**Non-substantive Change Request  
OMB Control Number 0920-0765  
Fellowship Management System**

**Date Submitted: [TBD]**

Summary of request: This change request removes PMR/F and PH-TIPP from the Fellowship and Host Site Application modules and describes the addition of a new fellowship program (the CDC Evaluation Fellowship) to the Fellowship Management System’s Fellowship Application and Host Site Application modules.

Type of content changes

This is a change request for the Centers for Disease Control and Prevention (CDC) Fellowship Management System (FMS). CDC uses FMS to collect, process, and manage data from nonfederal applicants seeking training or public health support services through CDC fellowships. FMS is used to electronically submit fellowship applications, submit fellowship host site proposals, track fellows’ activities during their fellowships, and maintain fellowship alumni directories online. FMS is a key tool in CDC’s efforts to maintain and develop a robust public health workforce.

Through Revisions and Change Requests, CDC adapts the FMS to changes in fellowship opportunities and content, to improve alignment and tailoring of questions for each fellowship program's eligibility criteria, and to clarify questions and instructions according to user feedback. FMS consists of four modules**.** Each module has specialized functionality, and in the currently approved ICR for FMS (**OMB No. 0920-0765**), information collection occurs for multiple fellowships (see Table A). Changes to each module are listed and described in **Table C** (Fellowship Application module)**, Table D** (Letters of Recommendation portion of Fellowship Application)**,** and **Table E** (Host Site Application module) below.

**Description of Changes Requested**

Please note that this collection was originally approved under SORN 09-20-0112 “Fellowship Program and Guest Researcher Records HHS/CDC/AHRC,” but has been reassigned to SORN 09-90-2301 “Personnel (Employee and Non-Employee) Recruitment Program Records Not Covered by Other Notices.”

This request contains two main categories of change.

First, this request serves as a notice that two fellowships, PMR/F and PH-TIPP, will no longer be using the Fellowship Management System’s Fellowship or Host Site Application modules for their programming. These fellowship programs are closing, will not accept new fellow or host site applications, and therefore have no need to use any fellowship management system.

Second, this change request seeks to add an existing CDC fellowship program, the CDC Program Evaluation Fellowship, into the Fellowship Management System’s Fellowship Application and Host Site Application modules. To a great extent, in both modules, the Evaluation Fellowship proposes to use questions already approved by OMB for use by other fellowship programs in FMS. In instances where a suitable replacement or stand-in could not be identified, CDC proposed to add new questions to both the Fellowship Application and Host Site Application modules. Added questions will cover topics that fully align with existing topics included in FMS, such as descriptions of evaluation-oriented programming and experience and personal statements.

Fellowship Application module (**Table C**):

* Request to activate 25 questions already approved by OMB in FMS
* Request to add 9 new questions, specific to the Evaluation Fellowship.

Letters of recommendation (subset of Fellowship Application module) (**Table D**):

* Request to activate 37 questions already approved by OMB in FMS for the collection of Letters of Recommendation:
  + 12 questions for respondents to the Fellowship Application module, designating the individuals who will submit their letter of recommendation.
  + 25 questions for respondents who are providing letters of recommendation on behalf of fellowship applicants.

Host Site Application module (**Table E**):

* Request to activate 25 questions already approved by OMB in FMS
* Request to add 11 new questions, specific to the Evaluation Fellowship.

A total of 20 new questions will be added; 9 questions added for the Fellowship Application module and 11 questions added to the Host Site Application module. Screenshots of the changes described below will be submitted to OMB at their earliest availability, following the completion of development and testing for the FMS 3.0 Microsoft Power Platform.

**Rationale for Change**

CDC transitioned the Evaluation Fellowship from one organizational unit to another, and this change facilitated the addition of the fellowship to FMS. The Fellowship Management System is a robust and valuable tool for administering, maintaining, and improving CDC fellowship programming. FMS was designed to serve as an enterprise fellowship management system. The Evaluation Fellowship will benefit from access to an improved system for tracking and managing applications from potential fellows and host sites, and CDC will benefit from the inclusion of new application data for cross-fellowship recruitment analysis and opportunity to streamline and harmonize content across fellowship programs.

Description of Changes to Burden

The removal of PMR/F and PH-TIPP from the Fellowship and Host Site Application modules will reduce the burden on the public. An estimated 40 fewer respondents will be included in the Fellowship Application module’s annual burden estimate along with 60 fewer letter of recommendation writers. From PMR/F’s exclusion 20 fewer respondents will be counted toward the annual burden of the Host Site Application module.

The Evaluation Fellowship’s fellow and host site applications are moderate in length, compared to those for other fellowship programs using FMS for these functions. Therefore, the average burden to complete each type of form is not affected by this addition. Adding the Evaluation Fellowship to FMS does increase the expected number of respondents per form, however.

Based on past trends, the maximum annual number of fellow applicants per year to this fellowship is estimated to be 180 people, and as part of the application, each applicant requests a letter of recommendation from two individuals (for a potential of up to 360 people submitting letters of recommendation per year). The vast majority of fellow applicants and recommenders are members of the public (e.g., students graduating from masters’ programs, employees of non-federal organizations). Currently only CDC programs are eligible to be host sites, and all respondents to the Host Site Application are federal staff operating within their professional duties. Based on past experience, for this change request, maximum number of host site applications per year is estimated to be 30.

The net change to the Fellowship and Host Site application modules’ respective burdens are described below.

The details of these changes are described below:

# **Table A: Current CDC FMS Fellowships using FMS**

|  |
| --- |
| CDC Fellowships in FMS |
| Epidemic Intelligence Service (EIS) |
| Epidemiology Elective Program (EEP) |
| CDC Steven M. Teutsch Prevention Effectiveness (PE) Fellowship |
| CDC E-learning Institute (ELI) |
| Future Leaders in Infectious and Global health Threats (FLIGHT) |
| Laboratory Leadership Service (LLS) |
| Population Health Training in Place Program (PH-TIPP) |
| Preventive Medicine Residency and Fellowship (PMR/F) |
| Public Health Associate Program (PHAP) |
| Public Health Informatics Fellowship Program (PHIFP) |
| Science Ambassador Fellowship (SAF) |

# **Table B: Estimated Annualized Burden Hours**

Note that for this change request, all burden tables are presented, but only 3 tables are affected: Fellowship (including letters of recommendation) and Host Site Applications.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Type of respondent | Form |  | Number of respondents | Frequency of Response | Average Burden per Response  (in hours) | Total Response Burden (in hours) |
| Fellowship applicants | FMS Application Module | Current Approval | 5146 | 1 | 87/60 | 7462 |
| Change Request | 5286  (+180 from EFP, -20 from PMR/F, -20 from PH-TIPP) | 1 | 87/60 | 7665 |
| Net Change | +140 | - |  | +203 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Type of respondent | Form |  | Number of respondents | Frequency of Response | Average Burden per Response  (in hours) | Total Response Burden (in hours) |
| Subset of 5326 applicants invited to Interview Day | FMS Application Module | Current Approval | 220 | 1 | 30/60 | 110 |
| Change Request | 220 | 1 | 30/60 | 110 |
| Net Change | - | - |  | - |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Type of respondent | Form |  | Number of respondents | Frequency of Response | Average Burden per Response  (in hours) | Total Response Burden (in hours) |
| Reference Letter Writers | FMS Application Module | Current Approval | 6842 | 1 | 15/60 | 1711 |
| Change Request | 7142  (+360 from EFP, -30 from PMR/F, -30 from PH-TIPP) | 1 | 15/60 | 1786 |
| Net Change | +300 | - |  | +75 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Type of respondent | Form |  | Number of respondents | Frequency of Response | Average Burden per Response  (in hours) | Total Response Burden (in hours) |
| Public Health Agency or Organization Staff | FMS Host Site Module | Current Approval | 960 | 1 | 75/60 | 1200 |
| Change Request | 970  (+30 from EFP, -20 from PMR/F) | 1 | 75/60 | 1213 |
| Net Change | +10 | - |  | +13 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Type of respondent | Form |  | Number of respondents | Frequency of Response | Average Burden per Response  (in hours) | Total Response Burden (in hours) |
| Public Health Agency or Organization Staff | FMS Activity Tracking Module | Current Approval | 555 | 2 | 30/60 | 555 |
| Change Request | 555 | 2 | 30/60 | 555 |
| Net Change | 0 | - |  | +0 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Type of respondent | Form |  | Number of respondents | Frequency of Response | Average Burden per Response  (in hours) | Total Response Burden (in hours) |
| Fellowship Alumni\* | FMS Alumni Module | Current Approval | 3484 | 1 | 37/60 | 2148 |
| Change Request | 3484 | 1 | 37/60 | 2148 |
| Net Change | 0 | - | +0 minutes | +0 |

**New totals**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Type of respondents | Form |  | Number of respondents | Frequency of Response | Average Burden per Response | Total Response Burden (in hours) |
| Across all modules | All Modules Together | Current Approval | 17762 | - | - | 13186 |
| Change Request | 18212 | - | - | 13474 |
| Net Change | +450 | - | - | +288 hours |

\* Some alumni are deceased or cannot be located. Response burden assumes response from one responding alumnus, on average, every 3 years (which is likely an overestimate of frequency)

| **TABLE C: FELLOWSHIP APPLICATION MODULE**  **EFP = Evaluation Fellowship Program** | | | | |
| --- | --- | --- | --- | --- |
| **Program** | **Type of Change** | **Sec.** | **Current Question/Item** | **Requested Change** |
| EFP | Question Activation | Appl. Profile | First Name (Short Open Text Response) | Activate for EFP |
| EFP | Question Activation | Appl. Profile | Last Name (Short Open Text Response) | Activate for EFP |
| EFP | Question Activation | Appl. Profile | Email Address (please do not use a school or work email)  (Short Open Text Response) | Activate for EFP |
| EFP | Question Activation | Appl. Profile | Phone Number  (Numeric Response Box) | Activate for EFP |
| EFP | Question Activation | Eligibility | Country of Citizenship  (Picklist) | Activate for EFP |
| EFP | Question Activation | Eligibility | Are you a US Permanent Resident? (Yes/No) | Activate for EFP |
| EFP | Question Activation | Eligibility | Visa Type:  1. F-1 2. H-1B 3. J-1 4. O-1 5. TN 6. Other | Activate for EFP |
| EFP | Question Activation | Eligibility | Specify Visa Type (Short Open Text Response) | Activate for EFP |
| EFP | Question Activation | Eligibility | Visa Expiration Date (Date Numeric Response) | Activate for EFP |
| EFP | Question Activation | Eligibility | What is the highest degree you will have attained by the start of the program? (Picklist) | Activate for EFP |
| EFP | Question Activation | Eligibility | Please Specify  (Short Open Text Response) | Activate for EFP |
| EFP | Question Activation | Ed. And Licenses | Has your degree been conferred?  (Yes/No) | Activate for EFP |
| EFP | Question Activation | Ed. And Licenses | Degree Conferral Date  (Numeric Response Box) | Activate for EFP |
| EFP | Question Activation | Ed. And Licenses | Major 1:  (Picklist?) | Activate for EFP |
| EFP | Question Addition | Ed. And Licenses | n/a | Major Classification:  Open Text Response |
| EFP | Question Activation | Ed. And Licenses | (University) Country:  (Picklist?) | Activate for EFP |
| EFP | Question Activation | Ed. And Licenses | (University) State/Province:  (Picklist) | Activate for EFP |
| EFP | Question Activation | Ed. And Licenses | What do you want to add? (additional relevant Master’s or Doctoral Degrees only)  (Picklist) | Activate for EFP |
| EFP | Question Addition | Personal Statement | n/a | How would you assess your current level of knowledge/skill for program evaluation?  -Beginner  -Advanced beginner  -Intermediate  -Advanced |
| EFP | Question Addition | Personal Statement | n/a | How many years of experience do you have in program evaluation? |
| EFP | Question Addition | Personal Statement | n/a | List any special skills, research topics/experiences, or other areas of expertise that you have. (A list is acceptable)  (Short Open Text Response) |
| EFP | Question Activation | Personal Statement | Describe the two most important skills you want to develop or improve during this program.  (Open Text Response) | Activate for EFP |
|  | Question Addition | Personal Statement | n/a | Please describe what qualifies you for the CDC Evaluation Fellowship Program  (Open Text Response) |
| EFP | Question Activation | Personal Statement | Describe how this fellowship will help you achieve your goals. (Open Text Response) |  |
| EFP | Question Addition | Personal Statement | n/a | Briefly provide some information on your formal training (classroom or otherwise) where all or part of the focus was on program evaluation approaches, methods, techniques, etc.  (Open Text Response) |
| EFP | Question Addition | Personal Statement | n/a | Briefly describe up to three program evaluation projects you worked on. Please include your role in the project, evaluation approach and methods used, and outcomes or impact of the project.  (Open Text Response) |
| EFP | Question Addition | Personal Statement | n/a | Please describe your lived experience and/or experience working in a setting (e.g., work environment or situation), collaboration, or context where there is diverse representation in perspectives, background, and/or culture. Please describe how the environment, situation, or context is diverse and your approach to bringing different people, perspectives, and background together. Please describe how you may have considered for diversity, equity, belonging, inclusion, and accessibility (DEBIA).  (Open Text Response) |
| EFP | Question Activation | Applicant Survey | Which of the following most influenced you to apply to this fellowship? (select up to 3)   * Other job search platform (e.g., Indeed, ZipRecruiter, Job Openings for Economists) * In-person event (e.g., conference booth) * News advertising (e.g., online ad, news media) * Newsletter or email listserv (e.g., from CDC, your university, professional organization) * Social Media (e.g., Facebook, LinkedIn, Instagram, Twitter, YouTube) * Webinar or other virtual event (e.g., information session, alumni panel) * Word of mouth (e.g., from current or former fellow, professor, supervisor) * Other (please specify) | Activate for EFP |
| EFP | Question Activation | Applicant Survey | Specify (above)  (Short Open Text Box) | Activate for EFP |
| EFP | Question Activation | Applicant Survey | What is your ethnicity?  -Hispanic or Latino  -Not Hispanic or Latino | Activate for EFP |
| EFP | Question Activation | Applicant Survey | What is your race? (select all that apply)  - American Indian or Alaska Native  - Asian  - Black or African American  - Native Hawaiian or Other Pacific Islander  - White | Activate for EFP |
| EFP | Question Activation | Applicant Survey | Have you participated in any CDC fellowship programs?  (Yes/No) | Activate for EFP |
| EFP | Question Activation | Applicant Survey | Please select all CDC fellowships that you have participated in:  (picklist to be updated) | Activate for EFP |

| **TABLE D: FELLOWSHIP APPLICATION Module: Letters of Recommendation**  **EFP = Evaluation Fellowship Program** | | | | |
| --- | --- | --- | --- | --- |
| **Program** | **Type of Change** | **Sec.** | **Current Question/Item** | **Requested Change** |
| EFP | Question Activation | LOR Request Fields | Recommender's Name:  (Open Text Response) | Activate for EFP |
| EFP | Question Activation | LOR Request Fields | Organization:  (Open Text Response) | Activate for EFP |
| EFP | Question Activation | LOR Request Fields | Job Title:  (Open Text Response) | Activate for EFP |
| EFP | Question Activation | LOR Request Fields | Dean of Medical School?  Yes (Check Box) | Activate for EFP |
| EFP | Question Activation | LOR Request Fields | Phone:  (Open Text Response) | Activate for EFP |
| EFP | Question Activation | LOR Request Fields | Email:  (Open Text Response) | Activate for EFP |
| EFP | Question Activation | LOR Request Fields | Relationship to you:  (Open Text Response) | Activate for EFP |
| EFP | Question Activation | LOR Request Fields | Note to the recommender:  (Open Text Response) | Activate for EFP |
| EFP | Question Activation | LOR Request Fields | You confirm that your supervisor is aware and in support of your application to this fellowship?  (Check Box) | Activate for EFP |
| EFP | Question Activation | LOR Request Fields | You confirm that your supervisor is aware that the deliverable of this fellowship is an e-learning product that takes less than 20 minutes to complete and that your product must be submitted at the end of the fellowship and listed on the TRAIN network?  (Check Box) | Activate for EFP |
| EFP | Question Activation | LOR Request Fields | Letter of Recommendation Waiver Agreement:  "In order to be considered for the fellowship program, I agree to waive my right to view any recommendations submitted for me."  (Check Box) | Activate for EFP |
| EFP | Question Activation | LOR Request Fields | By selecting the option below, you confirm that the application information given in this form is true, complete, and accurate. Three standardized letters of recommendation are required from persons familiar with your academic achievements, aspirations, personal qualities, and professional attributes.  Two of the standardized letters of recommendation must be from persons who are not currently employed at the CDC.  If you are currently employed at CDC, you may request a fourth letter if, in addition to 2 letters from non-CDC employees, you would like to submit 2 letters from current CDC employees.    -Recommenders should typically be current or former supervisors or professors. Avoid requesting letters from colleagues or friends.  -Recommendations must be written in English.  -Let recommenders know you are requesting a recommendation and tell them to expect an email with a link to the online form that they should use to complete the standardized letter of recommendation.  Traditional narrative letters of recommendation and MSPE (Dean’s letter format) are not accepted.  (Check Box) | Activate for EFP |
| EFP | Question Activation | Letter of Rec Respondent Section | Name of person submitting the recommendation form:  (Open Text Response) |  |
| EFP | Question Activation | Letter of Rec Respondent Section | Title of person submitting the recommendation form:  (Open Text Response) | Activate for EFP |
| EFP | Question Activation | Letter of Rec Respondent Section | Organization name:  (Open Text Response) | Activate for EFP |
| EFP | Question Activation | Letter of Rec Respondent Section | Phone number:  (Numeric Response) | Activate for EFP |
| EFP | Question Activation | Letter of Rec Respondent Section | Number of persons with similar background to the candidate that you supervised over last 5 years:  1. <= 1  2. 2 - 5  3. 6 - 10  4. > 10 | Activate for EFP |
| EFP | Question Activation | Letter of Rec Respondent Section | Name of person for whom this recommendation is being submitted:  (Open Text Response) | Activate for EFP |
| EFP | Question Activation | Letter of Rec Respondent Section | In what role are you providing this reference?  1. Supervisor  2. Advisor  3. Program director  4. Dean  5. Professor  6. Faculty member  7. Thesis committee member  8. Other (Explain) | Activate for EFP |
| EFP | Question Activation | Letter of Rec Respondent Section | Explain:  (Open Text Response) | Activate for EFP |
| EFP | Question Activation | Letter of Rec Respondent Section | How long have you known the candidate?  (Open Text Response) | Activate for EFP |
| EFP | Question Activation | Letter of Rec Respondent Section | Describe your role working or collaborating with this person:  (Open Text Response) | Activate for EFP |
| EFP | Question Activation | Letter of Rec Respondent Section | On average, how often have you worked with, or do you work with, the candidate (For example: average of 5 days per week over the past 6 months, or occasional interaction over the past 10 years).  (Open Text Response) | Activate for EFP |
| EFP | Question Activation | Letter of Rec Respondent Section | Compared with other similar individuals at similar points in their careers, how do you rank this candidate at developing effective working relationships with a variety of different people?  1. Below average (Below 75%)  2. Average (Top 75%)   3. Above Average (Top 25%)  4. Excellent (Top 10%)  5. Superior (Top 2%)  6. Not able to judge | Activate for EFP |
| EFP | Question Activation | Letter of Rec Respondent Section | Please provide an example(s) about this candidate’s experience developing effective working relationships, e.g., with internal or external partners, team members, or state/local health professionals.  (Open Text Response) | Activate for EFP |
| EFP | Question Activation | Letter of Rec Respondent Section | Compared with other similar individuals at similar points in their careers, how do you rank this candidate at managing tasks and projects?  1. Average (75% or below)  2. Above Average (Top 25%)  3. Excellent (Top 10%)  4. Superior (Top 2%)  5. Not able to judge | Activate for EFP |
| EFP | Question Activation | Letter of Rec Respondent Section | Please provide an example that describes the effectiveness of task or project management, e.g., was management of tasks and projects timely, complete, and responsive.  (Open Text Response) | Activate for EFP |
| EFP | Question Activation | Letter of Rec Respondent Section | Compared with other similar individuals at similar points in their careers, how do you rank this candidates ability to take initiative?  1. Average (75% or below)  2. Above Average (Top 25%)  3. Excellent (Top 10%)  4. Superior (Top 2%)  5. Not able to judge | Activate for EFP |
| EFP | Question Activation | Letter of Rec Respondent Section | Please provide an example that describes the candidate’s ability to take initiative, e.g., did this person actively seek to identify issues and address them without being told?  (Open Text Response) | Activate for EFP |
| EFP | Question Activation | Letter of Rec Respondent Section | Compared with other similar individuals at similar points in their careers, how well did this candidate respond to constructive feedback?  1. Average (75% or below)  2. Above Average (Top 25%)  3. Excellent (Top 10%)  4. Superior (Top 2%)  5. Not able to judge | Activate for EFP |
| EFP | Question Activation | Letter of Rec Respondent Section | Please provide an example(s) of how the candidate responded to constructive feedback. This could include feedback on e.g., their performance, behavior, or scientific work.  (Open Text Response) | Activate for EFP |
| EFP | Question Activation | Letter of Rec Respondent Section | Do you have any concerns about this applicant and their potential performance in this fellowship/program?  (Open Text Response) | Activate for EFP |
| EFP | Question Activation | Letter of Rec Respondent Section | As a candidate for this fellowship/program, I consider the applicant:  1. Not suitable  2. Minimally suitable  3. Suitable  4. Very suitable  5. Most suitable ever | Activate for EFP |
| EFP | Question Activation | Letter of Rec Respondent Section | Please describe the specific skills and attributes of the candidate that make them suitable for this fellowship/program:  (Open Text Response) | Activate for EFP |
| EFP | Question Activation | Letter of Rec Respondent Section | Any other comments:  (Open Text Response) | Activate for EFP |
| EFP | Question Activation | Letter of Rec Respondent Section | Enter your initials:  (Open Text Response) | Activate for EFP |
| EFP | Question Activation | Letter of Rec Respondent Section | Enter today's date:  (Date Numeric Response) | Activate for EFP |

| **TABLE E: HOST SITE APPLICATION MODULE**  **EFP= Evaluation Fellowship Program** | | | | |
| --- | --- | --- | --- | --- |
| **Program** | **Type of Change** | **Page/ Section** | **Current Question/Item** | **Requested Change** |
| EFP | Activate Question | Applicant Profile | Agency Center | Activate for EFP |
| EFP | Activate Question | Applicant Profile | Agency Division | Activate for EFP |
| EFP | Activate Question | Applicant Profile | Agency Branch | Activate for EFP |
| EFP | Activate Question | Applicant Profile | Primary Contact Name  (Short Open Text Response) | Activate for EFP |
| EFP | Activate Question | Applicant Profile | Primary Contact Email (with instructional text “please use CDC email”)  (Short Open Text Response) | Activate for EFP |
| EFP | Activate Question | Position Assignment Details | Describe the program area, department, or organizational unit within the public health agency where the position assignment will be based. Include information on the number of employees/departments/divisions/branches/teams:  (Open Text Response) | Activate for EFP |
| EFP | Activate Question | Position Assignment Details | Describe in detail the workplace support that will be provided (e.g., office setting, computer equipment, clerical and administrative support, peer support, dedicated resources):  (Open Text Response) | Activate for EFP |
| EFP | Activate Question | Position Assignment Details | What recent changes or upcoming reorganizations may impact the assignment(s) or supervisor assigned to the candidate?  (Open Text Response) | Activate for EFP |
| EFP | Activate Question | Position Assignment Details | Describe the types of activities the candidate would work on in this position  (Open Text Response) | Activate for EFP |
| EFP | Activate Question | Position Assignment Details | Proposed Initial Project(s):  (Open Text Response) | Activate for EFP |
| EFP | Question Addition | Position Assignment Details | n/a | How would you describe your program’s current evaluation capacity?  None – No dedicated evaluation staff  Some – We have some staff dedicated to evaluation  Substantial – We have substantial number of staff dedicated to evaluation |
| EFP | Question Addition | Position Assignment Details | n/a | Describe the [evaluation] staff and other [evaluation] resources available  (Open Text Response) |
| EFP | Question Addition | Position Assignment Details | n/a | How would hosting a Fellow improve your program's evaluation capacity and/or quality of evaluation? In this description, it would be helpful to share how your program may be impacted if you do not get an Evaluation Fellow and how your program may sustain evaluation beyond the fellowship if you do get a fellow.  (Open Text Response) |
| EFP | Activate Question | Supervisors | Supervisor Full Name  (Short Open Text Response) | Activate for EFP |
| EFP | Activate Question | Supervisors | CDC Employee?  (Yes/No) | Activate for EFP |
| EFP | Activate Question | Supervisors | Job Title  (Picklist) | Activate for EFP |
| EFP | Activate Question | Supervisors | Specify Job  (Short Open Text Response) | Activate for EFP |
| EFP | Activate Question | Supervisors | Email  (Short Open Text Response) | Activate for EFP |
| EFP | Activate Question | Supervisors | Does the supervisor have mentoring experience?  (Yes/No) | Activate for EFP |
| EFP | Activate Question | Supervisors | Years of experience?  (Number) | Activate for EFP |
| EFP | Activate Question | Supervisors | Describe your experience with managing and supervising staff from cultures different than yours  (Open Text Response) | Activate for EFP |
| EFP | Activate Question (with slight language change) | Supervisors | Describe why the supervisor would be a good mentor/coach for a[n evaluation] fellow/associate and how the primary supervisor will foster growth and development [in evaluation].  (Open Text Response) | Activate for EFP |
| EFP | Question Addition | Supervisors | n/a | Please outline a brief supervision plan that will ensure appropriate on-the-job training, management of the associate’s workload and performance, and support for the associate’s professional and personal growth.  (Open Text Response) |
| EFP | Instructional Text Addition (for above question) |  | “In this description, include any efforts or practices in your program/team that promote diversity, equity, belonging, inclusion, and accessibility (DEBIA).Is the mentor(s) and/or team mostly remote, in person, hybrid? Please describe how this may play into mentorship and work culture.” | Activate for EFP |
| EFP | Question Addition | Position Assignment Details | n/a | The Fellowship is a training program and accepts candidates with varying levels of program evaluation experience. Indicate the level of program evaluation experience required for your program’s project(s).  O Very experienced (Has experience leading small and medium sized evaluations)  O Moderately experienced (Has experience working independently on small and medium sized evaluations)  O Slightly experienced (Has experience working with considerable support on small and medium sized evaluations) |
| EFP | Question Addition | Position Assignment Details | n/a | Fellows come in with either master’s or doctoral degree(s). Which degree level is your program seeking to hire? This will help us focus our recruiting and finalist selection.  O Master’s  O Doctoral  O Master’s or Doctoral |
| EFP | Question Activation | Position Assignment Details | Special skills useful for this position?  (Open Text Response) | Activate for EFP |
| EFP | Instructional Text Addition (for above question) |  | n/a | A list is acceptable |
| EFP | Question Addition | Position Assignment Details | n/a | How many fellows is your program hoping to host?  (Number) |
| EFP | Question Addition | Program Funding | n/a | Fellow stipends vary based on education and experience. Please let us know the highest level of funding your program is budgeting for.  O GS-9 (Master’s degree only, no relevant work experience)  O GS-11 (Master’s degree with at least 1 year of relevant work experience)  O GS-12 (Doctoral degree)  O We’re applying for EFP-sponsored Evaluation Fellow. EFP funding will only cover salary & benefits. Host programs must be able to provide $5000/fellowship year for the Fellow’s professional development funds. |
| EFP | Question Addition | Program Funding | n/a | The CDC Evaluation Fellowship is intended to be two years. Which describes your program’s funding ability to host the Evaluation Fellow?  o Full cost of hosting the Fellow for the two years  o We’re only able to fund the professional development funds ($5000/fellowship year) for both years if we receive a PPEO-sponsored Evaluation Fellow.  o Other, specify |
| EFP | Question Addition | Program Funding | n/a | Specify:  (Short Open Text Response) |
| EFP | Question Activation | Position Assignment Details | What is the anticipated work status for this position?   1. In person 2. Telework/remote 3. Hybrid mostly in person (>50%) 4. Hybrid mostly remote (>50%) | Activate for EFP |
| EFP | Question Addition | Program Funding | n/a | Please affirm that your program will also be able to… These are expectations of host programs and will be in the MOA (check all that apply)  1. Provide funding for the Fellow’s salary & benefit  2. Provide $5,000 each fellowship year for professional development funds  3. Provide day-to-day administrative and personnel management as the Fellow’s administrative home and duty station  4. Assign a mentor with program content experience AND a mentor with program evaluation experience (these may be the same person)  5. Assign the Fellow with substantive program evaluation projects and activities that support their professional development and completion of the fellowship requirements  6. Allow limited time (up to 20%) for the Fellow to participate in training, professional development, and other special evaluation projects or EFP assignments  7. Provide any other essential equipment, supply, or funding for the Fellow perform their duties (e.g., laptop, travel for site visit, working capital)  8. Complete and sign an MOA by the deadline to receive finalists’ packets |
| EFP | Question Addition | Program Funding | n/a | Who is the administrative/management person who can certify funds, sign MOA, and work with EFP and HR on hiring and onboarding? Please provide first and last name and CDC user ID  (Short Open Text Response) |