

Resources and Services Database of the National Prevention Information Network

OMB No. 0920-0255

Supporting Statement A

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**Resources and Services Database of the National Prevention Information Network (NPIN,
OMB Control No. 0920-0255)**

The goal of the study is to collect information from and about organizations that provide services related to HIV/AIDS, viral hepatitis, STDs, and TB at the local, state, and national level.

The intended use of the resulting data is to support a resource for referrals, to facilitate partnerships and coordination among programs dealing with HIV/AIDS, viral hepatitis, STDs, and TB, and to satisfy the legislative mandate that information and education on HIV/AIDS be made available expeditiously and accurately to the professional community and to the general public.

Methods to be used to collect the information include online, telephone and email survey questionnaires to collect information from representatives of the organizations that provide covered services.

The subpopulation to be studied consist of NPIN member organizations that provide HIV/AIDS, viral hepatitis, STD, and TB prevention, education, testing, and healthcare services.

How data will be analyzed: This data collection uses no inferential statistical methods. The data collected is in textual or anecdotal format and will be used for information purposes.

A. JUSTIFICATION

A.1. Circumstances Making the Collection of Information Necessary

The Centers for Disease Control and Prevention (CDC) requests a 3-year approval for a revision to the previously approved information collection entitled, “Resources and Services Database of the National Prevention Information Network”, (OMB Control No. 0920-0255 exp. 02/29/2020). The goal of the study is still to collect information from and about organizations that provide services related to HIV/AIDS, viral hepatitis, STDs, and TB at the local, state, and national level. The following currently approved instruments are reflected in the following changes:

- The NPIN Online Questionnaire is collecting the same information, but the format was modified to allow for more checkboxes and less free text, which improves the time needed to complete the form
- The changes are explained in section A.15 below. The revisions have yielded a 573 hours (33%) hour reduction in the overall burden from the previous approval.

Background

The National Prevention Information Network (NPIN) is a service of the CDC National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP). NPIN is a program of NCHHSTP that supports NCHHSTP’s efforts to prevent and control human immunodeficiency virus (HIV) infection, viral hepatitis, sexually transmitted diseases (STDs), and tuberculosis (TB), which continue to present major public health challenges to the United States.

NPIN is an outgrowth of CDC health communications and information dissemination programs and the CDC National AIDS Clearinghouse (NAC), which was first established in 1988 and was

subsequently expanded to include STD, TB, and most recently, viral hepatitis prevention. The NPIN Resources and Services Database is the only one of its kind in the United States. The database contains entries on 10,100 organizations and is the most comprehensive listing of national, state, and local organizations that provide HIV/AIDS, viral hepatitis, STD, and TB prevention, education, and treatment services available throughout the country. The database information serves as the source of information for several referral providers, including CDC-INFO and HIV.gov, and is made available to the public through the npin.cdc.gov and gettested.cdc.gov websites.

NPIN plays a significant role in supporting NCHHSTP's efforts to prevent these diseases. Its primary target audiences are community-based organizations, State and local health departments, health professionals working in the field of HIV/AIDS, viral hepatitis, STDs, and TB, and the general public, including special populations such as Spanish-speaking persons and those who are hearing-impaired. It serves as the U.S. reference, referral, and dissemination service for information on HIV/AIDS, viral hepatitis, STDs, and TB and links Americans to HIV/AIDS, viral hepatitis, STD, and TB prevention, education, testing, and healthcare services. NPIN is a key member of the network of government agencies, community organizations, businesses, health professionals, educators, and human services providers that educate the American public about the grave threat to public health posed by these diseases and provides services for persons who are living with, or at risk for, these conditions.

During the previous OMB approval period, the collection accomplished the following: (1) proper maintenance of both the information and the databases; and (2) a great increase in accuracy and timeliness of the information. In addition, by maintaining an up-to-date database NPIN has enhanced its responsiveness to its target audiences.

This request is authorized under Section 301 of the Public Health Service Act (42 United States Code 241), which allows CDC to collect and make available through publications and other appropriate means, information regarding research "relating to causes, diagnosis, treatment, control, and prevention of physical and mental diseases and impairments of man." Additionally, Section 2521 of the Health Omnibus Programs Extension Act of 1988 (PL 100-607) authorized the Director of the Centers for Disease Control (and Prevention) to "establish a clearinghouse to make information concerning acquired immune deficiency syndrome available to Federal agencies, States, public and private entities, and the general public." The pertinent sections of both laws may be found in **Attachment 1**.

A.2. Purpose and Use of the Information Collection

The information collection process described in this request provides a means of gathering data regarding organizations that offer services related to HIV/AIDS, viral hepatitis, STDs, and TB. The resultant information collected is used to support a resource for referrals, to facilitate coordination among programs dealing with HIV/AIDS, viral hepatitis, STDs, and TB and to satisfy the legislative mandate that information and education on HIV/AIDS be made available expeditiously and accurately to the professional community and to the general public. Up to 400 new organizations are identified and included in the Database each year, and the approximately 10,100 organizations included in the database are each contacted once a year to provide updated information.

Collecting the information described in this package allows NPIN to:

- Acquire accurate, up-to-date information directly from the original source by phone, email, or online form in a timely manner.
- Collect data using a consistent format.

- Work toward attaining CDC's goals of more specific information collection to help meet the evolving specialized needs of organizations as the epidemic changes.
- Provide service organizations with only one form to complete that is clearly organized.

If NPIN does not continue this information collection and verification project, the potential number of resource listings will be significantly reduced, and the accuracy and currency of the existing records will be greatly diminished. Failure to proceed with this project would compromise efforts to meet the legislative requirement of being as responsive as possible to the general public and professional communities who need access to the HIV/AIDS-related programs/services network. Failure to provide this information would impair CDC's ability to maintain a successful national HIV/AIDS, viral hepatitis, STD, and TB information education program through the CDC National Prevention Information Network and the CDC-INFO toll-free line. Further, it would reduce the credibility of a Federal information and education program that is perceived by the general public and the professional community as having comprehensive and reputable information resources on HIV/AIDS, Viral Hepatitis, STDs, and TB.

Failure to continue this project would:

- Interfere with CDC's ability to assess what services are being offered and available at the local level.
- Reduce CDC's ability to communicate effectively and network with local programs.
- Reduce the Federal government's ability to foster networking among State and local programs.
- Create a situation that is counterproductive to the Federal government's efforts to enhance the reach of its HIV/AIDS information and education programs.

The procedures provided in this clearance have been used successfully for the past three years to gather the information for the database. These procedures have been shown to be both efficient and effective in gathering the requested information. The survey instruments are easy for respondents to understand and complete.

Data for NPIN is the information from member organizations who share their communication resources for HIV prevention programs.

Organizations are contacted by telephone, by email or have access to the online CDC-NPIN Organization Submission Form, an online form available on the npin.cdc.gov website and the gettested.cdc.gov website. Since the first OMB approval on March 29, 1990, the NPIN Resource Organization Questionnaire (hereafter referred to as the "Questionnaire **Attachment 3A**") has been administered to newly identified organizations, which have been asked to provide specific information, such as available services and materials, audiences and geographic area served, hours of operation, and special services or conditions. Collecting such data directly from the sources has greatly increased the accuracy and timeliness of the information. In addition, NPIN has continued its efforts to maintain an up-to-date database and has implemented a verification process with organizations that already exist in the database. These organizations are contacted annually to verify their information. As a result, NPIN has enhanced its responsiveness to its target audiences, as well as to those of the CDC-INFO toll-free line.

The protocol for the data collection has not changed since approval of the prior information collection request. The Questionnaire will continue to be administered over the phone and by email and available online. This has been shown to be an efficient method of data collection that yields a satisfactory response rate. In its continuing efforts to maintain an up-to-date, comprehensive database, NPIN plans to add up to 400 new resource organization listings each year over the next 3

years and update information on organizations that are already in the database annually. All of the listings in the Database will continue to be verified annually. Respondents will be asked to submit information via telephone, online, or e-mail once per year.

NPIN employs the following survey instruments and instructions:

- NPIN Questionnaire for New Organizations (**Attachment 3A**)
- NPIN Questionnaire for Annual Updates (**Attachment 3B**)
- Email Verification Message (**Attachments 3C**)
- NPIN Online Questionnaire (**Attachment 4**)

A.3. Use of Improved Information Technology and Burden Reduction

NPIN is an online and computer supported database and communication system. NPIN Questionnaire for New Organizations **Attachment 3A** is designed to elicit as much information as possible about the services of organizations that are not yet listed in the database (i.e., “new” organizations).

The NPIN staff learns about new organizations through a variety of sources, including searching the Internet, and perusing websites of existing organizations. Once a new organization is identified as providing services related to HIV/AIDS, viral hepatitis, STDs, or TB, NPIN staff will start collecting information on it. NPIN staff will contact each newly identified organization (i.e., those with and those without websites) and administer the Questionnaire over the telephone. It is used during phone calls. The questionnaire is divided in three sections. Respondents are asked to complete a first section with basic information about the company (name, phone, and website). A second section collects data about accessibility (hours, fees, eligibility), and a third section gathers information about the services the organization provides, the audience, and the Languages used when providing services.

NPIN also offers an online version of this Questionnaire on the NPIN website (npin.cdc.gov) and the Get tested website (gettested.cdc.gov) that can be completed and submitted directly to the NPIN database. Additionally, a link to the online Questionnaire may be sent to respondents by e-mail. These avenues of electronic data collection contribute to a reduction in the amount of staff time required to verify information over the telephone. For the organizations that have their own websites, staff will reduce the burden on organizations by gathering as much information as possible from this source before contacting them.

As the Resources and Services Database has matured, the importance of the task of verifying information on organizations already in the database has increased accordingly. For the annual verification of the Database, organizations will receive a telephone call to review their database listing. The interviewer will review the Questionnaire with the appropriate organizational representative. A sample of the NPIN Questionnaire for Annual Updates is included in **Attachment 3B**. The remaining organizations will receive a link to the information currently in the database entry for their organization by electronic mail, including an email message (see **Attachment 3C**). The email ask each organization to verify or update their listing and add or delete any services and target audiences as appropriate. See **Attachment 4** for screen shots for the NPIN Online Questionnaire. A sample Resources and Services Database record is provided in **Attachment 5**.

A.4. Efforts to Identify Duplication and Use of Similar Information

Use of the Database continues to increase. NPIN had more than 1,400,000 unique visitors during 2018. In addition, the Database remains the only national computerized database to supply

information about public and private organizations whose services or activities are designed specifically to educate the public about HIV/AIDS, viral hepatitis, STDs, and TB. NPIN has continued its collaboration with many organizations to share information. Community-based organizations and professionals increasingly rely on NPIN's Resources and Services Database for accurate and timely referral information.

NPIN has actively sought to avoid duplication of effort. Through extensive literature search, database searches, consultation with other PHS agencies, and information obtained at national meetings and conferences, NPIN has determined that it provides a unique service.

Definition of Scope: NPIN's focus is on organizations and the services they provide. Some other information services focus primarily on the clinical and research aspects of the disease, but not on organizations providing services.

Identification of Other AIDS Data Collections: NPIN's focus is national and therefore exceeds the scope of many organizations collecting data for their own purposes. No other organization covers all service areas or geographic levels (e.g., national, state, local, grassroots). NPIN is relied on to provide information outside the scope of the data collections of other sources. NPIN is aware of the following organizations known to be involved in AIDS data collection in a more limited way:

- The United States Conference of Mayors and the Foundation Center collect information about private funding for AIDS research and educational programs. However, neither collects information about public sources of such funding.
- The Florida AIDS Hotline collects information and maintains a database of AIDS resources and services available to Florida residents.

NPIN is not aware of any other STD, TB, and/or Related Infections data collection efforts with national reach in existence to date.

A.5. Impact on Small Businesses or Other Small Entities

Some AIDS resource facilities are small operations. The Questionnaire has been designed for ease of use by many different types of organizations. Smaller organizations with only a few AIDS-related services will spend less time completing the Questionnaire than will larger organizations that have many departments and services. The skip patterns in the Questionnaire reduce the burden to the respondent from smaller organizations. Respondents are allowed to bypass the sections and questions that are not applicable to them.

A.6 Consequences of Collecting the Information Less Frequently

Due to the dynamic nature of the Resources and Services Database and the requirement to provide accurate and appropriate referrals, timely changes in address, phone number, and services provided must be reflected. Although the use of the Questionnaire to collect information on HIV/AIDS-related organizations will be ongoing, each respondent will complete the Questionnaire one time only. All of the listings in the Resources and Services Database will be verified annually. Therefore, it is anticipated that respondents will complete the verification instrument via telephone or e-mail once per year. Authorization for use of the NPIN Questionnaire for New Organizations, NPIN Questionnaire for Annual Updates, email verification message, and the NPIN Online Questionnaire is requested for a three-year period. There are no legal obstacles to reduce the burden.

A.7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

This request fully complies with regulation 5 CFR 1320.5. Respondents to the Questionnaire are asked to report information only on an annual basis. There is neither a requirement to prepare a

written response in fewer than 30 days after receipt of the Questionnaire, nor are respondents asked to submit any printed information as they were required to do during the previous OMB approval period. Respondents are not required to retain any records regarding this information collection. This is not a statistical survey designed to produce valid and reliable statistical results and does not employ any statistical data classification. There is no pledge of confidentiality and no requirement of respondents to submit proprietary trade secrets or other confidential information.

A.8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency

A 60-day Federal Register Notice was published in the *Federal Register* on July 5, 2019, Volume 84, Number 129, Page 32175 (**Attachment 2**). There were no public comments.

On an ongoing basis, the NPIN team maintains regular communication with expert resources to share information and discuss strategies to ensure that the Resources and Services Database is accurate and complete. Collaboration for this data collection occurs across the main divisions of NCHHSTP—Division of HIV/AIDS Prevention, Division of Viral Hepatitis, Division of STD Prevention, and the Division of Tuberculosis Elimination. These ongoing consultations help to assure the comprehensive scope of the Resources and Services Database and that mutual and related data needs are being met.

Since approval of the prior OMB clearance, there have been no changes to the database or the information maintained in it.

A.9. Explanation of Any Payment or Gift to Respondents

No payments or gifts will be made to the respondents.

A.10. Assurance of Confidentiality Provided to Respondents

The CDC NCHHSTP Associated Director of Science Office reviewed this submission and determined that the Privacy Act does not apply to this activity because activities do not involve the collection of individually identifiable information (IIF). NPIN is a clearing house for HIV/STD/TB and Hepatitis prevention organizations and does not include information on individuals; therefore there is no privacy impact to individual.

Information is collected on the organizations' demographics (name, location, contact information, type of organization), its hours of operation and eligibility requirements, the geographic area served, the services provided, the audiences served, and the languages spoken. Organization representatives are contacted directly via telephone or email to obtain the information. Collecting such data directly from the sources greatly increases the accuracy and timeliness of the information. In addition, organizations have access to an online form for the submission of information. The specific information captured in the data collection are detailed in Section A.15.

No individually identifiable information is being collected.

Although full names and emails of those completing the Questionnaire will be collected, respondents will be speaking from their roles as staff of community-based organizations, State and local health departments, and as health professionals working in the field of HIV/AIDS, viral hepatitis, STDs, and TB. They will provide no personal information about themselves. Instead, they will address available services and materials, audiences and geographic area served, hours of operations, and special services or conditions of their respective organizations or programs.

The disclosure of this information is voluntary. Because of the nature and purpose of this data collection, no assurance of confidentiality is extended. Please see **Attachment 6**.

The contractor that will be collecting the data protects virtual data using both electronic and physical means. The contractor employs a filtering firewall to protect their network perimeter and data contained within it from sources outside of the network. Internal security is controlled using Windows Active Directory, NT share, file level security, and Novell NetWare NDS. All data are password protected and secured on file servers within a proximity controlled locked data center. Servers are protected from unauthorized physical access by separate proximity badge lock to the data center room. The contractor backs up virtual data to DLT tape on a nightly basis, Monday-Friday. Daily tapes are stored on-site in our locked network room, and weekly and monthly tapes are stored off-site in a locked vault at a tape storage facility.

A.11. Institutional Review Board (IRB) and Justification for Sensitive Questions

IRB

The CDC NCHHSTP conducted a scientific review of this information collection activity and has determined that this collection does not involve human subjects' research and therefore, IRB approval is not warranted.

Sensitive Questions

CDC NCHHSTP has developed partnerships with faith-based organizations that provide HIV/AIDS services. Gathering this information supports that effort. No questions deal with behaviors of individuals such as sexual behavior, alcohol or drug use, or other behaviors that are commonly considered private. The Questionnaire does not ask for social security numbers or any personal identifiable information.

A.12. Estimates of Annualized Burden Hours and Costs

The survey protocol has not changed since the previous submission when the telephone survey was approved. The survey is collecting the same information, but the format was modified to allow for more checkboxes and less free text, which improves the use of the form and the time needed to complete it. The Questionnaire was recently pre-tested (*with 10 organizations*) to determine ease of use and to obtain user feedback. Because of the modifications of the format in some areas of the form, the time required to complete the Questionnaire is approximately 8 minutes, depending on the size of the organization and its services. The results of the pre-test were positive with respondents finding the Questionnaire easy to complete, the questions unambiguous and overall not burdensome. The time required for respondents to complete the online version of the questionnaire is comparable to the new organization form (8 minutes), for the telephone survey is 6 minutes, and respondents find it easy to use as well. The respondent completes the Questionnaire and verification only one time per year. Use of the telephone survey over the past three years has shown the time to complete the Questionnaire and its ease of use to be consistent with the original pilot study. Since the previous collection was approved, the number of organizations listed has increase to 10,100. The increase in the size of the database is reflected in the burden calculation. It is important to mention that even when the number of the organizations in the database increased, the burden calculation shows a decreased due to less time needed to complete the forms and the widespread use of online forms in general, which makes user more familiar with online forms.

Based on experience, the survey of a Registered Nurse has been necessary to complete the Questionnaire for approximately 20 percent of the organizations contacted. Other health professionals such as Social and Community Services Managers and Health Educators are also contacted. The majority of staff members answering the questionnaire are Social and Human Service Assistants. NPIN plans to contact approximately 400 new organizations each year to complete the Questionnaire by phone. Approximately 6,100 telephone verifications will be

conducted each year, with 1,220 of these organizations requiring the survey of a Registered Nurse and another professional from the organization. An additional 3,600 organizations will be contacted by email for verification of their organization's information, with 600 of these organizations requiring the survey of a Registered Nurse and another professional from the organization. In sum, a total of about 10,100 organizations will be contacted for information verification.

The burden estimate for data collection using the current protocol and Questionnaire is based on NPIN's experience with the current surveys and protocol. The breakdown of the total annualized burden hours by survey instrument is as follows:

Initial Questionnaire Telephone Script Att. 3a- 400 respondents with one response each (80 Registered Nurses, 50 Social and Community Service Managers, 50 Health Educators, 220 Social and Human Service Assistants) for a total of 54 burden hours

Telephone Verification Att. 3b - 6,100 respondents with one response each (2,000 Registered Nurses, Social and Community Service Managers, and Health Educators) and 4,100 Social and Human Services Assistants) for a total of 610 burden hours

Email Verification Att. 3c - 3,600 respondents with one response each (2,400 Registered Nurses, Health Educators, and Social and Human Services Assistants and 1,200 Social and Community Service Managers) for a total of 480 burden hours

The total burden estimate for the data collection is 1,144 hours.

Exhibit A.12.A. Estimated Annualized Burden Hours

Form	Respondents	Number of Respondents	Number of Responses per Respondent	Average Burden per Response (in hours)	Total Burden (in hours)
Initial Questionnaire Telephone Script	Registered nurses, Social and community service managers, and Health educators Attachment 3a	400	1	8/60	54
Telephone Verification	Registered nurses, Social and community service managers, and Health educators Social and human service assistants Attachment 3b	6,100	1	6/60	610
Email Verification	Registered nurses, Health educators, and Social and human service assistants, social and community service managers Attachment 3c	3,600	1	8/60	480
TOTAL					1,144

Exhibit A.12.B. Estimated Annualized Burden Costs

Form	Type of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Respondent Costs
Initial Questionnaire Telephone Script (400 new organizations) 54 Burden Hours	Registered nurses	11	\$ 36.30	\$ 399
	Social and community service managers	7	\$ 34.46	\$ 241
	Health educators	7	\$ 28.68	\$ 201
	Social and human service assistants	29	\$ 17.22	\$ 499
Telephone Verification (6,100 organizations) 610 Burden Hours	Registered nurses, Social and community service managers, and Health educators	200	\$ 32.51**	\$ 6,502
	Social and human service assistants	410	\$ 17.22	\$ 7,060
Email Verification (3,600 organizations) 480 Burden Hours	Registered nurses, Health educators, and Social and human service assistants	320	\$ 25.62***	\$ 8,198
	Social and community service managers	160	\$ 34.46	\$ 5,514
TOTAL				\$ 28,614

* Source: The latest government statistics from U.S. Department of Labor, Bureau of Labor Statistics, *May 2018 National Occupational Employment and Wage Estimates*.
http://www.bls.gov/oes/current/oes_nat.htm

**The hourly rate for this category is a weighted average of the three rates included in it (Registered Nurses – \$36.30, Social and Community Service Managers -- \$34.46, and Health Educators – 28.68) based on the number of burden hours for each rate (40 hours, 80 hours, and 80 hours, respectively).

*** The hourly rate for this category is a weighted average of the three rates included in it (Registered Nurses – \$36.30, Health Educators - \$28.68, and Social and Human Service Assistants - \$17.22) based on the number of burden hours for each rate (64 hours, 128 hours, and 128 hours, respectively).

A.13. Estimates of Other Total Annual Cost Burden to Respondents and Record Keepers

There are no other costs to the Respondents.

A.14. Annualized Cost to the Federal Government

The total annualized cost to the federal government is \$1,803,603. Costs are absorbed within the larger CDC National Prevention Information Network service Contract number 200-2014-61014/Task Order No. 0001 to IQ Solutions, Incorporated.

Federal personnel costs are not required. The following chart summarizes the components of the costs of the survey under the service contract:

Exhibit A.14.A. Annualized Cost to the Federal Government

Component	Cost*
Annual Contract costs to IQ Solutions Open Period 2 funded amount for all tasks	\$ 1,803,603
Total estimated annual costs <i>*Inclusive of indirect costs and fee</i>	\$1,803,603

The total funded amount for this task order is \$ 5,035,820. This is a 3 year task order.

A.15. Explanation of Program Changes or Adjustments

This is a request for a 3-year approval for the revision of OMB Control No. 0920-0255.

There were small changes made to the format of the survey. No changes were made to the information collected.

The attachment Sample NPIN Resources and Services Database Record was modified to reflect the name of the current Project Director and new address, and is now Sample NPIN Resources and Services Database Record (Attachment 5)

Although the number of updated organizations increased to 10,100, only 20% or less of organizations continue requiring survey of registered nurses and another health professional (non-nursing staff have greater knowledge of organization services). Gathering the information is now faster since the first OMB approval in 1990. The use of online forms to gather information is now widely used by the public and health professionals.

The net effect of these changes is a reduction in burden hours. The inventory for the approval which expires on February 29, 2020 was 1,700 burden hours. The new requested burden is 1,144 hours, a substantial reduction in burden of 573 hours (33%). The following are the reasons for the difference in burden from the previous OMB-approved protocol:

- The changes eliminated open questions for services and audiences. Services like PrEP Navigation or PrEP for the uninsured that previously were in open field areas, are now listed with other services and next to check boxes. This change facilitates entering of information.
- The changes put together the Fee sections. In the previous survey the Fee section was in two different areas. The list of fees is now consolidated.

- The attachment Sample NPIN Resources and Services Database Record (Att5) was modified to reflect the name of the current Project Director and new address.

A.16. Plans for Tabulation and Publication and Project Time Schedule

The maintenance of the Resources and Services Database is ongoing. Each of the organizations listed in the database are contacted once each year, and new organizations are added as they are identified. To accomplish this maintenance, the following tasks are performed on a monthly basis:

- One-twelfth of the organizations listed in the database are identified monthly for updating
- Organizations to be updated that month are assigned to staff for updating
- These organizations are contacted either by telephone or email
- Changes are made to the database based on the data gathered from the organizations
- Newly-identified organizations are contacted to collect required information
- Information on newly identified organizations is added to the database

This activity is essential to maintaining the comprehensive scope and accuracy of the NPIN Resources and Services Database.

A.17. Reason(S) Display of OMB Expiration Date is Inappropriate

The display of the OMB expiration date is not inappropriate.

A.18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.