PERFORMANCE PROGRESS AND MONITORING REPORT (PPMR)

PART A: JUSTIFICATION

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- The Centers for Disease Control and Prevention (CDC), and the Office of Financial Resources (OFR) is dedicated to improvement of public health. Each year the CDC distributes funds via contracts, grants, and cooperative agreements, from our office to partners throughout the world to promote health, prevent disease, injury and disability and prepare for new health threats. We are responsible for the stewardship of these funds while providing excellent, professional services to our partners and stakeholders. Sampling methods will not be employed.

- Awardees receive CDC funding to implement a variety of public health strategies and activities. CDC plans to collect information related to each awardee's strategies and activities, and the process and outcome performance measures outlined by the cooperative agreement program. In addition, CDC will also collect information to assess the risk associated with selection of potential awardees.

- Information will be collected quarterly, semiannually or annually as part of the Awardee's progress report, or one time for potential awardees, as indicated in the Awardees Notice of Award. Information will be used to monitor Awardee progress towards project goals and objectives, for quality improvement, to determine the risk associated with selection of, as well as the capabilities of each potential Awardee, and to respond to inquiries from the Department of Health and Human Services, Congress, and other sources.

- Information will be collected through an Excel-based Performance and Budget Reporting System comprised of a Work Plan Tool and a Budget Tool.

- Information may be entered by the contractor into the information collection tool electronically. Awardee strategies and activities and progress toward annual and project period objectives will be analyzed to inform technical assistance needs and areas for improvement across programs.

The Centers for Disease Control and Prevention (CDC) seeks OMB approval to collect performance information from recipients and potential recipients of CDC funds awarded under CDC programs, excluding those that support research. OMB approval is requested for the first 3 years of the cooperative agreement project periods. Awardees will report progress and activity information to CDC on a set schedule as determined in the Notice of Award, using a fillable PDF Performance Progress and Monitoring Report (PPMR) collection form. Information collected as part of interim progress reports is used by agency staff to: (a) monitor federal awards and ensure compliance with applicable terms and conditions of award, regulations, policies and procedures, (b) monitor progress in accord

with goals, aims and objectives set forth in competing applications, (c) monitor grantee plans for the next budget period and any significant changes, (d) manage programs, (e) plan future initiatives, (f) determine funding for the next budget segment, (g) understand the risks associated with selection of a particular Awardee, and (h) report to Congress, the public and other Federal agencies. Information to be collected will improve CDC-Awardee communications, strengthen CDC's ability to monitor Awardee progress, provide data-driven technical assistance, and collect budget data to ensure proper disbursement of awarded funds.

A. JUSTIFICATION

1. Circumstances Making the Collection of Information Necessary

Each year, approximately 80% of the Centers for Disease Control and Prevention's (CDC) budget is distributed via contracts, grants and cooperative agreements, from the Office of Financial Resources (OFR) to partners throughout the world to promote health, prevent disease, injury and disability and prepare for new health threats. PGO is responsible for the stewardship of these funds while providing excellent, professional services to our partners and stakeholders.

Currently, CDC does not have a standard performance reporting mechanism available for all programs. Individual programs within CDC have approval to collect information from Awardees regarding the progress made over specified time periods on CDC funded projects. The SF-PPR (OMB Control Number: 0970-0406, Expiration Date: 10/31/2015) is an OMB-approved information collection that is owned by the Administration for Children and Families (ACF) within the Department of Health and Human Services (HHS). This New ICR is being developed by CDC to create a CDC-wide collection tool called the Performance Progress and Monitoring Report (PPMR) that is based on the SF-PPR, and will be used to collect data on the progress of CDC Awardees for the purposes of monitoring, and to bring the Awardee reporting procedure into compliance with the Paperwork Reduction Act (PRA).

CDC's authority to conduct these activities is authorized by the Public Health Service Act (42 U.S.C. 242), and Public Welfare Act (45 CFR 75.301) (**Attachments 1, 2**). The overarching goal of this cooperative agreement program is to improve public health programs and systems for achieving measurable health impact.

The Office of Financial Resources (OFR) Office of Grants Services (OGS) is responsible for the stewardship of CDC's financial assistance funds while providing excellent, professional services to our partners and stakeholders. OFR plays a vital role in furthering CDC's mission of creating expertise, information, and tools that people and communities need to protect their health, and to help ensure that our customers are able to accomplish their vital public health missions. In order for OFR to be successful in its mission, CDC Awardees

must also progress towards meeting performance measures and goals. CDC requests OMB approval to collect information from these Awardees to monitor their progress and assist each Awardee in achieving their goals and objectives. Awardees will monitor and report progress on the PPMR tool (**Attachment 4 A-G**).

CDC plans to begin using the proposed performance monitoring tools immediately upon receipt of OMB approval.

2. Purpose and Use of the Information Collection

The information collected will enable the accurate, reliable, uniform and timely submission to CDC of each awardee's work plans and progress reports, including strategies, activities and performance measures. The information collected by the PPMR is designed to align with and support the goals outlined for each of the CDC Awardees. Collection and reporting of the information will occur in an efficient, standardized, and user-friendly manner that will generate a variety of routine and customizable reports. The PPMR will allow each Awardee to summarize activities and progress towards meeting performance measures and goals over a specified time period specific to each award. CDC will also have the capacity to generate reports that describe activities across multiple Awardees. In addition, CDC will use the information collection to respond to inquiries from HHS, Congress and other stakeholder inquiries about program activities and their impact.

There are significant advantages to collecting information with these reporting tools:

- The information being collected provides crucial information about each Awardee's work plan, activities, partnerships and progress over the award period.
- Awardees will have the capacity to enter updates on an ongoing basis, facilitating real time communication with and interim review by CDC, resulting in more timely technical assistance. The ability to enter updates as activities occur may also result in more complete enumeration of funded efforts.
- Capturing the required information uniformly will allow CDC to formulate ad hoc analyses and reports.
- Information captured in the OFR Risk Assessment Questionnaire will be used to assess the risk posed by a grant applicant prior to making an award of federal funds.

CDC will use the information collected to monitor each Awardee's progress and to identify facilitators and challenges to program implementation and achievement of outcomes, as well as to identify the potential risks posed – both financially and in their ability to comply with FOA requirements - by grant applicants as stewards of CDC's financial assistance funds. Monitoring allows CDC to determine whether an Awardee is meeting performance and budget goals and to make adjustments in the type and level of technical assistance provided to them, as needed, to support attainment of their performance measures.

Monitoring and assessment of activities also allows CDC to provide oversight of the use of Federal funds. Finally, the information collection will allow CDC to monitor the increased emphasis on partnerships and programmatic collaboration, and is expected to reduce duplication of effort, enhance program impact and maximize the use of Federal funds.

The PPMR tool will allow potential awardees to submit information to permit agency consideration of the potential risk posed by an applicant, awardees to fulfill their semi-annual reporting in an efficient manner by employing user-friendly instruments to collect necessary information for annual progress reports and continuation applications including work plans. This approach, which enables Awardees to save pertinent information from one reporting period to the next, will reduce the administrative burden on the yearly continuation application and the progress review process. Awardee program staff will be able to review the completeness of data needed to generate required reports, enter basic summary data for reports at least annually, and finalize and save required reports for upload into other reporting systems as required. CDC will use the results of this information collection to assess the model for future program reporting efforts.

3. Use of Improved Information Technology and Burden Reduction

CDC has developed the Performance Progress and Monitoring Report (PPMR) based on the SF-PPR Form (OMB No. 0920-1059, expiration date 10/31/2015) that is currently approved for use by HHS for the purposes of progress reporting and assessment. As use of Excel, Word and similar Microsoft products is common, these interfaces will provide CDC Awardees with a user-friendly platform that will require very little training. CDC Awardees can use previously developed templates to record and update information. Awardees will submit their PPMR, which can include tailored Excel spreadsheets, and Word documents as Attachments by uploading them at www.grants.gov.

The PPMR tool will improve information quality by minimizing errors and redundancy. Having all of the information collected in the same place in the same manner will reduce the level of burden attributable to redundancy and reduce the workload to enter and maintain the data. Programs will be able to transfer data from one year to another to minimize data re-entry.

Other elements such as Awardee plan requirements for the area of emphasis in each award type, data reporting and the terms that are used to define similar data requirements often vary greatly from one Awardee to another. With the PPMR tool, the use of a standard set of data elements, definitions and specifications at all levels will help to improve the quality and comparability of performance information that is received by CDC for multiple Awardees and multiple award types. Further, standardization will enhance the consistency of plans and reports, enable cross-program analysis, and will facilitate a higher degree of reliability by ensuring that the same information is collected on all strategies and performance measures.

4. Efforts to Identify Duplication and Use of Similar Information

The collection of this information is part of a Federal reporting requirement for funds received by Awardees. The PPMR tool will consolidate information necessary for both continuation applications and progress reports so that information entered once can be used to generate multiple types of reports without having to duplicate efforts. The information collected from Awardees is not available from other sources

5. Impact on Small Businesses or Other Small Entities

No small businesses will be involved in this data collection.

6. Consequences of Collecting the Information Less Frequently

Reports will be collected in accordance with program guidance and award terms and conditions which may be quarterly, semi-annual, or annual. Less frequent reporting would undermine accountability efforts at all levels and negatively impact monitoring Awardee progress. The annual reporting schedule ensures that CDC responses to inquiries from HHS, the, Congress and other stakeholders are based on timely and up-to-date information.

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

This request fully complies with the regulation 5 CFR 1320.5.

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

A. Federal Register Notice
A 60 Day Federal Register Notice was published in the Federal Register on November 5, 2015 (**Attachment 3**). No public comments have been received.

B. Other Consultations
The data collection instruments were designed collaboratively by CDC staff. Consultation will continue throughout the implementation process. There were no external consultations.

9. Explanation of Any Payment or Gift to Respondents

Respondents will not receive payments or gifts for providing information.

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

OADS Staff have reviewed this Information Collection Request and have determined that the Privacy Act is not applicable. The data collection does not involve collection of sensitive or identifiable personal information. Although contact information is obtained for each Awardee, the contact person provides information about the organization, not personal information. No system of records will be created under the Privacy Act.

Information will be collected from Awardees using Excel and Word-based reporting tools. Awardees will submit a completed PPMR by uploading them at www.grants.gov in accordance with program guidance and award terms and conditions. CDC's data management contractor will enter the files into an Access database to facilitate grantee-specific and aggregate analysis. Data placed into the system produces reports as PDFs that awardees can use to upload into other reporting systems as required. This procedure satisfies routine cooperative agreement reporting requirements. Data entry can occur on a real-time basis. As a result, the reporting tools can also be used for ongoing program management, and support more effective, data-driven technical assistance to Awardees. Each Awardee is required to complete the PPMR that at a minimum includes:

- Awardee information (Recipient Organization name, EIN, Project/Grant Period,
- Performance Narrative
- Performance Measures, Objectives/Goals
- Activity Descriptions
- Tools for Measurement
- Benchmark/Outcome Measures
- Expenditures

Awardees will use the information collection tools (templates) to enter information about their personnel, work plan strategies, performance measures, milestones and activities, resources, budget, and assessment plans. The tool will also collect information about the staffing resources dedicated by each awardee as well as partnerships with external organizations.

The PPMR tool supports the collection and reporting of information that will be used by CDC to 1) help assess the progress that is being made by CDC's partners, 2) determine the impact of funding, and 3) describe and enhance opportunities for collaborative efforts and partnerships. Information reported to CDC will be accessible to CDC Project Officers and CDC's data management contractor. Having all this information in a single and secure database will allow CDC Project Officers to search across multiple programs, help ensure consistency in documenting progress and technical assistance, enhance accountability of

the use of federal funds, and provide timely reports as frequently requested by HHS and Congress.

The Performance Monitoring and Budget Reporting Tool will collect a limited amount of information in identifiable form (IIF) for key program staff (e.g., Program Director). However, no personal contact information will be collected. All data will be reported in aggregate form, with no identifying information included. Because data is maintained in a secure, password protected system, and information will be reported in aggregate form, there is no impact on respondent privacy.

Awardees are required to provide data as a condition of cooperative agreement funding.

While consent is not required to report aggregate data, Awardee consent will be obtained if specific state data is used for publications, reports or other publicly disseminated information.

Aggregated information will be stored on an internal CDC SQL server subject to CDC's information security guidelines. The reporting tools will be hosted on OFR's Intranet Application platforms, which undergo security certification and accreditation through CDC's Office of the Chief Information Security Officer. CDC staff, technical assistance, and training contractors will have varying levels of access to the system with role-appropriate security training, based on the requirements of their position(s).

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

The proposed Performance Progress and Monitoring Report (PPMR) does not collect sensitive information.

12. Estimates of Annualized Burden Hours and Costs

A. Estimated Annualized Burden Hours

Currently, OFR/OGS estimates there are 4,000 Non-Research Awardees. Of these, it is estimated that approximately 20% use OMB-approved forms. The remaining 3,200 Awardees will use the new PPMR tool. Each Awardee will report information to CDC about their activities, progress, performance measures and budget. The proposed information collection instrument that will be used is entitled Performance Progress and Monitoring Report (PPMR) (**Attachment 4 A-G**). The estimated burden per response is two (2) hours to complete each PPMR for Awardees (Attachments A-F). The estimated burden per response is 10 minutes to complete each PPMR for Applicants (Attachments G). Over the three-year requested approval period of this information collection request, the total estimated annualized burden for the 3,200 current Awardees and 1,632 Award Applicants is 6,400 and 136 hours, respectively, as summarized in Table A.12-A.

Table A.12-A. Estimated Annualized 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)
CDC Award Recipients	Performance Progress and Monitoring Report (PPMR) – Attachment A-F	3,200	1	120/60	6,400
CDC Award Applicants	Performance Progress and Monitoring Report (PPMR) – Attachment G	1,632	1	5/60	136
Total					6,536

B. Estimated Annualized Cost to Respondents

Estimates for the average hourly wage for respondents are based on the U.S. Department of Labor Bureau (DOL) of Labor Statistics May 2014 National Occupational Employment and Wage Estimates (http://www.bls.gov/oes/current/oes_nat.htm). Based on DOL data, the average hourly wage for a Program Director is estimated to be $37.88 . The total estimated annualized cost is as summarized in Table A.12-B.

Table A.12-B. Estimated Annualized Cost to Respondents

Type of Respondents	Total burden (in Hours)	Average Hourly Wage	Total Cost
CDC Award Recipients	6,400	$37.88	$242,432.00
CDC Award Applicants	136	$37.88	$5,151.68
Total			$247,583.68

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

No capital or maintenance costs are expected. Additionally, there are no start-up, hardware or software costs.

14. Estimates of Annualized Cost to the Federal Government

A. Development, Implementation, and Maintenance
The average annualized cost to the Federal Government is $830,916, as summarized in Table A.14-A. Major cost factors for tool development include application design and development costs and system maintenance costs.

Table A.14-A. Annualized Cost to the Federal Government

Cost Category	**Total**
CDC Personnel	
• 8 - Grants Management Specialists(GS12 x 1% Annual Salary)	$6,733
• CIO-level Project Officers (GS13)	$230,160
• Project Management Office (GS15, GS14, 4 x GS12)	$594,023
Subtotal, CDC Personnel	
Total	$830,916

15. Explanation for Program Changes or Adjustments

Addition of Attachment G–OFR Risk Questionnaire, will permit CDC to gather data from grant applicants in order to effectively and efficiently assess the risk posed by a grant applicant prior to making an award of federal funds. Completion of the OFR Risk Questionnaire will not be required of all applicants. Completion of the PPMR Attachment G – OFR Risk Questionnaire results will add 136 Burden Hours to the previously approved 0920-1132 PPMR collection.

16. Plans for Tabulation and Publication and Project Time Schedule

A. Time schedule for the entire project
OMB approval is being requested for three years. Reports will be generated by the awardees per the FOA requirements. Data collection began with the awarding of the grants and will continue throughout the funding cycle.

B. Publication plan
Information collected by the Awardees will be reported in internal CDC documents and shared with state-based programs.

C. Analysis plan

CDC will not use complex statistical methods for analyzing information. All information will be aggregated and reported with no program identifiers present in external documents.

Most statistical analyses will be descriptive.

A.16 - 1 Project Time Schedule

Activity Time Schedule	
Notification of Tool Availability	Immediately upon OMB approval
User Training	Immediately upon OMB approval and ongoing through expiration date
Data Collection	1-36 months after OMB approval
Data Publication	Once annually
Data Analysis	1-36 months after OMB approval

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

The Performance Progress and Monitoring Report (PPMR) Forms will display the expiration date for OMB approval.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification statement.