

Attachment K- Post-information Collection Follow up Email

Form Approved

OMB No: 0920-xxxx

Exp. Date: xx-xx-xxxx

Dear *[NAME]*,

Thank you for your participation in the *[telephone interview or focus group]* for the evaluation of the Overdose Data to Actions (OD2A) program.

The data collected from this evaluation will be used by the CDC to:

- Provide crucial data highlighting the value of different programmatic components of OD2A (e.g., strategies and activities) in preventing drug overdose;
- Complete a valid program implementation evaluation of the OD2A program; and,
- Improve implementation of OD2A components.

As a reminder, any information you provided during our conversation will be kept secure and no information or quotes will be publicly linked to you. After transcription and analysis of our conversation is complete, the recording will be deleted, and no personal identifiable information will be retained. All data will be reported in aggregate form within all reports and publications.

Once data collection, analysis, and reporting are completed in *[SEASON YEAR]*, we will disseminate results to all respondents.

If you have any questions, please contact *[INSERT CDC POC NAME AND TITLE]*.

Thank you so much for your time and effort.

Warm regards,

[NAME]

Public Reporting burden of this collection of information is estimated at 5 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 NW, MS D-74, Atlanta, GA 30333; Attn: PRA (0920-xxxx).

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