

## SUPPORTING STATEMENT

### A. JUSTIFICATION

#### 1. Circumstances of Information Collection

The Office of the Secretary (OS) at the U.S. Department of Health and Human Services (HHS), on behalf of the former Public Health Service (PHS) agencies, is requesting a reinstatement of the previously approved HHS Checklist and Program Narrative. These forms are listed below.

The approved forms are part of the standard application for State and local governments and for private non-profit and for-profit organizations when applying for health services projects.

The Checklist and Program Narrative assists applicants to ensure that they have included all required information necessary to process the application as well as the name, title, and phone number of the business official and project director responsible for carrying out the project. Checklist information concerning the type of application is also needed since new, competing continuation, noncompeting continuation, and supplemental applications are separated and reviewed differently. The checklist data helps to reduce the time required to process and review grant applications, expediting the issuance of grant awards. A copy of the document is included in **Attachment A**. A copy of the Program Narrative is included in **Attachment B**.

The legal authorities for the programs requesting use of these forms and supplements are listed below.

#### Public Health Service Act, Section:

- 301: Research and Investigation; Rural Health Services Outreach Program; Rural Telemedicine Grant Program; Rural Health Research Centers; Integrated Community-Based Primary Care and Drug Abuse Treatment Services; Junior National Health Services Corps; Orphan Product Development
- 303: Minority Fellowship Program
- 303(a)(1): Mental Health Care Provider Education in HIV/AIDS
- 319: Disaster Assistance (42 U.S.C. 247d)
- 319B, C, F Public Health Threats and Emergencies Act
- 320(a)(2): Hansen's Disease
- 329: Migrant Health Centers including Infant Mortality
- 329(e): Migrant Health Environmental Program
- 329(f): Capitol Improvements Projects
- 329(g)(1): Technical and Non-Financial Assistance, Migrant Health Centers
- 330: Community Health Centers, Including Infant Mortality; Healthy Start
- 330(e): Capitol Improvements Projects
- 330(f)(1): Technical and Non-Financial Assistance, Community Health Centers
- 333(d): Primary Care Services Resource Coordination and Development Agreements
- 338(I): Nat. Health Service Corps State Loan Repayment Program

338(J): Grants to States for Operation of Offices of Rural Health  
 338(K): Native Hawaiian Health Care Scholarships  
 338(L): Demo. Grants to States for Community Scholarship Programs  
 340: Health Services to the Homeless; Healthy Schools, Healthy Communities  
 340(A): Health Services for Residents of Public Housing  
 371: Organ Procurement Organizations  
 374: Grants to Increase Organ Donation  
 379: National Bone Marrow Donor Registry  
 398/398A/398B: Demonstration Grants to States with Respect to Alzheimer's Disease  
 413(b) (6) (B) and 414(b)PHS Act, as amended (42 U.S.C. 285a -2(b) 6(B), 285a-3(b): NCI construction grants  
 421(b)(2)(B) and 422(c)(3)PHS Act, as amended (42 U.S.C. 285b - 3(b)(2)(B), 285b-4(c) (3):NHLBI construction  
 441(a)PHS Act, as amended (42 U.S.C. 285d-6(a)): NIAMS construction  
 455 PHS Act, as amended (42 U.S.C. 285i): NEI construction  
 464C(a)PHS Act, as amended (42 U.S.C. 285m-3(a)): NIDCD construction  
 464P(b) PHS Act, as amended (42 U.S.C. 285o-4(b)(3): NIDA construction  
 481A(a) PHS Act, as amended (42 U.S.C. 487a-2(a)): NIH Director, acting through NCRR; construction of biomedical and behavior research facilities.  
 481B(a) PHS Act, as amended (42 U.S.C. 287a-3(a)): NIH Director, re NCRR activities, construction of regional primate centers  
 501(d)(5): Improved Provision of Mental Health and Substance Abuse Treatment, Prevention and Related Services  
 507(b)(11), and 511: Demonstration Cooperative Agreements for Development and Implementation of Criminal Justice-Treatment Networks  
 508: Services Grant Program for Residential Treatment for Pregnant and Postpartum Women  
 510 (b)(1): Demonstration Grant Program for Residential Treatment for Women and Their Children  
 510(b)(6): Community-Based Comprehensive HIV/STD/TB Outreach Services for High Risk Substance Abusers Demo. Pgm.  
 515: Knowledge Dissemination Conference Grants  
 515(b)(3)and(9): Communications Programs Aimed at Preventing Alcohol and Other Drug Programs  
 517: Substance Abuse Prevention Demonstration Grants for High Risk Youth  
 520(A): Evaluating Innovative Children's Mental Health Services; Community Support Program - Mental Health Systems Improvement Demonstration Grants for Consumer and Family Networks; Cooperative Agreements for Employment Intervention Demonstration Program; National Consumer Technical Assistance Centers  
 561: Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances  
 901: AHCPR Research Grants Program  
 1003: Training Grants (Population Research and Voluntary Family Planning)  
 1252: State Grants for Demonstration Projects Regarding Traumatic Brain Injury  
 1610(b): Renovation or Construction of Non-Acute Facilities

1707(d)(1): Minority Health  
1910: Emergency Medical Services for Children Demonstration  
1935(b)(1)(C): Evaluations of Substance Abuse Data Activities  
1948(a): Provision of Technical Assistance to States, Public or Nonprofit Private Entities  
Receiving Funding Under the Community Mental Health Services and Substance Abuse  
Prevention and Treatment Block Grants  
2003: Authority for Demonstration Grants (Population Affairs)  
2354B(a) PHS Act, as amended (42 U.S.C. §300cc-41(a)(5)(B): Director for Office of AIDS  
Research; construction of AIDS research facilities  
2601: Ryan White Title I - Emergency Relief for Areas with Substantial Need for Services  
2611: Ryan White Title II, Part B, Care Grant Program  
2618(a): Ryan White C.A.R.E. Act of 1990; Special Projects of National Significance  
2651: Ryan White Title III: Outpatient Early Intervention  
Services--Subpart II  
2671: Ryan White Title IV - Pediatric AIDS Demo. Projects

Other Authorities:

Title V, Social Security Act, Sec. 502(a): Maternal & Child Health Federal Consolidated  
Programs (SPRANS)  
Title V, Social Security Act, Sec. 502(b)(1)(a): Maternal & Child Health Community Integrated  
Service Systems Set-Aside Pgm.  
Coal Mine Health and Safety Act, Sec. 427(a): Coal Miners Respiratory Impairment Treatment  
Clinics and Services  
Title X Section 1003, 42 U.S.C. 300a-1; Family Planning Services and Population Research Act  
of 1970, Section 6(c), Public Law 91-572, 84 Stat.1507, as amended.  
Title XVII, Section 1707 (d)(I), 42 U.S.C. 300u et seq.: Disadvantaged Minority Health  
Improvement Act of 1990, Public Law 101-527  
Title XXVI HIV Health Care Services Program  
Title XX, Section 2003, Public Law 98-512, 42 U.S.C. 300z-2 as amended  
P.L. 93-638, Sec. 103: Navajo Grants; Tribal Demonstration (Diabetes & Mental Health): Child  
Protection and Child Abuse  
P.L. 93-638, Sec. 104: Tribal Management  
P.L. 93-638, Title III, Sec. 302: Tribal Self-Governance Planning and Negotiation  
P.L. 94-437: Tribal Recruitment and Retention - Coop. Agmnts; Preparatory Scholarships;  
Indian Health Scholarships  
P.L. 94-437: Sec. 110: Tribal Recruitment and Retention  
Sec. 120: Tribal Matching Scholarships  
P.L. 96-537: Indian Health Professions, Pregraduate  
P.L. 100-202: State-Based Projects for Disability Prevention  
P.L. 100-579: Native Hawaiian Health Centers  
P.L. 100-690, Sec. 4231: Urban Alcohol and Substance Abuse  
P.L. 100-713, Sec. 208: IHS Research Program  
P.L. 101- 527, Sec. 10: Health Services in the Pacific Basin  
P.L. 101-616: Grants to Increase Organ Donation

P.L. 101-630: Health Care Services for Urban Indians - Health Promotion and Disease Prevention  
 Sec. 307: Indian Health Delivery Demonstration  
 Sec. 505(b): Health Care Services for Urban Indians (Immunization)  
 Sec. 511: Indian Urban Mental Health

P.L. 102-573, Sec. 112 & 114: Health Professions Recruitment for Indians (INMED, Nursing)  
 Sec. 216: Indian Adolescent Health Centers  
 Sec. 122: Health Professions Recruitment & Placement for Indians - Cooperative Agreements

P.L. 103-183: State Trauma; Rural Trauma; Special State Projects

8 USC 1101(a)(42): Health Programs for Refugees

29 USC 669(a): Centers for Agricultural Research, Education, and Disease and Injury Prevention; Occupational Respiratory Disease and Musculoskeletal Disorders Evaluation and Rehabilitation

29 USC 670(a)(1): Occupational Health and Safety Programs

42 USC 201: Public Health Service Act

42 USC 290aa: Public Health Service Act  
 Title V Substance Abuse and Mental Health Services Administration  
 Sec. 501 (m)(n)

42 USC 241: Grants for Radiation Studies and Research; Public Health Programs Impacted by Hurricane

42 USC 290cc-11: Projects for Transition From Homelessness (PATH)

42 USC 290bb-31: Protection and Advocacy for Individuals with Mental Illness (PAIMI)

42 USC 241(a): EPI Research Studies and Prevention Projects (AIDS and HIV); Sexually Transmitted Disease Control Program; HIV Conference Support; Hemophilia Centers; Emergency Flood Relief; Advancement of Understanding of Health of Racial and Ethnic Populations

42 USC 242(n): CDC General Conference Grant Program

42 USC 247(b): Minority HIV Demonstration Projects

42 USC 247b-1: Childhood Lead Poisoning Prevention Program

42 USC 247(b)&(k): State Demonstration Projects: Comprehensive School Health Programs; Capacity Building for Tobacco Prevention and Control Programs

42 USC 247(b)(k)(3): Health Promotion and Disease Prevention Research; State-Based Diabetes Control Program; National Laboratory Training Network for State Laboratories

42 USC 280(b): Injury Prevention Research Centers; State and Community-Based Injury Control

42 USC 287b and 280b-1: Development of Educational Materials for Prevention of Youth Violence

42 USC 287a-2: Construction of Vision Research; Construction for Cancer Research; Construction Projects for Extramural Research Facilities

42 USC 300aa-zz: Immunization Program

42 USC 300(k), 300(n)(3), and 300(n)(5): Breast and Cervical Cancer Control Program

42 USC 300u-3: The Public Health Leadership Institute; Enhancement of Capacity of Assess Progress Towards Healthy People 2000 Objectives

42 USC 300u-5: Chronic Disease Prevention and Control  
42 USC 341(a): Tuberculosis and HIV Risk Factor Data and Serostatus Surveillance  
42 USC 347(b)(1): State-Based Program for Lead Poisoning Prevention  
42 USC 9604(a)(5), (i)(5), (9) and (15): Respiratory Effects of Waste Incinerators; Great Lakes Research Program  
42 USC 9604(I)(4), (6), & (15): Surveillance of Hazardous Substance Emergency Events

## 2. Purpose and Use of Information

Each agency's financial assistance program evaluates the information provided by the applicants to select the ones most likely to meet program objectives and to determine that satisfactory progress is being made on funded projects.

## 3. Use of Improved Technology

The information requested in the Program Narrative is based on model instructions provided in OMB Circular A-102 and 2 CFR Part 215. The Checklist was recently converted into a fillable and printable form, but data cannot be stored. Every effort is made to hold to a minimum the burden imposed on applicants while requesting sufficient information to adequately evaluate and rank the application.

## 4. Efforts to Identify Duplication

No other application forms are authorized for the covered programs. No other similar information is available.

## 5. Involvement of Small Entities

The information requested is the minimum amount needed to meet program requirements. It cannot be reduced for small entities.

## 6. Consequences if Information is Collected Less Frequently

If this information is not collected, the programs will not have adequate data to select appropriate grantees or to evaluate which grants should be continued. Reduced frequency is not possible as the annual frequency of applications and awards coincides with the annual appropriation of funds. Information is collected once as needed. There are no legal obstacles to reduce the burden.

## 7. Special Circumstances

These supplements fully comply with the guidelines at 5 CFR 1320.6.

## 8. Consultation Outside of the Agency

A. The 60-Day Federal Register Notice announcing this data collection was published in the *Federal Register* on August 28, 2013 Vol. 78, No. 167, pages 53146 - 53147. There were no public comments.

B. The information requested in the Program Narrative follows that which is set forth in OMB

Circulars A-102 and 2 CFR Part 215.

In the past, the Association of State and Territorial Health Officials (ASTHO) has been consulted regarding the PHSIS, and that organization is very much in favor of continuing the third-party notification requirement for specified projects. In his letter of May 8, 1995, Christopher G. Atchison, President of ASTHO, states, “Health funding consolidations at the federal level, as well as changes in the Medicaid program, make it essential to integrate and coordinate funding streams for most effective use. It is critical that the state health agency have information on federal health funding targeting both the state and local levels. ... As the President of ASTHO and the Director of the Iowa Department of Health, I believe that the Public Health (System) Impact Statement program is an important element of efforts to increase accountability for federal funds. I offer both the support of ASTHO, and its assistance in working with state health department directors to ensure that the program is functioning effectively.”

There were several meetings among the HHS agencies to discuss these forms to ensure that the forms will be of benefit to all.

9. Payments to Respondents

There are no payments or gifts to the respondents.

10. Assurance of Confidentiality

No assurance of confidentiality is given.

11. Questions of a Sensitive Nature

No questions of a sensitive nature are asked.

12. Estimates of Annualized Burden Hours and Costs

A. Annualized Burden Hours

**A. Program Narrative and Checklist:** The total response burden for the HHS Supplements to the Application for Federal Assistance is **19,930** hours. The burden was calculated on the basis of the estimated number of applications received for the covered programs. Applications are requested annually. In consultation with the 10 PHS regional offices and the PHS awarding offices, an estimate of 4 - 50 hours was established for the information required to complete the Program Narrative and Checklist. The total includes the amount for SAMHSA, CDC and HRSA narratives.

The programs requiring the use of the HHS Checklist and Program Narrative and the estimated number of applicants per year are listed below.

Programs, by Agency

No. Of Applications

SAMHSA

Projects of Regional and National Significance	1,338
Projects for Transition from Homelessness (PATH)	56
Protection and Advocacy for Individuals with Mental Illness (PAIMI)	56
Immediate Emergency Response Grants	3
Intermediate Emergency Response Grants	3
Drug Free Communities Support Program Grants	<u>620</u>
	<b>2,121</b>

<b>Forms</b>	<b>No. Of Respondents</b>	<b>Response per Respondent</b>	<b>Avg. Burden Per Response (in hours)</b>	<b>Total Burden (in hours)</b>
Program Narrative and Checklist (SAMHSA)	2,121	1	4	8,484
Program Narrative and Checklist (CDC)	59	6	24	8,496
Program Narrative and Checklist (HRSA)	59	1	50	2,950
<b>Total</b>				<b>19,930</b>

B. Annualized Cost to the Respondent

Program Narrative and Checklist (SAMHSA):

We estimate that an applicant can complete the required narrative and checklist in an average of 4 hours. Salaries are estimated at \$25/hour plus an additional \$13/hour for fringe benefits and overhead.

Salary/fringe cost of \$38/hr. x 4 hours = \$152 per application. \$152 x 8,484 respondents annually = \$1,289,568 per year.

Program Narrative and Checklist (CDC):

We estimate that an applicant can complete the required narrative and checklist in an average of 4 hours. Salaries are estimated at \$25/hour plus an additional \$13/hour for fringe benefits and overhead.

Salary/fringe cost of \$38/hr. x 24 hours = \$912 x 6 applications = \$5,472 x 59 respondents annually = \$322,848 per year.

Program Narrative and Checklist (HRSA):

We estimate that an applicant can complete the required narrative and checklist in an average of 50 hours. Salaries are estimated at \$25/hour plus an additional \$13/hour for fringe benefits and overhead.

Salary/fringe cost of \$38/hr. x 50 hours = \$1,900 per application. \$1,900 x 59 respondents annually = \$112,100 per year.

Total Annual Cost to Respondents

\$1,289,568	(SAMHSA Program Narrative and Checklist)
322,848	(CDC Program Narrative and Checklist)
<u>112,100</u>	(HRSA Program Narrative and Checklist)
\$1,724,516	Total

13. Estimates of Annualized Respondent Capital and Maintenance Costs

There are no capital or maintenance costs.

14. Estimates of Annualized Cost-Government

Copy Preparation	2,500
Printing	50,500
Mailing and Handling	<u>4,000</u>
Total:	\$57,000

The third-party notification constitutes no cost to the Government.

15. Changes in Hour Burden There were no changes to the burden hours.

16. Time Schedule, Publication, and Analysis Plans

These are recurring data collections, and collections are done on an as needed basis. Each agency has different time-lines for the receipt and processing of their applications. Data is



not collected for statistical use. There are no current plans to publish any information received from this application process.

17. Expiration Date Display Exemption

No exemption requested.

18. Exceptions to Certification

No exceptions are requested.

**B. Collections of Information Employing Statistical Methods**

This information will not be used for statistical purposes.

**List of Attachments**

Attachment A	HHS Checklist
Attachment B	Program Narrative