ATTACHEMENT 2e: NCBDDD DMP Template

Form Approved OMB NO: 0920-xxxx Exp. Date: X/XX/XXXX

## **NCBDDD Data Management Plan**

Project Identifier:	Project Title:			
SEQ NO:	ESC #:	Publisher:	Contact:	
Bureau Code: 009:20	Program Code: Nat	rional Center on Birth Defe	cts and Developmental Disabilit	<mark>ies</mark>
Description:		Population R	epresented	
Records	Funding 5	Start	Funding End	
Disposition Date: Date	(mm/yy)		Date (mm/yy):	
☐ PII Public Access Level:			Project Status:	
Project Status:				
Ongoing Collection	File Format:	Project Type:		
☐ Data Access MOU	Confidentiality:	Countr	у:	
SAA Status:			Data Types:	
File location:		Access URL:		
icense:		Rights:		
Spatial:		Years of Data		Applicability

Public reporting burden of this collection of information is estimated to average 60 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: PRA (0920-xxxx)

## **Data Dictionary**

Division Rep to Governance	Clearance Date:
Division ADS	Clearance Date:
Center ADS	Clearance Date:
Center IT Lead	Clearance Date:

Tuesday, June 20, 2017

Revised 8/9/2019