

Change Request
National HIV Surveillance System (NHSS) OMB # 0920-0573

**Summary of Proposed Changes in the ICR for
Perinatal HIV Exposure Reporting for National HIV/AIDS Surveillance**

Summary of Changes

We are requesting a non-substantial change to the information collection request (ICR) for the National HIV Surveillance System (NHSS) OMB #0920-0573. Specifically we are requesting a change to the annual performance report (APR) to align with our new period of funding under a new cooperative agreement. NHSS was funded by PS13-1302 which ended as of December 31, 2017. As of January 2018, health departments reporting surveillance data as part of the NHSS are funded under PS18-1802 Integrated Human Immunodeficiency Virus (HIV) Surveillance and Prevention Programs for Health Departments. The notice of funding opportunity (NOFO) announcement and related resource materials can be found at <https://www.cdc.gov/hiv/funding/announcements/ps18-1802/index.html>.

This new cooperative agreement integrates funding for HIV surveillance and prevention for health departments to implement a comprehensive HIV surveillance and prevention program to prevent new HIV infections and achieve viral suppression among persons living with HIV. PS 18 1802 requires the recipients to report annually on progress made during the reporting period (Annual Performance Report). For PS 18 1802 health departments will begin reporting their progress using the currently approved Performance Progress and Monitoring Report (PPMR) form OMB #0920-1132 expiration (08/31/2019) provided in **Attachment 1** for this request. Using this form will simplify annual progress reporting for health departments and will be a familiar format for health departments who may be using this form for annual program reporting under other CDC cooperative agreements. We anticipate using the revised version of the form if revised in 2019. Programs will submit the PPMR information electronically through www.grantsolutions.gov and we anticipate having 60 responses per year and will track responses received using the PPMR form.

We have removed the line item in the burden table for the APR. Removal of the line item for the APR in our burden table reduces the overall burden from 50,504 to 48,026. Exhibit 12.A provides the current burden table for this ICR with changes tracked.

Exhibit 12.A Estimates of Annualized Burden Hours

Type of Respondent	Form Name	No. of Respondents	No. of Responses per Respondent	Total No. of Annual Responses	Avg. Burden per Response (in hours)	Total Annual Burden (in hours)
Health Departments	Adult HIV Case Report(att 3a, 3c, 4a)	59	1,061	62,599	20/60	20,866
Health Departments	Pediatric HIV Case Report (att 3b, 3c, 4b)	59	5	295	20/60	98
Health Departments	Case Report Evaluations (att 3a, 3b, 3c)	59	107	6,313	20/60	2,104
Health Departments	Case Report Updates (att 3a, 3b, 3c, 4a, 4b)	59	1,576	92,984	2/60	3,099
Health Departments	Laboratory Updates (att 3a, 3b, 3c, 4a, 4b)	59	6,303	371,877	1/60	6,198
Health Departments	HIV Incidence Surveillance (HIS) (att 3a, 3c, 4c)	25	2,288	57,200	10/60	9,533
Health Departments	Molecular HIV Surveillance (MHS) (att 3a, 3b, 3c, 4a, 4d)	53	829	43,937	5/60	3,661
Health Departments	Perinatal HIV Exposure Reporting (PHER) (att 3c, 3d, 4b)	35	114	3,990	30/60	1,995
Health Departments	Annual Reporting: Standards Evaluation Report (SER) (att 3e)	59	1	59	8	472
Total						48,026

Note: The estimates of total annualized burden hours are based on the estimated total number of case reports (i.e., Total No. Annual Responses) expected to be completed by state and local health departments each year (see narrative for description).

Attachment 1.

Performance Progress and Monitoring Report (PPMR) form OMB #0920-1132 expiration (08/31/2019)

PERFORMANCE PROGRESS and MONITORING REPORT (PPMR)

OMB Control #0920-1132 Expiration: 08/31/2019

		Page	of Pages
1. Federal Agency and Organization Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned by Federal Agency	3a. DUNS Number	
		3b. EIN	
4. Recipient Organization (Name and complete address including zip code)		5. Recipient Identifying Number or Account Number	
6. Project/Grant Period Start Date: (Month, Day, Year)	End Date: (Month, Day, Year)	7. Reporting Period End Date (Month, Day, Year)	8. Final Report? <div style="display: flex; align-items: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>
		9. Report Frequency <input type="checkbox"/> annual <input type="checkbox"/> semi- <input type="checkbox"/> annual <input type="checkbox"/> quarterly other (If other, describe: ----- -----)	
10. Performance Narrative (attach performance narrative as instructed by the awarding Federal Agency)			
11. Other Attachments (attach other documents as needed or as instructed by the awarding Federal Agency)			
12. Certification: I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purposes set forth in the award documents.			
12a. Typed or Printed Name and Title of Authorized Certifying Official		12c. Telephone (area code, number and extension)	
		12d. Email Address	
12b. Signature of Authorized Certifying Official		12e. Date Report Submitted (Month, Day, Year)	
13. Agency use only			

Public reporting burden of this collection of information is estimated to average 2 hours 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.

Performance Progress and Evaluation Report (PPER) Instructions

The *Performance Progress and Evaluation Report (PPER)* is a standard, CDC-wide performance progress and evaluation reporting format used by the Procurement and Grants Office (PGO) to collect performance information from recipients of CDC funds awarded under all CDC programs, excluding those that support research. General instructions for completing the *PPER* are contained below. For further instructions on completing the *PPER*, please contact the agency's points of contact specified in the "Agency Contacts" section of your award document.

Report Submissions

1. The recipient must submit the *PPER* cover page and any of the forms (*PPER A-F*), which CDC requires, as specified in the award terms and conditions.
2. The *PPER* must be submitted to the attention of the agency's points of contact specified in the "Agency Contacts" section of the award document in accordance with the requirements established in the award document.
3. If additional space is needed to support the *PPER*, supplemental pages should be attached. The additional pages must indicate the following at the top of each page: Federal Grant or other Identifying Award Number, Recipient Organization, DUNS Number, EIN, and period covered by the Report. Page numbers should be used if a particular page is used more than once.

Reporting Requirements

1. All recipients of grants or cooperative agreements awarded under all CDC programs, excluding those that support research, are required to submit a *PPER* in accordance with the terms established in the award document.
2. The *PPER* will be submitted in accordance with program guidance and award terms and conditions which may be quarterly, semi-annual, or annual. A final *PPER* shall be required at the completion of the award agreement.
3. For interim *PPERs*, due dates will be in accordance with program guidance based on required reporting frequency and budget period start dates.
4. For final *PPERs* due dates are required not later than 90 days after the end of the reporting period end date.

Performance Progress and Evaluation Report

Item	Data Elements	Line Item Instructions for PPER
1	Awarding Federal agency and Organizational Element to Which Report is Submitted	Enter the name of the awarding Federal agency and organizational element identified in the award document or otherwise instructed by the agency. The organizational element is a sub-agency within an awarding Federal agency.
2	Federal Grant or Other Identifying Number Assigned by the awarding Federal agency	Enter the grant/award number contained in the award document.
3a	DUNS Number	Enter the recipient organization's Data Universal Numbering System (DUNS) number or Central Contract Registry extended DUNS number.
3b	EIN	Enter the recipient organization's Employer Identification Number (EIN) provided by the Internal Revenue Service.
4	Recipient Organization	Enter the name of recipient organization and address, including zip code.
5	Recipient Account Number or Account Number	Enter the account number or any other identifying number assigned by the recipient to the award. This number is strictly for the recipient's use only and is not required by the awarding Federal agency.
6	Project/Grant Period	Indicate the project/grant period established in the award document during which Federal sponsorship begins and ends. Note: Some agencies award multi-year grants for a project/grant period (e.g., 5 years) that are funded in increments known as budget periods or funding periods. These are typically annual increments. Please enter the project/grant period, not the budget period or funding period.
7	Reporting Period End Date	Enter the ending date of the reporting period. For quarterly, semi-annual, and annual reports, the following calendar quarter reporting period end dates shall be used: 3/31; 6/30; 9/30; and or 12/31. For final PPRs, the reporting period end date shall be the end date of the project/grant period. The frequency of required reporting is usually established in the award document.
8	Final Report	Mark appropriate box. Check "yes" only if this is the final report for the project/grant period specified in Box 6.
9	Report or Frequency	Select the appropriate term corresponding to the requirements contained in the award document. "Other" may be used when more frequent reporting is required for high-risk grantees, as specified in OMB Circular A110.
10	Performance Narrative	Attach performance narrative as instructed by the awarding Federal agency.
11	Other Attachments	Attach other documents as needed or as instructed by the awarding Federal agency.

Performance Progress and Evaluation Report

Item	Data Elements	Line Item Instructions for PPER
Remarks, Certification, and Agency Use Only		
12a	Typed or Printed Name and Title of Authorized Certifying Representative	Authorized certifying official of the recipient.
12b	Signature of Authorized Certifying Official	Original signature of the recipient's authorizing official.
12c	Telephone (area code, number and extension)	Enter authorized official's telephone number.
12d	Email Address	Enter authorized official's email address.
12e	Date Report Submitted (Month, Day, Year)	Enter date submitted to the awarding Federal agency. Note: Report must be received by the awarding Federal agency no later than 90 days after the end of the reporting period.
13	Agency Use Only	This section is reserved for the awarding Federal agency use.