

**PAPERWORK REDUCTION ACT DETERMINATION FORM**

AUTHORITY: [The Paperwork Reduction Act of 1995 \(44 U.S.C. 3501-3520\)](#), [5 Code of Federal Regulations \(CFR\) Part 1320](#)

PRINCIPAL PURPOSES: To determine applicability of Centers for Disease Control and Prevention (CDC) proposed projects for Paperwork Reduction Act (PRA) compliance. Proper completion of this form will prevent both illegal information collections and PRA violations.

ROUTINE USES: Information is disclosed to the Information Collection Review Office (ICRO) for auditing and quality assurance purposes.

MANDATORY DISCLOSURE: Failure to provide complete information and the necessary supporting documents may delay proposed project activities.

As a Federal Government agency, CDC is subject to the PRA. The information on this form is required to make a project's PRA applicability determination. **This form (pages 1 and 2) must be completed by the Center, Institute, Office (CIO) PRA Contact.** A copy of the related supporting documents that identify all proposed project collection of information (reporting), retention of information (recordkeeping), and disclosure of information (disclosing) activities must accompany this form upon submittal to ICRO via [ombclearance@cdc.gov](mailto:ombclearance@cdc.gov).

<b>I. Center, Institute, Office (CIO) Information</b>		CIO Abbreviation:	
CIO PRA Contact: Name (Last, First)	CDC E-mail:	Phone No.:	
Project Officer/Investigator/Point of Contact: Name (Last, First)	CDC E-mail:	Phone No.:	
Project Title:			
Funding Mechanism Type: <input type="checkbox"/> Contract <input type="checkbox"/> Cooperative Agreement <input type="checkbox"/> Grant <input type="checkbox"/> Task/Purchase Order <input type="checkbox"/> Other			
Announcement #:			

**II. Determination Conditions**

*To determine a project's PRA applicability, record responses to the below conditions (Please Check).*

- Does the proposed activity obtain, cause to be obtained, solicit, or require the disclosure to CDC/ATSDR or a third party information by or for CDC/ATSDR? In other words, will CDC/ATSDR require the collection, retention, or disclosure of information?  Yes  No
- Does the proposed collection entail identical questions posed to, or identical reporting, recordkeeping, or disclosure requirements imposed on or requesting the same information from ten (10) or more **persons**?  Yes  No
- Is the collection of information **conducted** by CDC/ATSDR (will CDC/ATSDR collect the information)?  Yes  No
- Is the collection of information **sponsored** by CDC/ATSDR?  Yes  No
- If applicable, is this collection of information waived by the [National Childhood Vaccine Injury Act \[Public Law 99-660, section 321-Title III\]](#)?  Yes  No

**III. CIO Determination Decision** (Please Check)

OMB/PRA Clearance Required, as proposed activity constitutes a collection of information - (If "Yes" response provided for items 1-2 and for either item 3 or 4 in the previous section)

OMB/PRA Clearance Not Required – Per [5. C.F.R. 1320.3\(h\)](#), the following PRA exemption/exclusion category applies to this collection of information:

OMB/PRA Clearance Not Required – An active Information Collection Request for this activity has already been approved by OMB.  
 Title: \_\_\_\_\_  
 OMB Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

OMB/PRA Clearance Not Required – (If a "No" response provided for items 1 or 2 or if a "No" response for items 3 and 4 in the previous section)

OMB/PRA Clearance Not Required – The PRA requirement waived by the [National Childhood Vaccine Injury Act \[Public Law 99-660, section 321-Title III\]](#).

**IV. Proposed Project Dates:** \_\_\_\_\_ to \_\_\_\_\_

**V. Proposed Project Activities**

**If applicable, indicate the type of Information Collection Instrument/Activity proposed for use (Check all that apply):**

Mail-back Questionnaire     On-site Questionnaire     Personal Interview     Telephone Survey     Testing/Assessment Form

Web-based Survey     Focus Groups     Record Abstractions     Performance Report     Evaluation     Observation

Application     Comment Card     Discussion Group     Eligibility Form     Audit Form     Workshop     Peer Review

Report     Reporting Form     Diary     Log     Journal     Inspection Form     Usability Test     Consents

Acknowledgments     Card Sorts     Any other means of requesting information from 10 or more respondents (Explain):

N/A

**VI. Project Abstract/Summary (Provide justification by describing project's purpose, objectives, funding conditions/intent, and scope of Federal involvement):**

**VII. For determinations of "PRA Not Applicable" and "PRA Exemption/Exclusion Requested", please provide a brief summary to support the decision:**

**VIII. CIO-PRA Oversight Official/Representative Certification Statement**

On behalf of this project, I certify that this determination decision is in accordance with 5 CFR Part 1320.

\_\_\_\_\_  
Signature Title Date

**(FOR ICRO USE ONLY)** Selected for Audit?:  Yes  No

**Audit Findings:**

OMB/PRA Clearance Not Required  OMB/PRA Clearance Required CDC ID No. \_\_\_\_\_

ICRO Desk Officer: Name (Last, First) \_\_\_\_\_ CDC E-mail: \_\_\_\_\_ Phone No.: \_\_\_\_\_

ICRO Chief  Concur  Non-concur

\_\_\_\_\_  
Signature Date