

ATTACHMENT 7a: NBCCEDP Quarterly Program Update (Screenshots)

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Quarterly Program Update (QPU)

OMB No. 0920-1046
Expiration Date: MM/DD/YYYY

Welcome to the DP22-2202 National Breast and Cervical Cancer Early Detection Program (NBCCEDP) Quarterly Program Update. In this short survey, you will provide information related to spending, vacancies, program successes, and program challenges. Information you provide will be used to inform CDC's technical assistance efforts. Refer to the [QPU folder](#) (click link to open in new tab/window) in the Program Guidance area of the RESOURCES tab for more information on the content and how to access and complete the survey.

If you have any questions or problems with the site, please contact technical support at support@nbccedp.org.

Public reporting burden of this collection of information is estimated to average 32 minutes per completed survey, 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 NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1046).

Section 1. Respondent Information and Section 2. Award Spending

Section 1. Respondent Information

Respondent Role:

Section 2. Award Spending

How much of your total CDC NBCCEDP federal award funds for program year (PY) X have you spent as of the end of this quarter (MM/DD/YYYY)?

Include funds spent since the beginning of the program year, that is, cumulative since July 1 of the current PY. Spending refers to funds that have actually been paid out (expenditures) or funds that are obligated during the time period of interest but currently unspent (i.e., unpaid receipts). Do not include funds that you plan to spend in the future or funds for services that are not yet rendered. Likewise, do not include funds spent from sources other than the NBCCEDP federal award.

Have you experienced any challenges in spending your NBCCEDP federal funds?

Yes **No**

Please describe your spending challenges (maximum description length is 1000 characters):

Do you have any pending requests to the Office of Financial Resources (OFR) for the Breast and Cervical Cancer Program (e.g., redirection of funds)?

Yes **No**

For each request to OFR please provide the following: Type of request, Date the request was submitted to OFR, and Reason for the request:

Request Type: **Date Submitted:**

Reason Requested:

[Delete](#)

Section 3. Service Delivery

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How many women have received at least one NBCCEDP-funded clinical service since the start of this program year? (Women who received at least one NBCCEDP funded mammogram, clinical breast exam, pap test, HPV test, or other diagnostic service. Do NOT include women who received patient navigation only.)

How many women have received at least one NBCCEDP-funded clinical service since the start of this program year by the following population(s) of focus: [Awardee will be asked to report on the Population(s) of Focus they identified on their Service Delivery Projections Worksheet submitted with their competitive/continuing application]

Race/Ethnicity

Hispanic, All Races:	<input type="text"/>
Black or African American:	<input type="text"/>
Asian:	<input type="text"/>
Native Hawaiian or Other Pacific Islander:	<input type="text"/>
American Indian or Alaskan Native:	<input type="text"/>
White/Middle Eastern/North African:	<input type="text"/>

Rural/Urban

Rural:	<input type="text"/>
Urban:	<input type="text"/>
Metro:	<input type="text"/>

Optional Other

Other Applicant/Awardee choice:	<input type="text"/>	Count:	<input type="text"/>
Other Applicant/Awardee choice:	<input type="text"/>	Count:	<input type="text"/>
Other Applicant/Awardee choice:	<input type="text"/>	Count:	<input type="text"/>

Section 3. Service Delivery (continued)

How many women have received at least one NBCCEDP-funded breast cancer service since the start of this program year? (Women who received at least one NBCCEDP funded mammogram or other breast diagnostic service. Count each woman only once.)

How many women have received at least one NBCCEDP-funded cervical cancer service since the start of this program year? (Women who received at least one NBCCEDP funded pap test, HPV test, or other cervical diagnostic service. Count each woman only once.)

How many women have been navigated only for breast or cervical cancer since the start of this program year? (Include additional unique women who have ONLY received NBCCEDP-funded patient navigation through the screening process AND were not included in the NBCCEDP-funded clinical service delivery estimates above. These are women whose screening or diagnostics was reimbursed through other sources (e.g., state funds, private insurance, Medicaid, Medicare) while receiving NBCCEDP-funded navigation-only services. Only include women for whom an abbreviated MDE record has been/will be completed.)

Have you experienced any challenges related to screening, diagnostic, or patient navigation service delivery encountered during the past quarter (MM/DD/YYYY - MM/DD/YYYY)?

Yes No

Please describe challenges related to screening, diagnostic, or patient navigation service delivery
(maximum description length is 1000 characters):

Section 4. Vacancies & Section 5. Accomplishments and Challenges

Section 4. Vacancies

Do you currently have any staffing vacancies for your NBCCEDP program?

Yes No

Identify all positions funded under the CDC NBCCEDP award that are currently vacant and provide the date the position was vacated (You can select Program Manager/Program Director, Data Manager, and Program Evaluator each once. You can select Other up to six times.):

Vacant Position:

Date Vacated:

[Delete](#)

[Add Another Staff Vacancy](#)

Section 5. Accomplishments and Challenges

Have you experienced notable accomplishments or successes that were achieved during the past quarter (MM/DD/YYYY - MM/DD/YYYY)?

Yes No

Please describe notable accomplishments or successes and how those accomplishments/successes contributed to program outcomes (maximum description length is 1000 characters):

Have you experienced any non-COVID related challenges that have limited program implementation or performance during the past quarter (MM/DD/YYYY - MM/DD/YYYY)?

Yes No

Please describe any non-COVID related challenges that have limited program implementation or performance (maximum description length is 1000 characters):

Section 6. Technical Assistance Needs

Do you have any current technical assistance needs?

- Yes** **No**

Please describe any current technical assistance needs (maximum description length is 1000 characters):

Section 7. COVID-19

Has COVID-19 affected your program or program operations?

- Yes** **No**

Please describe any issues affecting your program or program operations due to COVID-19 (maximum description length is 1000 characters):