaire by phone. Of those, 120 organizations will require the survey of a Registered Nurse and another professional at the organization. Approximately 7,000 telephone verifications will be conducted each year, with 4,000 of these organizations requiring the survey of a Registered Nurse and another professional from the organization. An additional 3,000 organizations will be contacted by email for verification of their organization's information, with 1,567 of these organizations requiring the survey of a Registered Nurse and another professional from the organization. In sum, a total of about 10,000 organizations will be contacted for information verification.

The burden estimate for data collection using the current protocol and Questionnaire is based on NPIN's experience with the current surveys and protocol. There are no data collection instruments for the email verification to the organizations. The burden is based on the time it takes to review and update attachments 4, 5, and 6 as appropriate. The breakdown of the total annualized burden hours by survey instrument is as follows:

Initial Questionnaire Telephone Script - 320 responses, 87 hours  
Telephone Verification - 11,00 responses, 1,741 hours  
Email Verification - 4,567 responses, 771 hours

**Exhibit A.12.1. Estimated Annualized Burden Hours**

| <b>Form</b>  | <b>Respondents</b>                    | <b>Number of Respondents</b> | <b>Number of Responses per Respondent</b> | <b>Average Burden per Response (in hours)</b> | <b>Total Burden (in hours)</b> |
|--|---------------------------------------|------------------------------|---|---|--------------------------------|
| Initial Questionnaire Telephone Script (200 new organizations) | Registered nurses                     | 120                          | 1   | 20/60   | 40                             |
|  | Social and community service managers | 20                           | 1   | 10/60   | 3                              |
|  | Health educators                      | 20                           | 1   | 13/60   | 4                              |
|  | Social and human service assistants   | 160                          | 1   | 15/60   | 40                             |
| Telephone Verification (7,000 organizations)                   | Registered nurses                     | 4,000                        | 1   | 10/60   | 667                            |
|  | Social and community service managers | 700                          | 1   | 10/60   | 117                            |
|  | Health educators                      | 700                          | 1   | 10/60   | 117                            |
|  | Social and human service assistants   | 5600                         | 1   | 9/60  | 840                            |

Exhibit A.12.A. continued

| Form                                     | Respondents                           | Number of Respondents | Number of Responses per Respondent | Average Burden per Response (in hours) | Total Burden (in hours) |
|--|---------------------------------------|-----------------------|------------------------------------|--|-------------------------|
| Email Verification (3,000 organizations) | Registered nurses                     | 1,567                 | 1                                  | 10/60                                  | 261                     |
|  | Social and community service managers | 300                   | 1                                  | 12/60                                  | 60                      |
|  | Health educators                      | 300                   | 1                                  | 10/60                                  | 50                      |
|  | Social and human service assistants   | 2,400                 | 1                                  | 10/60                                  | 400                     |
| <b>TOTAL<sup>1</sup></b>                 |                                       |                       |                                    |  | <b>2,600</b>            |

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**Exhibit A.12.2. Estimated Annualized Burden Costs**

| <b>Form</b>   | <b>Type of Respondent</b>             | <b>Total Burden Hours</b> | <b>Hourly Wage Rate*</b> | <b>Total Respondent Costs</b> |
|---|---------------------------------------|---------------------------|--------------------------|-------------------------------|
| Initial Questionnaire Telephone Script<br>(200 new organizations) | Registered nurses                     | 40                        | \$ 31.31                 | \$ 1,252                      |
|   | Social and community service managers | 3                         | \$ 29.12                 | \$ 87                         |
|   | Health educators                      | 4                         | \$ 23.36                 | \$ 94                         |
|   | Social and human service assistants   | 40                        | \$ 14.03                 | \$ 561                        |
| Telephone Verification<br>(7,000 organizations)                   | Registered nurses                     | 667                       | \$ 31.31                 | \$ 20,884                     |
|   | Social and community service managers | 117                       | \$ 29.12                 | \$ 3,407                      |
|   | Health educators                      | 117                       | \$ 23.36                 | \$ 2,733                      |
|   | Social and human service assistants   | 840                       | \$ 14.03                 | \$ 11,785                     |
| Email Verification<br>(3,000 organizations)                       | Registered nurses                     | 261                       | \$ 31.31                 | \$ 8,172                      |
|   | Social and community service managers | 60                        | \$ 29.12                 | \$ 1,747                      |
|   | Health educators                      | 50                        | \$ 23.36                 | \$ 1,168                      |
|   | Social and human service assistants   | 400                       | \$ 14.03                 | \$ 5,612                      |
| <b>TOTAL<sup>2</sup></b>  |                                       | <b>2,600</b>              |                          | <b>\$ 57,502</b>              |

\* Source: The latest government statistics from U.S. Department of Labor, Bureau of Labor Statistics, *May 2008 National Occupational Employment and Wage Estimates*.

[http://www.bls.gov/oes/current/oes\\_nat.htm](http://www.bls.gov/oes/current/oes_nat.htm)

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

There are no other costs to the Respondents.

**A.14. Annualized Cost to the Federal Government**

The costs of this survey to the Government are indirect but tangible. Costs are absorbed within the larger CDC National Prevention Information Network service contract to Danya International, Inc.

Federal personnel costs are not required. The following chart summarizes the components of the costs of the survey under the service contract:

**Exhibit A.14.1. Annualized Cost to the Federal Government**

| <b>Component</b>                                | <b>Cost*</b>     |
|---|------------------|
| Contract costs to Danya International, Inc.     | \$535,992        |
| <b>Total estimated annual costs</b>             | <b>\$535,992</b> |
| <i>*Includes overhead and all contract fees</i> |                  |

The annualized cost to the Federal Government is \$535,992.

The total cost for the project is \$1,607,976.

**A.15. Explanation of Program Changes or Adjustments**

This is a request for reinstatement with change of OMB Control No. 0920-0255. The inventory for the approval which expired on May 31, 2010 was 3,854 burden hours. The new requested burden is 2,600 hours, a substantial reduction in burden of 1,254 hours. The difference in burden from the previous OMB-approved protocol is due to the fact that a substantial number of organizations listed in

the database have been inactivated, thus reducing the number of records that need to be verified each year from 15,000 to 10,000. These organizations were removed because they either stopped offering related services or ceased operating. This reflects, in part, the reductions in funding available to organizations over the past three years.

The following revisions were made to the scripts and instruments to ensure data collection that is consistent with CDC's recommended changes to the Database to make the information in it most relevant to its prevention needs. Although there are several new pieces of information being added to the data collection, the changes primarily involve substantially reducing the number of specific services for which information is requested. Therefore, while the list of changes is lengthy, the overall effect of the revisions is to simplify the instruments through elimination and consolidation making it easier for respondents to complete the survey.

The following modifications were made to the Questionnaire in Attachment 3-A.

- The instructions were revised to reflect 12 questions in Section I (revised from 11 questions) and to delete instructions related to gathering information on materials produced (information no longer collected)
- Section I, Question 3 - Deleted Mailing Address from the question (information no longer needed)
- Section I, Question 4 - Deleted "Please note geographic restrictions and hours of service" from the question (comment pertains to a different section of the Questionnaire)
- Section I, Question 7 - Revised wording of option from "Regions" to "Metropolitan Area" for clarification
- Section I, Question 8 - Added new question to identify whether or not organization is a government agency (question was inadvertently dropped from previous version of the Questionnaire)
- Section III, Question 3, HIV Antibody, Viral Hepatitis, STD, and TB Testing and Counseling:
  - o Revised codes for HIV testing to eliminate distinction between anonymous and confidential
    - Revised response option from "Oral Testing" to "Conventional Oral HIV Testing"
    - Revised response option from "Rapid Oral Testing" to "Rapid Oral HIV Testing"

- Revised response option from “Rapid Blood Testing” to “Rapid Blood HIV Testing”
  - o Revised response option from “Home Test Kits” to “Home HIV Test Kits” to distinguish between HIV and STD home testing kits (see below)
  - o Revised response option from “HIV-Test Related Counseling” to “HIV Test Counseling”
  - o Added response options for the following:
    - Conventional Blood HIV Testing
    - Mobile Testing
    - Hepatitis A Testing
    - Hepatitis C Rapid Testing
  - o Added new response options under “STD Testing” for the following:
    - Chlamydia Testing
    - Syphilis Testing
    - Gonorrhea Testing
    - Herpes Testing
    - Home STD Test Kits
  - o Deleted response options no longer needed:
    - Anergy Testing
    - Anonymous HIV-Antibody Testing Services
    - Anonymous HIV-Test Related Counseling
    - Confidential HIV-Antibody Testing Services
    - Confidential HIV-Test Related Counseling
    - Viral Load Testing
- Section III, Question 4, Treatment:
  - o Added response options for the following:
    - Clinical Trials (previously listed under Section III, Question 5)
    - Medication Adherence Education and Counseling
  - o Deleted response options that are no longer needed or were duplicative
    - College Health Services
    - Eye Care
    - Health Fairs

- Immunizations
- Infusion Therapy
- Mobile Health Services
- OB/GYN Care
- Obstetrics
- Occupational Therapy
- Pediatric Care
- Physical Therapy
- Prenatal Education and Counseling
- Respiratory Therapy
- School Clinics
- Speech Therapy
- Well Baby Care
- Worksite Clinics
- Section III, Question 5, HIV/AIDS Treatments:
  - o Revised response option from “Alternative Therapies” to “Alternative/Complementary Medicine”
  - o Added response option for HIV/AIDS Medical Treatment
  - o Deleted response options that are no longer needed
    - Acupuncture
    - Aroma Therapy
    - Art Therapy/Music Therapy/Dance Therapy
    - Chiropractic Therapy
    - Clinical Trials
    - Combination Therapy
    - Drug Therapy
    - Herbal Therapy
    - Holistic Therapy
    - Homeopathic Therapy
    - Massage Therapy
    - Meditation
    - Traditional Chinese Medicine
- Section III, Question 6, Counseling:
  - o Revised response option from “Mental Health Counseling” to “Counseling”

- o Revised response option from "Substance Abuse Counseling" to "Substance Abuse Treatment"
- o Deleted response options that are no longer needed
  - Abstinence Counseling
  - Bereavement Counseling
  - Caregiver Counseling
  - Crisis Intervention Counseling
  - Family Counseling/Couples Counseling
  - Group Counseling
  - Individual Counseling
  - Safer Sex Counseling
  - Sexual Abuse Counseling
  - Stress Management Counseling
- Section III, Question 7, Support Groups:
  - o Deleted the portion of the question requesting respondents to specify the types of support groups they provide as information is no longer needed
- Section III, Question 8, Spiritual Services:
  - o Revised question to only indicate whether or not respondents provide faith based AIDS services rather than indicating the specific types of services
  - o Deleted response options for which level of detail is no longer needed:
    - Faith Based AIDS Services
    - Clergy Education
    - Parishioner Education
    - Spiritual Counseling/Pastoral Counseling
    - Spiritual Retreats
- Section III, Question 9, Support Services:
  - o Revised response option from "Home Skilled Nursing Care" to "Home Care Assistance"
  - o Revised response option from "Child Day Care Services" to "Child Care"
  - o Deleted response options that are no longer needed:
    - Adoption Services
    - Adult Day Care for Persons with HIV/AIDS
    - Advocacy

- Assisted Living Services
- Buddy Programs
- Child Services
- Clothing Banks
- Emergency Food Services/Soup Kitchens
- Emergency Housing Services
- Food Banks/Pantries
- Foster Care Services
- Funeral Planning Assistance
- Home Health Aides Services
- Homemaker Services
- Hospice Services
- Meal Preparation and Home Delivery
- Medical Supplies and Equipment Services
- Personal Care Services
- Pet Care Services
- Recreational and Social Program Services
- Visiting Programs
- Section III, Question 10, Referral Services:
  - o Revised question to only indicate whether or not respondents provide referral services rather than indicating the specific types of referrals
  - o Deleted the following specific response options that are no longer needed:
    - Counseling Referrals
    - Financial Referrals for Individuals
    - HIV Antibody Testing Referrals
    - Housing Referrals/Shelter Referrals
    - Legal Referrals
    - Medical Referrals
    - Social Services Referrals
    - STD Testing Referrals
    - TB Testing Referrals
    - Viral Hepatitis Testing Referrals
    - Viral Hepatitis Vaccine Referrals

- Section III, Question 11, Legal Services:
  - o Revised question to only indicate whether or not respondents provide legal services rather than indicating the specific types of legal assistance
  - o Deleted the following specific response options that are no longer needed:
    - Estate Planning and Wills
    - Immigration Legal Services
    - Litigation Support
    - Powers of Attorney
- Section III, Question 12, Financial Assistance and Services to Individuals
  - o Added response option for Financial Assistance to Individuals
  - o Revised response option from "Drug Purchasing Services" to "Drug Purchasing Assistance, including AIDS Drug Assistance Programs (ADAP)"
  - o Deleted the following response options that are no longer needed:
    - Funding
    - Fundraising
    - Funeral Financial Assistance
    - Insurance Financial Assistance
    - Mail Order Drug Services
    - Personal Financial Planning
    - Pharmacy Assistance Services
    - Viatical Settlements
- Section III, Question 13, Funding to Organizations
  - o Revised question to only indicate whether or not respondents provide funding to organizations rather than indicating the specific types of services
  - o Deleted the following response options that are no longer needed:
    - Funding
    - Fundraising
    - Grant Management
- Section IV, Question 3, Information Services
  - o Revised wording of response option from "Information



Dissemination" to "Materials - Print/Audiovisual"

- o Revised wording of response option from "Treatment Information Dissemination" to "Treatment Information"
- o Deleted the following response options that are no longer needed:
  - Audiovisual Materials Dissemination
  - Audiovisual Materials Production
  - Library Services and Resource Centers
  - Materials Production
  - Networking
  - Newsletter Publication/Circulation
  - Print Materials Dissemination
  - Print Materials Production, Databases
- Section IV, Question 4, Research:
  - o Added response option for Other Types of Research
  - o Deleted the following response options that are no longer needed:
    - Contact Tracing
    - Data Analysis
    - Epidemiological Reporting
    - Pediatric AIDS Research
    - Pharmaceutical Research
    - Vaccine Development Research
    - Surveillance
- Section IV, Question 5, Education Services:
  - o Revised category from "Education" to "Prevention Education"
  - o Added the following response options:
    - Abstinence Education (previously listed under Section III, Question 5 as "Abstinence Counseling")
    - Capacity Building
    - Harm Reduction
    - Networking (previously listed under Section IV, Question 9)
    - Technical Assistance (previously listed under Section IV, Question 3)

- o Revised wording of response option from "Curriculum Design/Curriculum Development" to "Curriculum Development"
- o Revised wording of response option from "Viral Hepatitis Prevention" to "Hepatitis Prevention/Education"
- o Revised wording of response option from "HIV/AIDS Prevention" to "HIV/AIDS Prevention/Education"
- o Revised wording of response option from "Needle Exchange or Distribution" to "Needle Cleaning, Needle Exchange or Needle Distribution"
- o Revised wording of response option from "STD Prevention" to "STD Prevention/Education"
- o Revised wording of response option from "TB Prevention" to "TB Prevention/Education"
- o Deleted the following response options that are no longer needed:
  - Bleach Distribution
  - Buddy Training
  - Caregiver Training
  - Continuing Education
  - Emergency Medical Technician Education
  - Health Education
  - Intervention Strategies
  - Nurse Education
  - Needle Cleaning or Needle Sterilization
  - Outreach
  - Parent Education
  - Partner Communication
  - Patient Education
  - Physician Education
  - Provider Education
  - School or University Education
  - Volunteer Training
- Section IV, Question 6, Evidence-Based Behavioral Interventions – added a new question to identify organizations that offer these interventions and the types of interventions being offered
- Section IV, Question 7, Evidence-Based Behavioral Intervention

- Training – added a new question to identify organizations that offer these trainings and the types of trainings being offered
- Section IV, Question 8, Online Training Programs – added a new question to identify organizations that offer these trainings and the types of trainings being offered
  - Section IV, Question 9, Workplace Programs
    - o Revised question to only indicate whether or not respondents provide workplace programs rather than indicating the specific types of workplace programs
    - o Deleted the following specific response options that are no longer needed:
      - Americans with Disabilities Act/ADA
      - Employee Assistance Programs
      - Employee Education
      - Employment Counseling
      - Employment Training
      - Managers/Supervisors Education
      - Occupational Safety and Health
      - Return to Work Programs
      - Technical Assistance
      - Union Training
  - Section IV, Question 10, Planning and Administration
    - o Revised the category of this question from “Health Care Planning” to “Planning and Administration”
    - o Revised response option from “HIV/AIDS Program Administration” to “Program Administration”
    - o Revised response option from “HIV/AIDS Activism” to “Advocacy/Activism”
    - o Revised response option from “State/Regional Planning or Coordination” to “Community Planning”
    - o Added response option for Grant Management (previously listed under Section III, Question 13)
    - o Deleted response option for Policy Analysis or Recommendation as it is no longer needed
  - Section IV, Question 11, Materials Production – deleted the question as it is no longer needed
  - Section V, Access Procedures – added a new question to identify the types of free testing offered by organizations
  - Deleted the request (at the end of the questionnaire) for

organizations to forward materials it produces. This information is no longer needed.

The following revisions were made to the Initial Questionnaire Telephone Script (Attachment 3-B). These revisions parallel the revisions made to the Initial Questionnaire.

- Section I, Question 5 - Deleted question asking for Mailing Address as the information no longer needed
- Section I, Question 8 - Revised wording of option from "Regions" to "Metropolitan Area" for clarification
- Section III, Question 3, Disease Testing Services:
  - o Revised codes for HIV testing to eliminate distinction between anonymous and confidential
    - Revised response option from "Oral Testing" to "Conventional Oral HIV Testing"
    - Revised response option from "Rapid Oral Testing" to "Rapid Oral HIV Testing"
    - Revised response option from "Rapid Blood Testing" to "Rapid Blood HIV Testing"
  - o Revised response option from "Home Test Kits" to "Home HIV Test Kits" to distinguish between HIV and STD home testing kits (see below)
  - o Revised response option from "HIV-Test Related Counseling" to "HIV Test Counseling"
  - o Added response options for the following:
    - Conventional Blood HIV Testing
    - Mobile Testing
    - Hepatitis A Testing
    - Hepatitis C Rapid Testing
  - o Added new response options under "STD Testing" for the following:
    - Chlamydia Testing
    - Syphilis Testing
    - Gonorrhea Testing
    - Herpes Testing
    - Home STD Test Kits
  - o Deleted response options no longer needed:
    - Anergy Testing

- Anonymous HIV-Antibody Testing Service
  - Anonymous HIV-Test Related Counseling
  - Confidential HIV-Antibody Testing Services
  - Confidential HIV-Test Related Counseling
  - Viral Load Testing
- Section III, Question 4, Medical Treatment Services:
  - o Added response options for the following:
    - Clinical Trials (previously listed under Section III, Question 5)
    - Medication Adherence Education and Counseling
  - o Deleted response options that are no longer needed or were duplicative
    - College Health Services
    - Eye Care
    - Health Fairs
    - Immunizations
    - Infusion Therapy
    - Mobile Health Services
    - OB/GYN Care
    - Obstetrics
    - Occupational Therapy
    - Pediatric Care
    - Physical Therapy
    - Prenatal Education and Counseling
    - Respiratory Therapy
    - School Clinics
    - Speech Therapy
    - Well Baby Care
    - Worksite Clinics
- Section III, Question 5, HIV/AIDS Treatments:
  - o Revised response option from “Alternative Therapies” to “Alternative/Complementary Medicine”
  - o Added response option for HIV/AIDS Medical Treatment
  - o Deleted response options that are no longer needed
    - Acupuncture

- Aroma Therapy
- Art Therapy/Music Therapy/Dance Therapy
- Chiropractic Therapy
- Clinical Trials
- Combination Therapy
- Drug Therapy
- Herbal Therapy
- Holistic Therapy
- Homeopathic Therapy
- Massage Therapy
- Meditation
- Traditional Chinese Medicine
- Section III, Question 6, Counseling Services:
  - o Revised response option from “Mental Health Counseling” to “Counseling”
  - o Revised response option from “Substance Abuse Counseling” to “Substance Abuse Treatment”
  - o Deleted response options that are no longer needed
    - Abstinence Counseling
    - Bereavement Counseling
    - Caregiver Counseling
    - Crisis Intervention Counseling
    - Family Counseling/Couples Counseling
    - Group Counseling
    - Individual Counseling
    - Safer Sex Counseling
    - Sexual Abuse Counseling
    - Stress Management Counseling
- Section III, Question 7, Support Groups:
  - o Revised question wording from “services” to “groups” to reflect accurately what the question is asking
  - o Deleted the portion of the question requesting respondents to specify the types of support groups they provide as information is no longer needed
- Section III, Question 8, Spiritual Services:
  - o Revised question to only indicate whether or not

respondents provide faith based AIDS services rather than indicating the specific types of services

- o Deleted response options for which level of detail is no longer needed:
  - Faith Based AIDS Services
  - Clergy Education
  - Parishioner Education
  - Spiritual Counseling/Pastoral Counseling
  - Spiritual Retreats
- Section III, Question 9, Support Services:
  - o Revised response option from "Home Skilled Nursing Care" to "Home Care Assistance"
  - o Revised response option from "Child Day Care Services" to "Child Care"
  - o Deleted response options that are no longer needed:
    - Adoption Services
    - Adult Day Care for Persons with HIV/AIDS
    - Advocacy
    - Assisted Living Services
    - Buddy Programs
    - Child Services
    - Clothing Banks
    - Emergency Food Services/Soup Kitchens
    - Emergency Housing Services
    - Food Banks/Pantries
    - Foster Care Services
    - Funeral Planning Assistance
    - Home Health Aides Services
    - Homemaker Services
    - Hospice Services
    - Meal Preparation and Home Delivery
    - Medical Supplies and Equipment Services
    - Personal Care Services
    - Pet Care Services
    - Recreational and Social Program Services

- Visiting Programs
- Section III, Question 10, Referral Services:
  - o Revised question to only indicate whether or not respondents provide referral services rather than indicating the specific types of referrals
  - o Deleted the following specific response options that are no longer needed:
    - Counseling Referrals
    - Financial Referrals for Individuals
    - HIV Antibody Testing Referrals
    - Housing Referrals/Shelter Referrals
    - Legal Referrals
    - Medical Referrals
    - Social Services Referrals
    - STD Testing Referrals
    - TB Testing Referrals
    - Viral Hepatitis Testing Referrals
    - Viral Hepatitis Vaccine Referrals
- Section III, Question 11, Legal Services:
  - o Revised question to only indicate whether or not respondents provide legal services rather than indicating the specific types of legal assistance
  - o Deleted the following specific response options that are no longer needed:
    - Estate Planning and Wills
    - Immigration Legal Services
    - Litigation Support
    - Powers of Attorney
- Section III, Question 12, Financial Assistance and Services to Individuals
  - o Added response option for Financial Assistance to Individuals
  - o Revised response option from "Drug Purchasing Services" to "Drug Purchasing Assistance, including AIDS Drug Assistance Programs (ADAP)"
  - o Deleted the following response options that are no longer needed:
    - Funding



- Fundraising
  - Funeral Financial Assistance
  - Insurance Financial Assistance
  - Mail Order Drug Services
  - Personal Financial Planning
  - Pharmacy Assistance Services
  - Viatical Settlements
- Section III, Question 13, Funding to Organizations
  - o Revised question to only indicate whether or not respondents provide funding to organizations rather than indicating the specific types of services
  - o Deleted the following response options that are no longer needed:
    - Funding
    - Fundraising
    - Grant Management
- Section IV, Question 3, Information Services
  - o Revised wording of response option from "Information Dissemination" to "Materials – Print/Audiovisual"
  - o Revised wording of response option from "Treatment Information Dissemination" to "Treatment Information"
  - o Deleted the following response options that are no longer needed:
    - Audiovisual Materials Dissemination
    - Audiovisual Materials Production
    - Library Services and Resource Centers
    - Materials Production
    - Networking
    - Newsletter Publication/Circulation
    - Print Materials Dissemination
    - Print Materials Production, Databases
- Section IV, Question 4, Research:
  - o Added response option for Other Types of Research
  - o Deleted the following response options that are no longer needed:
    - Contact Tracing

- Data Analysis
- Epidemiological Reporting
- Pediatric AIDS Research
- Pharmaceutical Research
- Vaccine Development Research
- Surveillance
- Section IV, Question 5, Education Services:
  - o Revised wording of question from “educational services” to “prevention education services”
  - o Added the following response options:
    - Abstinence Education (previously listed under Section III, Question 5 as “Abstinence Counseling”)
    - Capacity Building
    - Harm Reduction
    - Networking (previously listed under Section IV, Question 9)
    - Technical Assistance (previously listed under Section IV, Question 3)
  - o Revised wording of response option from “Curriculum Design/Curriculum Development” to “Curriculum Development”
  - o Revised wording of response option from “Viral Hepatitis Prevention” to “Hepatitis Prevention/Education”
  - o Revised wording of response option from “HIV/AIDS Prevention” to “HIV/AIDS Prevention/Education”
  - o Revised wording of response option from “Needle Exchange or Distribution” to “Needle Cleaning, Needle Exchange or Needle Distribution”
  - o Revised wording of response option from “STD Prevention” to “STD Prevention/Education”
  - o Revised wording of response option from “TB Prevention” to “TB Prevention/Education”
  - o Deleted the following response options that are no longer needed:
    - Bleach Distribution
    - Buddy Training
    - Caregiver Training
    - Continuing Education

- Emergency Medical Technician Education
- Health Education
- Intervention Strategies
- Nurse Education
- Needle Cleaning or Needle Sterilization
- Outreach
- Parent Education
- Partner Communication
- Patient Education
- Physician Education
- Provider Education
- School or University Education
- Volunteer Training
- Section IV, Question 6, Evidence-Based Behavioral Interventions – added a new question to identify organizations that offer these interventions and the types of interventions being offered
- Section IV, Question 7, Evidence-Based Behavioral Intervention Training – added a new question to identify organizations that offer these trainings and the types of trainings being offered
- Section IV, Question 8, Online Training Programs – added a new question to identify organizations that offer these trainings and the types of trainings being offered
- Section IV, Question 9, Workplace Programs
  - o Revised question to only indicate whether or not respondents provide workplace programs rather than indicating the specific types of workplace programs
  - o Deleted the following specific response options that are no longer needed:
    - Americans with Disabilities Act/ADA
    - Employee Assistance Programs
    - Employee Education
    - Employment Counseling
    - Employment Training
    - Managers/Supervisors Education
    - Occupational Safety and Health
    - Return to Work Programs

- Technical Assistance
  - Union Training
- Section IV, Question 10, Planning and Administration
  - o Revised wording of this question from "health care planning" to "planning and administration"
  - o Revised response option from "HIV/AIDS Program Administration" to "Program Administration"
  - o Revised response option from "HIV/AIDS Activism" to "Advocacy/Activism"
  - o Revised response option from "State/Regional Planning or Coordination" to "Community Planning"
  - o Added response option for Grant Management (previously listed under Section III, Question 13)
  - o Deleted response option for Policy Analysis or Recommendation as it is no longer needed
- Section IV, Question 11, Materials Production - deleted the question as it is no longer needed
- Section V, Questions 6, 7, and 8, Access Procedures - added new questions to identify organizations that offer free STD, Hepatitis B, and Hepatitis C testing

The following revisions were made to the Telephone Verification Script (Attachment 3-C).

- Question 5: revised to delete portion asking if the organization has a separate mailing address as this is no longer needed
- Question 20: revised to delete portion asking if the HIV testing performed is anonymous or confidential as this is no longer needed
- Question 21: revised to include information on free STD, Hepatitis B, and Hepatitis C testing
- Question 22: revised to delete portion asking if the pre- and post-testing counseling is anonymous and/or confidential
- Question 23: deleted as this is no longer needed

The following modification was made to the Email Verification message (Attachment 4).

- The number of organizations included in the Resource and Services Database was updated from "15,000" to "10,000"

The following revisions were made to the Email Verification Instructions (Attachment 5).

- The email address for submission of revised records was updated
- The content related to the submission of printed materials was deleted as this is no longer being requested

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

The maintenance of the Resources and Services Database is ongoing. Each of the organizations listed in the database are contacted once each year, and new organizations are added as they are identified. To accomplish this maintenance, the following tasks are performed on a monthly basis:

- One-twelfth of the organizations listed in the database are identified for updating
- Organizations to be updated that month are assigned to staff for updating
- These organizations are contacted either by telephone or email
- Changes are made to the database based on the data gathered from the organizations
- Newly-identified organizations are contacted to collect required information
- Information on newly identified organizations is added to the database

Once OMB clearance is received, the Questionnaire will again be administered to respondents. This activity is essential to maintaining the comprehensive scope and accuracy of the NPIN Resources and Services Database.

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

Not applicable.

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

There are no exceptions to the certification.