

“Promoting Adolescent Health through School-Based HIV/STD Prevention”

OMB #0920-new

Supporting Statement Part A

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Supported by:

Division of Adolescent and School Health
Centers for Disease Control and Prevention

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List of Attachments

Attachment Number	Document Description
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1	Public Health Service Act Legislation
2	60 Day FRN
2a	60 Day FRN Publication
2b	60 Day FRN Comments

3		NGO Measure Collection Instruments
3a		NGO SHS Items
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3c		NGO ESHE Items
4		SEA Measure Collection Instruments
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Section A: Justification for Information Collection

A. 1 Circumstances Making the Collection of Information Necessary

Background

The Centers for Disease Control and Prevention (CDC) requests a 3-year OMB approval to conduct a new information collection entitled, “Promoting Adolescent Health Through School-Based HIV/STD Prevention”. The information collection system uses Web-based questionnaires to collect, organize, and track DASH funded agency activities conducted under CDC funding opportunity announcement PS13-1308 entitled *Promoting Adolescent Health through School-Based HIV/STD Prevention and School-Based Surveillance*. The activities being tracked support the achievement of process and performance measures established in the funding opportunity announcement. The system laid out in this ICR will provide access to data and reports for DASH and its funded agencies, which allows areas for program improvement to be identified and addressed efficiently. These questionnaires will include performance and process measures to be used for program monitoring and quality improvement for HIV/STD prevention activities.

As part of the CDC National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), DASH awarded funds to implement PS13-1308: *Promoting Adolescent Health through School-Based HIV/STD Prevention and School-Based Surveillance* in order to build the capacity of state and local agencies and support the efforts of national, non-governmental organizations (NGOs) to help priority school districts (districts) and schools develop and implement sustainable adolescent-focused program activities. The project period is 5 years and began in August 2013.

The primary purpose of PS-13-1308 is to build the capacity of districts and schools to effectively contribute to the reduction of HIV infection and other STD among adolescents; the reduction of disparities in HIV infection and other STD experienced by specific adolescent sub-populations; and the conducting of school-based surveillance, a component not included in this data collection for program monitoring. Program activities are expected to reinforce efforts to reduce teen pregnancy rates, due to the shared risk factors for, and intervention activities to address, HIV infection, other STD, and teen pregnancy through four strategies. Only Strategy 2 and 3 apply to this data collection package:

- Strategy 1: School-Based Surveillance

- Strategy 2: School-Based HIV/STD Prevention
- Strategy 3: Capacity Building Assistance for School-Based HIV/STD Prevention
- Strategy 4: School-Centered HIV/STD Prevention for Young Men Who Have Sex with Men

CDC is authorized to collect the data described in this request by Section 301 of the Public Health Service Act (42 USC 241). A copy of this enabling legislation is provided in (**Attachment 1**). In addition to this legislation, there are several national initiatives and programs that this data collection would serve to support, including but not limited to:

- *Healthy People 2020*, which provides national health objectives and outlines a comprehensive plan for health promotion and disease prevention in the United States. Of the Healthy People 2020 objectives, 31 objectives align specifically with PS-13-1308 activities related to reducing HIV infection, other STD, and pregnancy among adolescents.
- The *National Prevention Strategy* (NPS) calls for “medically accurate, developmentally appropriate, and evidence-based sexual health education.” The NPS encourages the involvement of parents in educating their children about sexual health, the provision of sexual and reproductive health services, and the reduction of intimate partner violence.¹
- The U.S. Department of Health and Human Services’ (DHHS) *Teen Pregnancy Prevention Initiative* supports the replication of teen pregnancy prevention (TPP) programs that have been shown to be effective through rigorous research as well as the testing of new, innovative program activities to combat teen pregnancy.²
- The NCHHSTP program imperative calls for *Program Collaboration and Service Integration* (PCSI) to provide improved integration of HIV, viral hepatitis, STD, and TB prevention and treatment services at the user level.³

¹ National Prevention Council, *National Prevention Strategy*, Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General, 2011(<http://www.healthcare.gov/prevention/nphpphc/strategy/report.pdf>).

² Office of Adolescent Health. Teen Pregnancy Prevention Initiative. Available at <http://www.hhs.gov/ash/oah/oah-initiatives/tpp/index.html>. Accessed October 22, 2012.

- *CDC Winnable Battles*, including prevention of HIV infection and TPP, have been chosen by CDC based on the magnitude of the health problems and the ability to make significant progress in improving outcomes. These are public health priorities with large-scale impact on health with known, effective strategies to address them. ⁴

Overview of Data Collection System

DASH will work with PS13-1308 funded agencies to determine program impact. Funded agencies include LEAs (local education agencies), SEAs (state education agencies), and NGOs (non-governmental organizations). LEAs and SEAs have been funded under PS13-1308 because they are critical for determining school curricula, policies, and services. Through school curricula, policies, and services, schools and districts can influence students' risk for HIV infection and other STD through a variety of ways, including sexual health education, provision of or referral to physical and mental health services, and establishment of a safe and supportive environment that provides social and emotional support to young people, particularly those at high risk for HIV- and STD-related behaviors. NGOs have been funded under PS13-1308 because they provide valuable support for HIV prevention efforts conducted by education agencies and other agencies that serve youth at risk for HIV infection and other STD. NGOs have access to a wide range of highly trained experts who know how to appropriately tailor and disseminate HIV and STD prevention guidance and tools for school board members, administrators, teachers, and parents. NGOs also have the capacity to use a wide range of media to transmit critical information and skills across the Nation. In addition, NGOs help education agencies develop strategic partnerships and collaborations, including coalitions, to advance HIV/STD prevention work. See **Attachment 6** for a complete list of funded agencies.

The two strategies of PS13-1308 that will be completed using this data collection include Strategy 2: School-Based HIV/STD Prevention and Strategy 3: Capacity Building Assistance for School-Based HIV/STD Prevention.

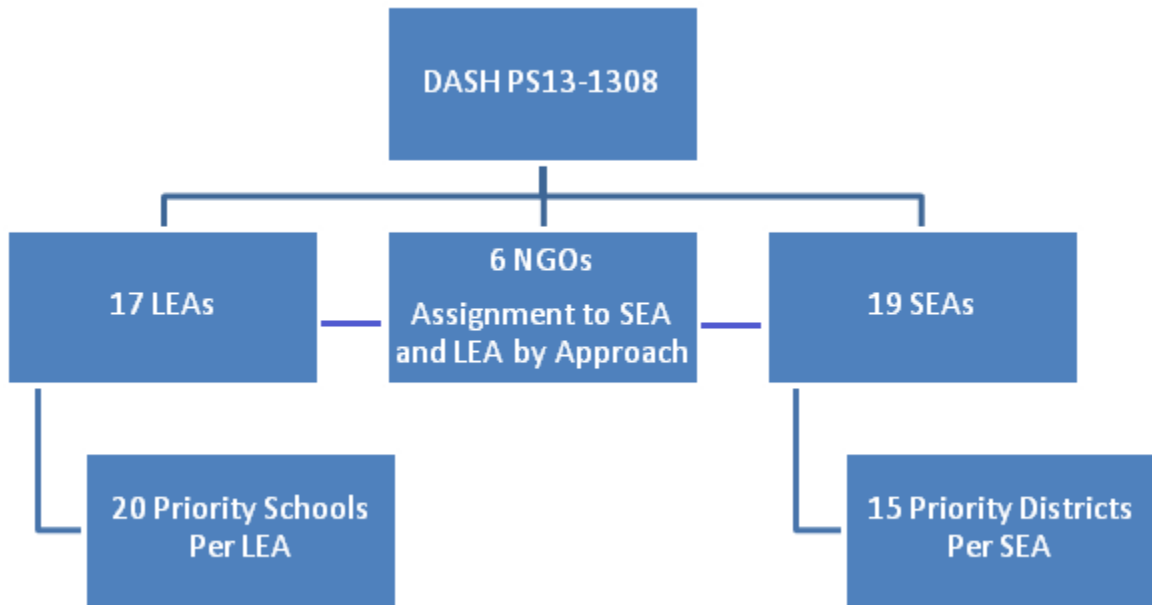
³ Centers for Disease Control and Prevention. Establishing a Holistic Framework to Reduce Inequities in HIV, Viral Hepatitis, STDs, and Tuberculosis in the United States. Atlanta (GA): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; October 2010 (www.healthypeople.gov/hp2020/advisory/phaseI/glossary.htm and www.cdc.gov/socialdeterminants/docs/SDH-White-Paper-2010.pdf).

⁴ Centers for Disease Control and Prevention. Winnable Battles. Available at <http://www.cdc.gov/winnablebattles>. Accessed October 22, 2012.

Strategy 2: School-Based HIV/STD Prevention will enable SEAs and LEAs to help districts and schools deliver exemplary sexual health education (ESHE) emphasizing HIV and other STD prevention; increase adolescent access to key sexual health services (SHS); and establish safe and supportive environments (SSE) for students and staff. As part of the PS13-1308 cooperative agreement, funded agencies will implement program activities related to ESHE that will influence school policies and practices for *all* secondary school students within their jurisdictions. In addition, technical assistance activities related to ESHE, SHS, and SSE will be implemented in *priority* districts and *priority* schools. LEAs will be implementing activities in 20 priority schools and SEAs will be implementing activities in 15 priority districts. Priority districts and schools in this package refer to high-risk districts and schools in the jurisdiction of funded agencies. These priority sites were selected during the first year that funds were disseminated under PS13-1308. The SEAs and LEAs selected their priority sites based on information regarding the site's health policies and vital statistics, as well as input from site staff, DASH, and funded NGOs. **Strategy 3: Capacity Building Assistance for School-Based HIV/STD Prevention** will enable NGOs to build the capacity of funded LEAs and SEAs to implement approaches within Strategy 2 (ESHE, SHS, SSE) and to deliver sustainable initiatives in districts and schools that contribute to reductions in HIV infection and other STD among adolescents, and reductions in disparities in HIV infection and other STD experienced by specific adolescent sub-populations. Rationale for ESHE, SHS, and SSE approaches can be found in **Attachments 9a, b &c**.

The linkages between the SEAs, LEAs, and the NGOs can be seen in **Figure A.1-1**.

Figure A.1-1. Linkages



The data will be collected from funded agencies via the Program Evaluation and Reporting System (PERS). DASH and its contractor will use PERS to organize, plan, and track activities conducted to meet performance and process measures established by DASH for each of the approaches (ESHE, SHS, SSE). PERS records will reflect affiliations between NGOs and their assigned SEAs or LEAs. PERS will link each SEA with its priority districts, and each LEA with its priority schools. PERS will serve as a tracking system where those organizations can enter reporting information on a semi-annual basis that will be available to DASH. DASH and its contractor will use the data on an ongoing basis for reporting and to provide support, feedback, and technical assistance that improves program outcomes.

The goal of the PERS is to provide a system through which funded agencies can enter data on their activities semi-annually to assist DASH staff and partners with meeting administrative, budgetary, and performance standards expected by CDC and the Procurement Governance Office (PGO). To accomplish this, PERS will serve the following functions:

- To help DASH organize and automate the data collection of their funded agencies' activities that are conducted to meet performance and process measures
- To aggregate data provided by funded agencies
- Once the data are collected, the system will help DASH generate reports and data sets that describe funded agency outcomes
- To allow funded agencies to generate reports of their own data for program improvement

Information to be collected

DASH will use process and performance measures as a means to collect program monitoring data (**Attachments 3a, b & c - 5a, b, & c** for a complete list of the measures). To track funded agency progress and evaluate the effectiveness of program activities, DASH will be collecting a mix of process and performance measures in PERS. Process measures, which will be completed by SEAs, LEAs, and NGOs, will assess the extent to which planned program activities have been implemented and lead to feasible and sustainable programmatic outcomes. Process measures include items on school health policy assessment and monitoring, and on providing training and technical assistance to partner education agencies and schools. Performance measures, which will be completed only by LEAs and SEAs, will assess whether DASH-funded activities at each site are leading to intended outcomes

The process and performance measures will be collected twice a year to assist with the program improvement of LEA, SEA, and NGO activities (**Attachments 3a, b & c - 5a, b, & c**). DASH will request that LEAs, SEAs, and NGOs enter the data for their appropriate measures into PERS. The dates when data are requested will reflect PGO deadlines to provide timely feedback to funded agencies and DASH staff for accountability and optimal use of funds. SEAs and LEAs will complete questions for both process and performance measures, while NGOs will only complete one process measure. Because NGOs are fulfilling a supporting role to the SEAs and LEAs, we are not collecting performance measures. Funded agencies will also be asked semi-annually to submit an electronic copy of their existing, new, and revised policies concerning any of their programmatic work. If such policies exist, funded agencies will be able to use PERS to upload the policy documents (or links to the documents) for DASH. This task will enable DASH to monitor policies that influence districts' and schools' work in these

approaches.

Identification of Websites and Website Content directed at Children under 13 Years of Age

The request involves use of web-based data collection methods. The website does use cookies. Access to the web-based questionnaire is password-protected and given only to the staff of the DASH-funded SEAs, LEAs, and NGOs who will complete the questionnaires.

A. 2 Purpose and Use of Information Collection

Data gathered from these questionnaires will allow DASH to assess programmatic activities among LEAs, SEAs, and NGOs funded by DASH to ensure funded agencies are implementing approaches that will ultimately improve HIV/STD prevention practices and services in secondary schools, contribute to reductions in HIV/STD infections among adolescents, and reduce disparities in HIV/STD infections experienced by specific adolescent sub-populations.

To date, the information received from previous data collections (OMB Number 0920-0672 exp. 01/31/2014) has been used to keep DASH informed of the scope and nature of the funded agencies' program activities, and the data have been compiled into aggregate reports and facts sheets on funded agency activities. In addition, the results of the questionnaires are used by DASH to make recommendations about HIV prevention in LEAs and SEAs and about future program needs in these areas. The data may be used by other federal agencies to make policy decisions and to set priorities for research, demonstration and service projects. State and local health departments and education agencies use the results to improve programs and practices.

DASH has been using the CDC Framework for Program Evaluation (see **Attachment 11**) to ensure that the data resulting from the questionnaires can be used to demonstrate program impact using procedures that are useful, feasible, ethical, and accurate. Throughout the project period, DASH will work with each funded agency to demonstrate program impact through process and outcome monitoring of DASH-funded activities. DASH will use process monitoring to assess the extent to which planned program activities have been implemented and lead to feasible and sustainable programmatic outcomes. DASH will use outcome monitoring to assess whether DASH-funded activities at each site are leading to intended outcomes. DASH and its

contractor will manage and analyze data submitted by funded agencies through PERS. In addition, DASH will conduct content analyses of priority district and school policies submitted by funded education agencies addressing one of the program approaches (EHSE, SHS, or SSE). A content analysis is a systematic coding of the text of a policy for themes, differences, or trends. DASH will use the results of the content analysis to monitor policies of its funded partners and examine the characteristics of policies addressing the program approaches. DASH will use overall program monitoring findings during the project period to establish key recommendations for partners on program impact, sustainability, and continued program improvement.

The process and performance measures developed by DASH in consultation with funded agencies are intended to collect data that answer the following program improvement questions:

- To what extent do priority districts and priority schools implement exemplary sexual health education?
- To what extent do priority districts and priority schools improve student access to key youth-friendly sexual health services?
- To what extent are priority districts and priority schools able to create and maintain a safe and supportive environment for students and staff?
- To what extent do NGOs increase the capacity of SEAs and LEAs to implement exemplary sexual health education in priority districts and priority schools?
- To what extent do NGOs increase the capacity of SEAs and LEAs to improve student access to key youth-friendly sexual health services in priority districts and priority schools?
- To what extent do NGOs increase the capacity of SEAs and LEAs to create and maintain a safe and supportive environment for students and staff in priority districts and priority schools?

To answer these program improvement questions and continually improve the program, DASH, with input from funded agencies, developed a series of questionnaires that collect data from SEAs, LEAs, and NGOs for the various program approaches being implemented (ESHE, SHS, SSE). SEAs and LEAs each have questionnaires with both process and performance measures tailored to each approach. NGOs each have a questionnaire that process measures regarding their activities with SEAs and LEAs. The questionnaires

for NGOs are tailored to the approach they are implementing in support of SEAs and LEAs. An overview of what questionnaires will be available is included below. For the complete questionnaires, see **Attachments 3a, b & c - 5a, b, & c**. For screenshots of how the questions will look in PERS, see **Attachment 8a, b & c**.

- SEA measures include all of the following:
 - o ESHE Measures (Attachment 4c)
 - o SHS Measures (Attachment 4b)
 - o SSE Measures (Attachment 4a)
- LEA measures include all of the following:
 - o ESHE Measures (Attachment 5c)
 - o SHS Measures (Attachment 5b)
 - o SSE Measures (Attachment 5a)
- NGOs measures include one of the following:
 - o ESHE Measures (Attachment 3c)
 - o SHS Measures (Attachment 3b)
 - o SSE Measures (Attachment 3a)

The findings from these questionnaires enable DASH and its contractor to aggregate and collect consistent documentation on cooperative agreements that support programming through July 2018.

Privacy Impact Assessment

No information in identifiable form (IIF) will be collected. Data collection involves collecting programmatic reporting data; it does not involve the collection of sensitive, personal, and/or personally identifiable information. System users, included funded agency users, will provide their name, agency, and work email as part of the registration process and considered business personally identifiable information. Response data will be filed by the LEA, SEA, or NGO name and all data pertains to programmatic activities.

A. 3 Use of Improved Information Technology and Burden Reduction

The questionnaires were carefully developed to ensure that they can be used as a Web-enabled indicator survey which greatly reduces the reporting burden of documenting annual progress. A set of integrated components – such as survey management, results in a tabulation package, and a separate program for generating reports – provide CDC the data it needs for tracking indicators online. It is anticipated that 100% of

questionnaires will be completed electronically.

The Web-based indicator surveys offer the following advantages for burden reduction:

- Easy and secure access for NGOs, SEAs, and LEAs, decreasing the burden of reporting program activities.
- Instant publication of survey results, with no printing, labeling, or postage costs, no lost paperwork, and no misprints.
- Automatic sequencing of questions based on responses to previous questions, eliminating problems of inapplicable questions.
- Error-checking to ensure the integrity of responses before they are submitted for review.

Specifically, the Web-based indicators surveys help funded agencies in the following ways:

- Responding to the survey through the Web.
- Providing a means of giving feedback through the Web to DASH on the survey content and process.
- Reducing burden to the respondent by reducing overall time spent completing questionnaires as a result of appropriately programmed skip patterns.

DASH and its contractor conducted feedback sessions from March—May 2014 with funded agencies and internally to ensure that PERS allows funded agencies to access the system, upload policy documents, enter data, and run reports quickly and easily. The purpose of these sessions was to identify potential content for the technical assistance protocol document that will be developed and disseminated during the system launch. The availability of the protocol and its relevant content will ultimately reduce the burden for funded agencies.

A. 4 Efforts to Identify and Use of Similar Information

These questionnaires are not duplicated by other survey efforts or program monitoring activities. Additionally, there are no existing data collected by SEAs, LEAs, or NGOs funded by CDC that can be used to generate data that are similar to the information collected under this clearance. The CDC Project Officers for the funded agencies were consulted in the revision process for these questionnaires to ensure that the data reported in this system were not being collected currently through any other

mechanism (see **Attachment 10** for the Analysis of Alternatives).

A. 5 Impact of Small Businesses or Other Small Entities

No small businesses or other small entities will be involved in this data collection.

A. 6 Consequences of Collecting the Information Less Frequently

The data collection is scheduled to provide information on funded agency activities related to HIV/STD prevention on a semi-annual basis, depending on the measure that is needed. The SEAs, LEAs, and NGOs are funded on an annual basis (August 1 to July 31 of the following year). There are two reporting periods within each year, with data due within 30 days of the close of the each period. The data collection period frequency enables CDC to track the progress of SEAs, LEAs, and NGOs with sufficient time to intervene and meet grant funding criteria. This semi-annual program monitoring also enables CDC to maintain up-to-date records on the impact of HIV/STD prevention activities for adolescents and school officials. Without this data collection, CDC would not be able to efficiently and effectively assess the impact of funded agencies' activities with sufficient time for replication and/or correction. The dates when data are requested reflect PGO deadlines to provide timely feedback to funded agencies and DASH staff for accountability and optimal use of funds. Policy makers and education officials would lack data with which to make sound decisions about implementing or refining prevention programming for youths in school settings.

Collecting the data less than semi-annually will result in data gaps for the measures needed to accurately track the impact of funded programs and may decrease opportunities for program improvement and corrective actions.

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

There are no special circumstances. The activities outlined in this package fully comply with all guidelines of 5 CFR 1320.5.

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

A. As required by 5 CFR 1320.8(d), a 60-day Notice was published in the

Federal Register on April 30, 2014, Vol. 79, No. 83, pages 24437-24438 (see **Attachment 2**). No public comments were received.

B. All funded agencies (19 SEAs, 17 LEAs, and 6 NGOs) were sent the performance and process measures to voluntarily provide their feedback in November of 2013. A list of the funded agencies that provided feedback on the measures is included in **Attachment 7**.

A small group of funded agencies were asked to provide additional feedback on program improvement measures and the collection of those measures on an ad hoc basis. Due to the feedback that was received from this ad hoc group, some process and performance measures were dropped and reframed to ensure that the necessary data could be adequately captured without individual participant level tracking, which was not desired for this data collection because it would be too burdensome for funded agencies to complete. A list of the funded agencies that provided feedback on an ad hoc basis is included in **Attachment 7**.

All funded agencies were also given an additional opportunity to provide feedback on the questions for collecting the program improvement measures in March of 2014. Feedback from funded agencies resulted in additional refinement to the questions and the removal of one measure. A list of the funded agencies that provided feedback on the questionnaires is included in **Attachment 7**.

A. 9 Explanation of Any Payment or Gift to Respondents

No material or financial incentives will be provided to respondents for completing the questionnaires.

A. 10 Assurance of Confidentiality Provided to Respondents

Privacy Impact Assessment Information

A. Privacy Act Determination. The CDC staff have reviewed this Information Collection request and determined that the Privacy Act is not applicable. Respondents are organizations, not individuals. Data collection involves collecting programmatic reporting data; it does not involve the collection of sensitive, personal, and/or personally identifiable information. The progress monitoring information is collected and reported at the state and local level or by NGOs. Although the name of the contact person submitting the data is

maintained for each responding organization, the contact person provides information about the program, not personal information. The contact person's name will be maintained until the end of the data collection. Response data will be filed by the name of the local or state education agency or NGOs and all data pertains to programmatic activities.

- B. **Safeguards.** The information collection involves use of web-based data collection methods. The website does use cookies, and access to the web-based questionnaire is password-protected and given only to the staff of the DASH-funded local and state education agencies and NGOs who will complete the questionnaires. CDC will maintain information in secure electronic files that will only be accessible to authorized members of the team. Electronic files will be stored on secure network servers, and access will be restricted to approved team members identified by user ID and password.
- C. **Consent.** This information collection does not involve research with human subjects, and IRB approval is not required. Because the information collected pertains to organizational policies and activities, an individual-level consent process is not applicable.
- D. **Nature of Response.** Participation is required by the terms of cooperative agreement funding.

A. 11 Justification for Sensitive Questions

There are no questions of a sensitive nature that are included on the questionnaires. All questions concern programmatic activities.

A. 12 Estimates of Annualized Burden Hours and Costs

Burden hours. **Table A.12-1** provides estimates of burden for the data collection. The amount of time required to complete the questionnaires is based on estimates that DASH compiled relying on their experience with previous data collections on this topic, their knowledge of the steps needed to populate the data, and their discussions with funded agencies during the process undertaken to develop measures. Administration of the questionnaires is conducted via the Web in PERS. There are a total of nine questionnaires that are included in the burden table below (Table A.12-1). Each SEA will be completing activities for all approaches. Therefore, each

SEA will complete a questionnaire for each approach (ESHE, SHS, and SSE). Like SEAs, each LEA will also be completing activities for all approaches and will also complete a questionnaire for each approach (ESHE, SHS, and SSE). Each NGO will respond to the questionnaire for the approach they are implementing in support of SEAs or LEAs. Two NGOs will respond to the ESHE questionnaire, two NGOs for the SHS questionnaire, and two NGOs for the SSE questionnaire.

The estimated burden per response ranges from 30 minutes to 6 hours. This variation in burden is due to the variability in the questions on the forms based on the approach and type of funded agency. For instance, non-governmental organizations have fewer questions to respond to because they only have questions for process monitoring. Local education agencies have the highest burden because it takes more time to gather information as they gather data at the school- and student-level as compared with state education agencies that report only state- and district-level data. These burden estimates also include the time needed to upload policy documents, which accompany the measures that are captured in the questionnaire. The burden for uploading the policy documents will be considered record-keeping burden. The questionnaires are provided in **Attachments 3a, b & c - 5a, b, & c**. Annualizing this collection over three years results in an estimated annualized burden of 820 hours for all funded agencies.

Table A.12-1 Estimated Annualize Burden to Respondents

Type of Respondents	Form Name	Number of Respondents	Number of Responses per Respondent	Average Burden per Response (in hours)	Total Burden (in hours)
SEA	ESHE Measures 4c	19	2	4	152
	SHS Measures 4b	19	2	3	114
	SSE Measures 4a	19	2	1	38
LEA	ESHE Measures 5c	17	2	6	204
	SHS Measures 5b	17	2	3	102

	SSE Measures 5a	17	2	6	204
NGO	ESHE Measures 3c	2	2	30/60	2
	SHS Measures 3a	2	2	30/60	2
	SSE Measures 3b	2	2	30/60	2
Total					820

Annualized Costs to Respondent

Table A.12-2 provides estimates of the annualized cost to respondents for the collection of data. Cost estimates are based on average hourly rates for social and community service managers reported on the Department of Labor Statistics website for May 2012⁵. Social and community service managers plan, direct, or coordinate the activities of a social service program or community outreach organization. The role of the community service manager was used for wage estimates for SEAs, LEAs, and NGOs. Thus, estimates are \$30.99 an hour for the SEA, LEA, and NGO officials. Total estimated cost to respondents is \$25,411.80.

Table A.12-2 Annualized Costs to Respondents

Type of Respondent	Form Name	Number of Respondents	Number of Responses per Respondent	Average Burden per Response (in hours)	Average Hourly Wage Rate	Total Cost
SEA	ESHE Measures	19	2	4	\$30.99	\$4710.48
	SHS Measures	19	2	3	\$30.99	\$3532.86
	SSE Measures	19	2	1	\$30.99	\$1177.62

⁵ Bureau of Labor Statistics. Occupational Employment and Wages, May 2012. <http://www.bls.gov/oes/current/oes119151.htm>. Accessed 3 March, 2014.

Type of Respondent	Form Name	Number of Respondents	Number of Responses per Respondent	Average Burden per Response (in hours)	Average Hourly Wage Rate	Total Cost
LEA	ESHE Measures	17	2	6	\$30.99	\$6321.96
	SHS Measures	17	2	3	\$30.99	\$3160.98
	SSE Measures	17	2	6	\$30.99	\$6321.96
NGO	ESHE Measures	2	2	0.5	\$30.99	\$61.98
	SHS Measures	2	2	0.5	\$30.99	\$61.98
	SSE Measures	2	2	0.5	\$30.99	\$61.98
Total						\$25,411.80

A. 13 Estimates of Other Annual Cost Burden to Respondents or Record Keepers

No capital, start-up, or maintenance costs are involved.

A. 14 Annualized Cost to Federal Government

Cost will be incurred by the government in personnel time for overseeing the project. CDC time and effort for overseeing the funded agencies’ data collection and answering questions posed by the contractor and funded agencies are estimated at 50% for two CDC employees, 40% for another CDC employee, and 5% for a senior CDC employee a year for the three years of the project. The cost to the federal government for oversight and project management is \$132,351 (**Table A.14-1**).

The contractor’s costs are based on estimates provided by the contractor who will carry out the data collection activities. With the expected period of performance, the annual cost to the federal government from contractor and other expenses is estimated to be \$366,500 (**Table A.14-1**). This is the cost estimated by the contractor, Karna, LLC, and includes the

estimated cost of coordination with DASH, maintenance of PERS, data collection and technical assistance, analysis, and reporting.

The total annualized cost to the government, including direct costs to the federal government and contractor expenses is \$498,851.

Table A.14-1. Annualized and Total Costs to the Federal Government

Expense Type	Expense Explanation	Annual Costs (dollars)
<i>Direct Cost to the Federal Government</i>		
CDC employee oversight for project	CDC Supervisor labor costs	\$6,230
CDC oversight of contractor and project	CDC Project Officers labor costs	\$126,121
Subtotal, Direct Costs to the Government per year		\$132,351
<i>Contractor and Other Expenses</i>		
Maintenance of PERS data collection system	Labor and other direct costs for ongoing maintenance and support of PERS	\$113,719
Provision of technical assistance and training to funded agencies for data collection	Annual labor hours and Other Direct Costs for TA and training	\$252,781
Subtotal, Contract and Other Expenses per year		\$366,500
<i>Total of all annualized expenses</i>		<i>\$498,851</i>

A. 15 Explanation for Program Changes or Adjustments

None.

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

There are no plans to publish information from this project. No complex analytical techniques will be used for the tabulation of data. Descriptive statistics will be used to describe answers.

The questionnaires will be conducted semi-annually. A three year

clearance is being requested. See the timeline in **Figure A.16-1** for a detailed breakdown of the activities and time schedule.

Figure A.16-1: DASH Project Time Schedule

Activity	Time Schedule
Year 2 of FOA PS13-1308 (FY2015) Data Collection August 1, 2014 - July 31, 2015	
First Period of Data Collection	
Open data collection system for first period of data collection in Year 1 (August 1, 2014 - January 31, 2015)	October 1, 2014
Collect data via web-based system for first period (August 1, 2014 - January 31, 2015)	February 1-28, 2015
Questionnaire submission deadline (staff can enter data for the first period up to 30 days after the data collection period closes)	March 1, 2015
Analyze data and compile reports for first period.	April 1, 2015
Second Period of Data Collection	
Open data collection system for second period of data collection in Year 1 (February 1, 2015 - July 31, 2015)	March 2, 2015
Collect data via web-based system for period (March 2, 2015 - July 31, 2015)	August 1-31, 2015
Questionnaire submission deadline.	September 1, 2015
Analyze data and compile reports for second period.	August 31, 2015
Year 3 of FOA PS13-1308 (FY2016) Data Collection August 1, 2015 - July 31, 2016	
First Period of Data Collection	
Open data collection system for first period of data collection in Year 1 (August 1, 2015 - January 31, 2016)	September 2, 2015
Collect data via web-based system for first period (September 2, 2015 - January 31, 2016)	February 1-28, 2016
Questionnaire submission deadline (staff can enter data for the first period up to 30 days	March 1, 2016

after the data collection period closes)	
Analyze data and compile reports for first period.	April 1, 2016
Second Period of Data Collection	
Open data collection system for second period of data collection in Year 1 (February 1, 2016 – July 31, 2016)	March 2, 2016
Collect data via web-based system for period (March 2, 2016 – July 31, 2016)	August 1-31, 2016
Questionnaire submission deadline.	September 1, 2016
Analyze data and compile reports for second period.	August 31, 2016
Year 4 of FOA PS13-1308 (FY2017) Data Collection August 1, 2016 – July 31, 2017	
First Period of Data Collection	
Open data collection system for first period of data collection in Year 1 (August 1, 2016 – January 31, 2017)	September 2, 2016
Collect data via web-based system for first period (September 2, 2016 – January 31, 2017)	February 1-28, 2017
Questionnaire submission deadline (staff can enter data for the first period up to 30 days after the data collection period closes)	March 1, 2017
Analyze data and compile reports for first period.	April 1, 2017
Second Period of Data Collection	
Open data collection system for second period of data collection in Year 1 (February 1, 2017 – July 31, 2017)	March 2, 2017
Collect data via web-based system for period (March 2, 2017 – July 31, 2017)	August 1-31, 2017.
Questionnaire submission deadline.	September 1, 2017
Analyze data and compile reports for second period.	August 31, 2017

Karna, LLC, in partnership with DASH and funded agencies, will develop annual site-specific performance measurement reports to be used for program monitoring and quality improvement, and annual, aggregate

performance measurement reports to be disseminated to funded agencies and other key stakeholders. DASH will use overall program improvement findings during the project period to establish key recommendations for partners on program impact, sustainability, and continued program improvement.

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

Not applicable. All data collection instruments will display the expiration date for OMB approval of the information collection.

A. 18 Exceptions to Certification for Paperwork Reduction Act Submissions

Not applicable. No exceptions to the certification statement are being sought.