

## **Capacity Building Assistance Program: Assessment and Quality Control**

### **Attachment 15**

#### **CBA Key Informant Interview Email**

Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-New)

Good morning/afternoon [name]:

The Capacity Building Branch of the Division of HIV/AIDS Prevention is currently conducting an assessment of the Capacity Building Assistance (CBA) program to see how satisfied recipients of CBA services are with the program as well as the outcome of this type of support.

As part of this assessment, we will be conducting one-on-one interviews with HIV service providers like you to talk about your experiences with the CBA program. The feedback from these interviews will be used to make the CBA program a better service for our country's HIV service providers. The findings will be reported in summary, with no reference to the specific individuals who participated. These interviews should last no longer than 30 minutes.

As a recent recipient of [training or TA title], you are uniquely situated to offer insights into the improvement of the CBA program. I would like to invite you to participate in an interview. If you are interested in participating, please select one of the following scheduling opportunities. Following your selection you will receive a confirmation email with the dial-in number and code to a secure conference line which you will use at the time of your interview.

Available Interview Times:

- Date, Time A
- Date, Time B
- Etc.

Your participation in the assessment is completely voluntary, and failure to participate will not jeopardize your employment or CDC funding of your organization.

Thank you, and please let us know if you have any questions,

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