

PERFORMANCE PROGRESS AND MONITORING REPORT (PPMR)

PART A: JUSTIFICATION

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List of Attachments

1. Public Health Service Act 42 U.S.C. 242
2. Public Welfare Act 45 CFR Part 75.301 - Uniform Administrative Requirements, Cost Principles and Audit Requirements for HHS Awards
3. 60 Day Federal Register Notice
4. Performance Progress and Monitoring Report (PPMR)

- 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. CDC is responsible for the stewardship of these funds while providing excellent, professional services to our partners and stakeholders. The Performance Progress and Monitoring Report (PPMR) will collect performance information from recipients of CDC funds awarded under CDC programs. 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 budget, strategies and activities, and the process and outcome performance measures outlined by the cooperative agreement program. CDC plans to widen use of the collection to allow additional CDC partners to submit via the PPMR mechanism, and to allow these partners to submit information related to evaluation directly to those who evaluate the work that is done on behalf of CDC at the Program level.
- Information will be collected quarterly, semiannually or annually as part of the Awardee's progress report, as indicated in the Awardees Notice of Award. Information will be used to monitor Awardee progress towards project goals and objectives, for quality improvement, and to respond to inquiries from the Department of Health and Human Services, Congress, and other sources.
- Information may now be entered by the contractor/partner 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.

Overview

The Centers for Disease Control and Prevention (CDC) seeks OMB approval to collect performance information from recipients of CDC funds awarded under CDC programs, excluding those that support research. OMB approval is requested for three years to allow CDC to collect information from Awardees during the course of their 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 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, and (g) 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. OFR is responsible for the stewardship of these funds while providing excellent, professional services to our partners and stakeholders.

While some individual programs within CDC had approval to collect information from Awardees regarding the progress made over specified time periods on CDC funded projects, CDC did not have a standard performance reporting mechanism available for all programs. The SF-PPR (OMB Control Number: 0970-0406, Expiration Date: 10/31/2015) was an OMB-approved information collection owned by the Administration for Children and Families (ACF) within the Department of Health and Human Services (HHS) that was used by CDC until it expired and was discontinued. The Performance Progress and Monitoring Report (PPMR) was developed by CDC to create a CDC-wide collection tool that is based on the SF-PPR, and has been 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, Awardees must also progress towards meeting performance measures and goals. CDC monitors Awardees' progress using the PPMR tool (**Attachment 4 A-G, Attachment 1 a-e**), and assists each Awardee in achieving their goals and objectives.

CDC plans to continue use of the revised 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.

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. 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 awardees to fulfill their project 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 had previously developed the Performance Progress and Monitoring Report (PPMR) (OMB Control No. 0920-1132 Expiration Date 8/31/2019) based on the SF-PPR Form (OMB Control Number. 0920-1059, Expiration Date 10/31/2015). This Revision request will permit CDC programs to provide the PPMR to awardees in electronic formats, such as pdf, Excel, and Word, or on a website for direct filling online. As use of such 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 by uploading them at 1) www.grants.gov, 2) via email, or 3) via secure server.

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 May 8, 2019 (**Attachment 3**). One public comment was received. No changes were made to the information collection instruments of supporting documentation.

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

Office of Science (OS) 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 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.

This Revision request seeks to add additional mechanisms for collection of information. Under the previous OMB-approval, Awardees used Excel and Word-based reporting tools, and submitted 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 could 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 is required. The addition of direct online data entry via a secure survey will increase efficiency for both awardees and CDC. 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.

The additional methods involve Awardees submitting PPMR data via grantsolutions.gov, a federally identified web portal via an approved cloud-based software as a service (SaaS) platform specified in accordance with the requirements of FITARA and Section A of OMB Circular M-15-14: Management and Oversight of Federal Information Technology such as the Awards Management Platform (amp.cdc.gov), or via direct email to their Project Officer or other designated program contact. Fillable PDF and Excel-based reporting tools have been developed that would allow Awardees to submit PPMR-related information directly to CDC via email. There are several safeguards in place to handle data. Data will be stored and managed based on current CDC/OCISO (Office of the Chief Information Security Officer) requirements and standards (attachment 17). This includes protecting stored data within the CDC Internet Firewall. The data are stored and managed based on current CDC/OCISO requirements and standards which also includes the process for handling security incidents and the event monitoring and incident response. All administrative controls required by OCISO are validated through a "Certification and Authorization" (C&A) process as conducted by OCISO prior to moving any software application into "Production" on the CDC network.

The system security plan is included in the OCISO C&A process and the contingency (or backup) plan for this information collection, (as mandated by OCISO), is to manage this information from a pre-determined OCISO approved off-site location.

Files are backed up daily and stored both onsite and offsite in accordance with CDC standards and OCISO guidelines. Contractors who operate and use the system are managed

via the “CDC Information Management Services” (CIMS) contract which requires signed confidentiality agreements. All users’ access is “role based” and reflects a “need to know” policy established by CDC. Accountability is maintained with a user access log file which tracks users’ access to the system. Records will be retained and destroyed in accordance with the applicable CDC Records Control Schedule as mandated by OCISO.

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 named 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

IRB Review:

This information collection is associated with programmatic monitoring and evaluation, It was determined that IRB oversight is not required. An approval signature was obtained from the Associate Director of Science for the Office of Science.

Justification for Sensitive Questions:

The proposed Performance Progress and Monitoring Report (PPMR) does not collect sensitive information. Respondents are Awardees of CDC funds who are participating in their official capacity as health professionals.

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, Attachment 1 a-e**). The estimated burden per response is two (2) hours to complete each PPMR. Use of the new direct submission method to CDC evaluators could add as many as 2,000 estimated responses to the current package. Over the three-year requested approval for this Revision, the total estimated annualized burden is 13,014 hours, 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) – Att. A-F	5,200	1	2	10,400

CDC Award Recipients	Performance Progress and Monitoring Report (PPMR) – Att. G	1,632	1	5/60	136
NHSS Award Recipients	Performance Progress and Monitoring Report (PPMR) – Att. A-F	60	1	41	2,478
Total					13,014

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	13,014	\$37.88	\$492,970
Total			\$492,970

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 \$754,083, 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	
<ul style="list-style-type: none"> • 8 - Grants Management Specialists (GS12 x 1% Annual Salary) \$7,113 • CIO-level Project Officers (GS13) - OFR \$105,719 • 13 - CIO-level Project Officers (GS13 x 1% Annual Salary) \$13,743 • Project Management Office (GS15, GS14, 4 x GS12) \$627,508 	
Subtotal, CDC Personnel	
Total	\$754,083

15. Explanation for Program Changes or Adjustments

This Revision Request to the OMB–approved collection adds an estimated 4,000 Burden Hours. While the average Burden per response will remain unchanged, the increase in overall Burden Hours is the result of an estimated increase in Awardees who will be able to provide PPMR data using the added templates, and to submit directly to their Project Officer or other designated program contact.

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.