

Attachment 6c: CRCCP Quarterly Program Update Administration Email

Date: [insert date]

To: DP20-2002 CRCCP Program Directors

Subject: Program Year X – Quarter X Quarterly Program Update for the Colorectal Cancer Control Program (CRCCP) DP20-2002

Welcome to the *Program Year X – Quarter X Quarterly Program Update* for the Colorectal Cancer Control Program (CRCCP). Click the button below to complete the survey. You will have two weeks to complete the survey and it will officially close on [insert date].

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.

Remember to select the **SUBMIT** button when you complete the survey so your response is properly submitted.

Thank you for your participation! Results of Quarterly Program Update is integral to the technical assistance we provide.

Button: Begin Quarterly Program Update

Custom Thank You: Thank you for completing the **Program Year X – Quarter X** Quarterly Program Update for the Colorectal Cancer Control Program!