Revision Request
(0920-0650)

**Title:
Prevention Research Centers Program
Evaluation**

**Supporting Statement
Part A: Justification**

December 18, 2015

Submitted by:

Prevention Research Centers Program
Applied Research and Translation Branch
Division of Population Health
National Center for Chronic Disease Prevention and Health Promotion
Centers for Disease Control and Prevention
Department of Health and Human Services

Project Officer:
Merriah A. Croston, MPH
Health Scientist
Telephone: 770-488-4282
Email: mcroston@cdc.gov

Table of Contents

Part A. Justification

Exhibits

Attachments

- **Goal:** The PRCs conduct outcomes-oriented, applied prevention research on a broad range of topics using a multi-disciplinary and community-engaged approach. Each PRC receives funding from the CDC to establish its core infrastructure and functions and to support a core research project. The purpose of quantitative and qualitative data collection is primarily to monitor progress on a set of 25 PRC Program evaluation indicators related to PRCs' infrastructure, core functions and core research.

- **Data use:** Standard annual reports will be generated at two levels – network and site-specific. PRC Program staff will also produce products (e.g., presentations, manuscripts) using evaluation data to assess PRCs' performance relative to performance measures and to identify best practices for public health prevention research.

- **Collection method:** The PRC Program will transition from the use of a third-party, web-based data collection platform to a comprehensive, centralized, web-based data collection system that is hosted on CDC servers, available for data entry year-round, and will reduce the need for follow-up clarification by PRC Program awardees. Key informant interviews (KII) will be conducted every other year to capture qualitative information about PRC Network formation and cohesion.

- **Population:** As a condition of the award, all 26 (100%) PRCs are required to provide data related to the PRC Program evaluation indicators.

- **Analysis:** All quantitative data will be stored on-site at the CDC in a Microsoft Access database. Although qualitative data will be organized using NVivo, it will be jointly stored with quantitative data. Each PRC will be assigned a unique ID that allows data from different sources to be linked and facilitate development of merged and longitudinal datasets for analyses using SAS and SQL. Data will be maintained for a minimum of ten years to allow for continued analysis and publication of reports and peer-reviewed manuscripts.

- **OMB approval is requested by March 31, 2016.** This will allow the CDC to implement revised data collection methods and to collect data for the program's 2015 project period (September 30, 2014 – September 29, 2015) in the second quarter of the 2016 project period (September 30, 2015 – September 29, 2016).

Supporting Statement A. Justification

A.1 Circumstances Making the Collection of Information Necessary

In 1984, Congress passed Public Law 98-551 directing the Department of Health and Human Services (DHHS) to establish Centers for Research and Development of Health Promotion and Disease Prevention. In 1986, the CDC received lead responsibility for this program, referred to as the Prevention Research Centers (PRC) Program. PRC Program awardees are managed as a CDC cooperative agreement with awards made for five years. Attachment 1 provides a copy of the authorizing legislation for the PRC Program, the Health Promotion and Disease Prevention Amendments of 1984.

In 2013, the CDC published program announcement DP14-001 for the current (September 30, 2014 – September 29, 2019) PRC Program funding cycle. Twenty-six PRCs (Attachment 2) were selected through a competitive, external, peer-review process; the program is currently in its first year of the five year funding cycle.

Each PRC is housed within an accredited school of public health or an accredited school of medicine or osteopathy with a preventive medicine residency program. The PRCs conduct outcomes-oriented, applied prevention research on a broad range of topics using a multi-disciplinary and community-engaged approach. Research projects involve faculty from the funded school and various departments within the university, as well as community partners. Partners include, but are not limited to, state, local, and tribal health departments, departments of education, schools and school districts, community-based organizations, health providers, and other health organizations. Partners collaborate with the PRCs to assess community needs; identify research priorities; set research agendas; conduct research projects and related activities such as training and technical assistance; and disseminate research results to public health practitioners, researchers, and the general public.

Each PRC receives funding from the CDC to establish its core infrastructure and functions and support a core research project. Research foci reflect each PRC's area of expertise and community needs. Most PRC core research aligns with the health disparities and goals outlined in *Healthy People 2020*. Since 1993, the PRCs could apply for special interest project (SIP) funding, awarded by units throughout the CDC and other DHHS agencies. SIPs are cooperative agreements that are sometimes, but not always, related to the PRC core project. In addition, PRC faculty conducts research that is funded by other sources, such as health departments, foundations, and other federal agencies.

The DP14-001 program announcement included language that was used to develop and operationalize a set of 25 PRC Program evaluation indicators (see Attachment 3). The PRC Program evaluation indicators were collaboratively developed in 2013 and 2014 with stakeholders and deviate from last funding cycle's indicators. In attempts to be comprehensive, the PRC Program expanded and modified the evaluation indicators this funding cycle. The list of indicators was revised to better align with this cycle's funding announcement, which emphasizes partnership, dissemination, and research impact. The list of indicators was also revised to accommodate current program needs and comprehensively capture PRCs' center and research

inputs, activities, outputs, and outcomes. Attachment 3 provides the final set of 25 PRC Program evaluation indicators used to guide the PRC Program evaluation and corresponding data collection efforts.

The CDC is currently approved to collect information from the PRCs through a web-based survey hosted by a third-party and a structured telephone interview (OMB 0920-0650, expiration date May 31, 2016). The web-based survey is designed to collect information on the PRCs' collaborations with health departments; formal training programs and other training activities; and other-funded research projects conducted separate from their core projects or SIP research. Structured telephone interviews with key PRC informants allow PRC Program staff to collect indicator data that do not lend themselves to a survey-based methodology and require a qualitative approach.

Revision of PRC Program evaluation indicators resulted in modification of data collection tools. Accordingly, new questions were added to the web-based survey (herein: web-based data collection system) and the telephone interviews (herein: key informant interviews (KII)) to capture information about the PRC Network, which is an informal network of the 26 PRC Program awardees. This additional reporting is seen as a more accurate reflection of the PRCs' accomplishments by both the awardees and the PRC Program.

In this revision, the CDC requests OMB approval to 1) transition from the use of a third-party, web-based survey to a comprehensive, centralized web-based data collection system hosted on CDC servers; 2) conduct KIIs to capture qualitative data regarding PRC Network formation and cohesion; and 3) remove and add questions to more closely align with revised evaluation indicators. Approval for three years is requested. OMB approval is requested by March 31, 2016. This will allow the CDC to implement revised data collection methods and to collect data for the program's 2015 project period (September 30, 2014 – September 29, 2015) in the second quarter of the 2016 project period (September 30, 2015 – September 29, 2016).

A.2 Purpose and Use of Information Collection

The web-based data collection system is divided into three primary sections and 21 sub-sections, and was designed to collect information in fulfillment of the quantitative component of the PRC Program evaluation plan. Collected data will reflect the PRCs' inputs, activities, outputs, and outcomes. Logistically, this system is organized in sections and sub-sections that correspond to specific indicators, and PRC staff will have the flexibility to enter data into the collection system throughout the annual reporting period, which provides an opportunity to distribute the reporting burden across a funding year. Key PRC respondents will provide contact information (e.g., name, email address, and telephone number) to establish accounts that enable them to access the data collection system. Otherwise, no individually identifiable personal information will be collected.

The following data will be collected in each section and sub-section of the web-based data collection system:

- Section I: Survey

  o Sub-section I: Partnerships
  o Sub-section II: Resources provided by academic institutions to support the PRC
  o Sub-section III: Center projects
  o Sub-section IV: Other-funded research projects
  o Sub-section V: Students mentored by/working with the PRC
  o Sub-section VI: Formal training programs
  o Sub-section VII: Practice and research tools
  o Sub-section VIII: Systems and environmental strategies
  o Sub-section IX: Number of people reached by PRC projects
  o Sub-section X: PRC projects found to be effective
  o Sub-section XI: PRC projects adopted outside of the original study population
  o Sub-section XII: Additional impacts

- Section II: Products
  o Sub-section I: Books and book chapters by PRC-affiliated personnel
  o Sub-section II: Peer reviewed journal publications by PRC-affiliated personnel
  o Sub-section III: Presentations by PRC-affiliated personnel

- Section III: Cost of core research project
  o Sub-section I: Participant count/duration
  o Sub-section II: Dollars spent on labor
  o Sub-section III: Dollars spent on materials and consumables
  o Sub-section IV: Dollars spent on travel
  o Sub-section V: Dollars spent on location
  o Sub-section VI: Cost to participant

KIIs will be conducted in 2016 and 2018. Invitations to participate in the PRC Network KIIs will be sent to PRC Principal Investigators (PIs)/Directors, and the PRCs can self-select the staff member who will participate in the KIIs.

The PRC Network KIIs will be structured to gather information about the motivators, barriers, facilitators, and lessons learned related to the PRCs' collaboration as a network of academic research centers. The aims of the FGDs will be:

- To understand whether the PRC Network is a useful tool for the currently funded PRCs.
- To explore the extent to which CDC's facilitation of the PRC Network has impacted the currently funded PRCs.

- To identify facilitators, barriers, and best practices in forming and sustaining the PRC Network.
- To explore the types of collaborations occurring within the PRC Network among currently funded PRCs.

The purpose of quantitative and qualitative data collection is primarily to monitor progress on a set of 25 PRC Program evaluation indicators that were revised and approved by PRC Program leadership and its partners in 2014. In the current fiscal climate, assuring program accountability and improvement and increasing visibility and knowledge transfer are critical. Collecting data on evaluation indicators helps to:

- Demonstrate PRC Program public health impact and accountability to Congress, CDC leadership, partner organizations, and communities
- Increase the visibility of the PRC Program among internal CDC stakeholders, key national organizations, states, communities, and local leaders
- Generate knowledge and share information both within and outside the PRCs
- Inform internal decision-making aimed at improving the PRC Program

Standard annual reports will be generated at two levels:

- **Network-level reports** provide aggregate data across all 26 PRCs (e.g., the number of peer-reviewed publications disseminated by the PRCs) or a specific subset of the PRCs (e.g., among the PRCs collaborating with community health workers).
- **PRC-specific reports** provide information specific to a single center, such as the amount of funding received through SIPs or other-funded research projects.

PRC Program staff will also produce products (e.g., presentations, manuscripts) using evaluation data to assess PRCs' performance relative to performance measures and to identify best practices for public health prevention research.

Previously, collected data were analyzed to describe PRCs' research-centric inputs, activities, outputs, and outcomes when drafting annual reports and responding to information requests from internal and external stakeholders. In an effort to capture information about inputs, activities, outputs, and outcomes that are center-centric, we plan to increase the number of questions associated with a larger set of evaluation indicators. These revisions reflect the most important center and research-related information needed by the PRC Program and our stakeholders.

The data we plan to collect will enable PRC Program staff to quantitatively and qualitatively evaluate awardees' inputs, activities, outputs, and outcomes. The data are generalizable within the PRC Program, but not to other large research programs.

Information entered into the PRC web-based data collection system might also facilitate preparation of the PRCs' annual reports and applications for continued funding. This information can also be used by the PRCs to provide summaries of their centers' inputs, activities, outputs, outcomes, and impact to partners, communities, and local decision-makers.

A.3 Use of Improved Information Technology and Burden Reduction

The CDC is currently approved to collect information from the PRCs through a web-based survey hosted by SurveyGizmo and a structured telephone interview (OMB 0920-0650, expiration date May 31, 2016). Prospectively, the PRC Program plans to use a CDC-hosted SharePoint website (web-based data collection system) to collect quantitative data instead of SurveyGizmo. By collecting data through a SharePoint site that is hosted on CDC servers, the PRC Program has better flexibility in survey design, development, and maintenance, and security risks are minimized. A complementary subset of qualitative data will be collected through KIIs. Quantitative and qualitative data will be collected from all 26 PRCs. We expect a 100% response rate as a condition of the award.

This cycle, we were purposive in efforts to incorporate center activities into quantitative and qualitative evaluation plans based upon input from the PRCs. Accordingly, the revised web-based data collection system allows the PRC Program to collect additional data, yielding a more comprehensive evaluation of the PRC Network. Although the PRC Program will collect an expanded set of data points, the revised data collection system is easy to navigate, centralizes data entry, includes summary pages that allow respondents and program staff to track progress, and will provide easily accessible data for analytic purposes. Advanced data integration features and data quality rules were implemented in the data collection system to minimize data entry errors, reduce the burden of data entry, and avoid redundancy. Version control features were added to complement data validation and management activities. Depending on the end users' roles and needs, system access will vary. We intend to further strengthen system features based upon end user input regarding navigation, data entry, and data retrieval.

It is important to note that quantitative data will be migrated between years, which will lessen the data collection burden assumed by respondents corresponding to funding years 2 through 5. Also, the web-based data collection system will be available year round – allowing the PRCs to submit data when most conducive, rather than compressing data collection into a prescribed timeframe. Data will also be available for analysis throughout the year.

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

The proposed revision will provide an efficient method for the PRCs to submit quantitative and qualitative information about the PRCs' inputs, activities, output, and outcomes. (See Section A.2 for a list of data to be collected through the web-based data collection system and KIIs.)

No other federal or private agency collects data to evaluate PRC Network inputs, activities, outputs, or outcomes.

A.5 Impact on Small Businesses or Other Small Entities

No small businesses will be involved in data collection.

A.6 Consequences of Collecting the Information Less Frequently

The PRC Program proposes to continue annual quantitative data collection. Less frequent data collection for most variables would delay receipt of critical information about the PRCs' inputs, activities, outputs, and outcomes, which would:

- Limit the PRC Program evaluation.
- Undermine federal and site-specific efforts to be accountable.
- Weaken programmatic efforts to monitor and promote awardees' activities, outputs, and outcomes.
- Limit the PRC Program's ability to respond to inquiries from Congress and other stakeholders with current information.

Quantitative data will be migrated between years, which will lessen the data collection burden assumed by respondents beyond funding year 1 quantitative data collection.

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 the regulation 5 CFR 1320.5.

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

A.8.A Federal Register Notification

A 60-day Federal Register Notice was published in the *Federal Register* on August 12, 2015, volume 80, number 155, pages 48318-48320 (Attachment 6). No public comments were received.

A.8.B Other Consultations

Since 2006, the PRC Program evaluation plan and list of evaluation indicators have been revised twice. Most recently, the plan and indicators were revised in preparation for the current funding cycle (September 30, 2014 – September 29, 2019). An Evaluation Planning Workgroup was formed in September 2013. The workgroup included PRC Program staff from the Evaluation and Translation, Program Operations and Dissemination Teams, and eventually included the 26 newly-funded PRCs (external stakeholders) through conferences calls and in-person meetings held on November 3-5, 2014. During these calls and meetings, the revised indicators and questions were discussed, and recommendations were made by the PRCs. Among these recommendations, the PRCs suggested that the web-based data collection system include questions regarding the full scale of both center and research inputs, activities, outputs, and

outcomes. As a result of this recommendation, the PRC Program expanded the evaluation plan and developed a web-based data collection system that will reduce the burden of data collection expansion by: 1) allowing year-round data entry, rather than a three month period and 2) migrating data from year-to-year. As a result of these enhancements, the primary data reporting burden will be for funding year 1. Data entry corresponding to the remaining funding years will include validation of migrated information, deletion of obsolete information, and addition of new information based upon inter-annual changes.

Attachment 4 provides screenshots of the web-based data collection system that will be used to collect quantitative data and Attachment 5 provides the KII guide.

A.9 Explanation of Any Payment or Gift to Respondents

The PRCs will not receive payment or gifts in exchange for providing information collected through the web-based data collection system or KIIs.

A.10 Protection of the Privacy and Confidentiality of Information Provided by Respondents

The CDC will not collect any personally identifiable information from the PRCs about individuals participating as subjects in PRC research or training activities. Respondents will provide information on behalf of their PRC, not themselves. The Privacy Act does not apply, and informed consent is not needed for this type of information collection.

A.11 Institutional Review Board (IRB) and Justification for Sensitive Questions

A.11.A IRB Approval

The CDC will not collect any personally identifiable information from the PRCs about individuals participating as subjects in PRC research or training activities. IRB approval is not required for the collection of PRC evaluation indicators data.

A.11.B Sensitive Questions

No information will be collected on individuals participating as subjects in the PRCs' research activities.

Sensitive information about PRC faculty, staff, or partners will not be collected via the web-based data collection system or KIIs. Although information collected through these data collection mechanisms will reflect each PRC's inputs, activities, outputs, and outcomes, public

disclosure of data will be in aggregate across all 26 PRCs. No data on individual centers will be published by the PRC Program.

A.12 Estimates of Annualized Burden Hours and Costs

A.12.A Estimated Burden to Respondents

Staff at each PRC will annually complete all survey sections in the web-based data collection system (see Attachment 4). There are 26 respondents (PRCs). The average, estimated burden per respondent is 48 hours, and the total, estimated, annualized burden for all respondents is 1248 hours for funding year 1 (see Exhibit A.12.a). This equates to an estimated, weekly burden of one hour per respondent. Response burden will decrease in correspondence to funding years 2 through 5, since several data elements will be migrated from year-to-year for ease of data entry. Currently, there is no information to validly estimate decreases in collection burden during the three year OMB approval period. Accordingly, Exhibit A.12.a does not account for reduced burden associated with the web-based data collection system in the second and third years of the OMB approval period and likely overestimates burden.

In addition, a representative from each PRC will participate in one required KII (see Attachment 5) every other year. For the KIIs, the average estimated burden per PRC is expected to be three hours. KIIs will take place in 2016 and 2018. This equates to two KIIs per PRC Program awardee (n=26) during the three year OMB approval period. Responses are annualized in the burden table. The total estimated annualized burden for both information collection methods is 1,299 hours (see Exhibit A.12.a).

Exhibit A.12.a
Estimated Annualized Burden Hours

Type of Respondent	Form Name	No. of Respondents	No. of Responses per Respondent	Avg. Burden per Response (in hrs.)	Total Burden (in hrs.)
Prevention Research Center	PRC Program Web-based Data Collection system	26	1	48	1,248
	Key Informant Interviews: PRCs Network	17	1	3	51
				Total	1,299

A.12.B Estimated Cost to Respondents

PRC clerical staff will collect, verify and report the majority of quantitative information to the CDC. Cost of KII participation was based upon PRC Directors' estimated salaries; however, it is possible that other key staff will participate in the KIIs. The estimated cost to respondents is based on hourly salary rates published by the Bureau of Labor Statistics (BLS). For PRC clerical workers, the mean average of $24.94 per hour was used (BLS category 43.6011, Executive Secretaries and Administrative Assistants). For PRC Directors, the mean average of $90.00 per hour was used (ninetieth percentile of BLS category 25-1071, Health Specialties Teachers, Postsecondary). The ninetieth percentile was used, because PRC Directors are experts in public health prevention research.

The total estimated annualized cost to respondents is $35,715 as summarized in Exhibit A.12.b.

Exhibit A.12.b
Estimated Annualized Burden Costs

Type of Respondent	Form Name	No. of Respondents	No. of Responses per Respondent	Average Burden per Respondent (in hours)	Average Hourly Wage Rate	Total Cost
Prevention Research Center	PRC Program Web-based Data Collection system	26	1	48	$24.94	$31,125
	Key Informant Interviews: PRCs Network	17	1	3	$90	$4,590
Total						$35,715

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

A.13.A Total Capital and Start-up Costs

The PRCs will not incur any capital or start-up costs as a result of the web-based data collection system or KIIs. All PRCs have access to the internet and telephone services, as well as computers. No new hardware or software is necessary to enter data into the web-based data collection system or participate in the KIIs.

A.13.B Total Operation and Maintenance

Aside from staffing expenditures, the PRC Program will not incur costs associated with development and maintenance of the web-based data collection system. In order to conduct and transcribe the KIIs, the PRC Program will contract the services of a company with expertise in conducting KIIs. The PRC Program intends to allocate between $50,000 and $100,000 to cover these contractual costs.

A.14 Annualized Cost to the Government

Federal employees, fellows, and contractors will be involved in data collection and management, as well as related activities that are explained below. The PRC Evaluation and Translation Team leader will provide oversight of the development and implementation of quantitative and qualitative data collection instruments and standard operating procedures. The team leader and a health scientist will oversee reporting activities. Fellows will be involved in data abstraction activities and health scientists will provide oversight for this activity. A full-time database analyst (contractor) developed and will maintain the web-based data collection system, as well as manage data. A health research analyst will develop annual reports and conduct data analysis part-time.

Annualized cost for federal employee time is $88,600 for a total of $265,800 over three years. Annualized cost for fellow time is $1,196 for a total of $3588 over three years. In addition, the annualized costs for one full-time contractor's (Database Analyst I) salary and benefits are $128,000 and another contractor's (Health Research Analyst I) partial salary and benefits are $11,000 for a total cost of $417,000 over three years. (See Exhibit A.14.a)

Exhibit A.14.a
Annualized Costs of PRC Data Collection

Cost Category	Title (Count)	Description	Percent Effort and Average Annual Salary	Cost
Federal Personnel	Team Leader (1)	Process and reporting oversight	50% FTE @ $113,000/year	$56,500
	Health Scientist (1)	Process and reporting oversight	15% FTE @ $90,000/year	$13,500
	Health Scientists (2)	Process oversight	10% FTE @ $93,000/year	$18,600
			Subtotal , Federal Personnel	*$88,600*
Fellows	ASPPH Fellow (2)	Data abstraction and validation	13 hours @ $22/hour	$572
	ORISE Fellow (2)	Data abstraction and validation	13 hours @ $24/hour	$624
			Subtotal, Fellows	*$1,196*
Contractors	Health Research Analyst (1)	Reporting	10% FTE @ 110,000/year	$11,000
	Database Analyst (1)	PRC Program web-based system development and maintenance; data management	100% FTE @ $128,000/year	$128,000
			Subtotal, Contractors	*$139,000*
			Total, Federal Personnel, Fellows, and Contractors	**$228,796**

A.15 Explanation for Program Changes or Adjustments

In the previous OMB approval period, the annualized burden was 204 hours for 74 responses. The current request is for 1299 hours for 43 responses, an overall increase of 1095 hours for fewer respondents.

The PRC Program is discontinuing the use of one web-based survey and replacing it with an enhanced web-based data collection system. The burden per web-based response is increasing because the evaluation plan was expanded to better match the current funding announcement and better accommodate PRC Program needs. This resulted in revisions to the PRC Program evaluation indicators and an increase in the number of questions in the web-based data collection system, as described in Section A.1. This additional reporting is seen as a more accurate reflection of the PRCs' accomplishments by both the awardees and the PRC Program. The PRC Program is discontinuing the annual telephone interview and replacing it with less frequent key informant interviews that include different questions about PRC Network formation and cohesion. Overall, the number of responses is decreasing because of a reduction in the number of awardees and a reduction in interview frequency. In addition to increases in the number of questions in the web-based data collection system, there is a net increase in estimated burden due

to a more comprehensive assessment of the preparation time required to complete web-based data collection and to participate in interviews.

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

For annual reporting purposes, information collected through the web-based data collection system will be analyzed using descriptive statistics such as percentages, ranges, means, and medians. The CDC will not use complex statistical methods to analyze quantitative data for annual reporting purposes. Example statements include:

- Across all PRCs, a total of 800 peer-reviewed journal articles were submitted during the past calendar year, ranging from 0 – 30 articles per PRC.
- All PRCs were awarded funds to support other research projects, for a total of 200 other-funded research projects.

The PRCs are funded for 12 consecutive months from September 30 – September 29 of each year. Information collected through the web-based data collection system will be disseminated annually through internal CDC documents, as well as in fact sheets and special reports for both internal and external consumption.

Data will be collected from the PRCs throughout the funding year, since the web-based data collection system will be open for data entry year-round. Exhibit A.16.a shows the timeline for funding year 1 data collection, analysis, and reporting. The timeline will be altered for the remaining years of the current funding cycle, since the web-based data collection system will be accessible year-round.

Exhibit A.16.a
Project Time Schedule

Activity	Time Schedule
Send guidance documents to the PRCs and conduct webinars to demonstrate web-based collection system navigation	1 week after OMB approval
Web-based data collection	1 – 2 months after OMB approval
Review and validate quantitative data	3 months after OMB approval
Aggregate data	4 months after OMB approval
Draft annual reports	5 months after OMB approval

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

The OMB approval expiration date will be displayed on the landing page of the web-based data collection system and will be accessible at all times. The expiration date will also be present on the first page of guidance for the KIIs.

A.18 Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.