**Non-Substantive Change Request to OMB Approved Information Collection**

**Justification for Change Memo**

**National Syringe Services Program Evaluation**

**OMB #** **0920-1359**

**Summary of Changes**

We are requesting a change in the information collection request (ICR) for the NationalSyringe Services Program EvaluationOMB # 0920-1359 (exp. 12/31/2024). We are requesting changes to the survey which include minor wording changes to the questions, deleting one survey item at the end of the survey, as well as modifying, adding and separating response options. These requested changes are minor and do not impact or change the project’s methodology, purpose, or the estimated burden.

Please see the following three documents attached for your review:

1. Original OMB approved survey
2. Original OMB approved survey in track changes which correspond with changes described in Excel file.
3. Excel table that provides a crosswalk of the approved and proposed changes to the survey. The table specifically lists the original survey items, changes to survey items, and respective justifications/reasons for changes.