## DEPARTMENT OF HEALTH AND HUMAN SERVICES OS/OASH/Office of Population Affairs

## **Amendment for Online Data Collection of OMB Approved Form**

## **Request:**

Under OMB No. 0990-0423, The Office of Population Affairs (OPA) received approval to collect data relating to enrollment assistance efforts taking place in all service sites receiving funding from Title X. In the supporting statement, OPA proposed to utilize an online data collection platform, to minimize the reporting burden on Title X grantees and service sites, improve response rates, improve the quality and reliability of data reported, and facilitate improved post-reporting data analysis methods. A paper data collection form was included with the OMB submission. An online form has now been created and a printout of the online form is included along with details of minor changes from the paper to electronic version.

## **Changes from Paper to Online Version:**

The online data collection tool will be pre-populated with the definitions, guidance, and questions that appear on the OMB-approved form, "Title X Outreach and Enrollment (O/E) Progress Report." To minimize risk of respondents reporting duplicated or overlapping data reported to OPA, the survey will request that respondents include basic clarifying information, which differs as follows from the form submitted to OMB:

- A title page is included to remind respondents of the general instructions for submitting
  data through the online tool. Reminders include: the reporting period (April 1, 2014 to
  March 31, 2015), how to record data and advance to the next set of questions, who to talk
  to if they have questions. OMB form information is included on this page with the form
  number, expiration date, estimated time requirement, and how to send comments on the
  form.
- The form will collect five elements of demographic information to identify the service site reporting the data and aid in data verification:
  - 1. Name of service site for which you are reporting data (Note: A service site is the individual clinic or center; each service site should submit their own data) fill in the blank
  - 2. City where the service site for which you are reporting data is located fill in the blank
  - 3. State in which service site for which you are reporting data is located drop-down menu
  - 4. Name of Grantee from which the service site receives the Title X funding drop-down menu
  - 5. What is YOUR information, in case we need to contact you about the data reported for this service site (Name, Company, Email Address, Phone Number) fill in the blank

There have been no substantial changes to the data elements being collected and these changes do not change the burden hour estimates.

Please find attached a print out of the online form and the original approved paper form.