

Attachment 6b: CRCCP Quarterly Program Update Pre-Administration Email

Date: [insert date]

To: DP20-2002 CRCCP Program Directors

Subject: Coming Soon! Program Year X – Quarter X Quarterly Program Update for the Colorectal Cancer Control Program

On [insert date] you will receive a link from [insert sender address] to complete the *Program Year X - Quarter X Quarterly Program Update for the Colorectal Cancer Control Program (CRCCP) DP20-2002*. You will have two weeks to complete the survey and it will officially close on [insert date].

The survey asks about your quarterly spending, vacancies, successes, challenges, and technical assistance needs. CDC will use your responses to inform our technical assistance provision.

Please answer all questions as accurately as possible using available program data. The survey includes instructions about how to report on spending and service delivery, so please pay close attention to the descriptions.

If you have questions regarding the content of the survey, please contact Michelle Poole (mvp5@cdc.gov). If you experience technical difficulties accessing the web-link or while you are completing the survey, please contact the IMS Help Desk, at support@CRCCP.org.

Thank you for your cooperation.