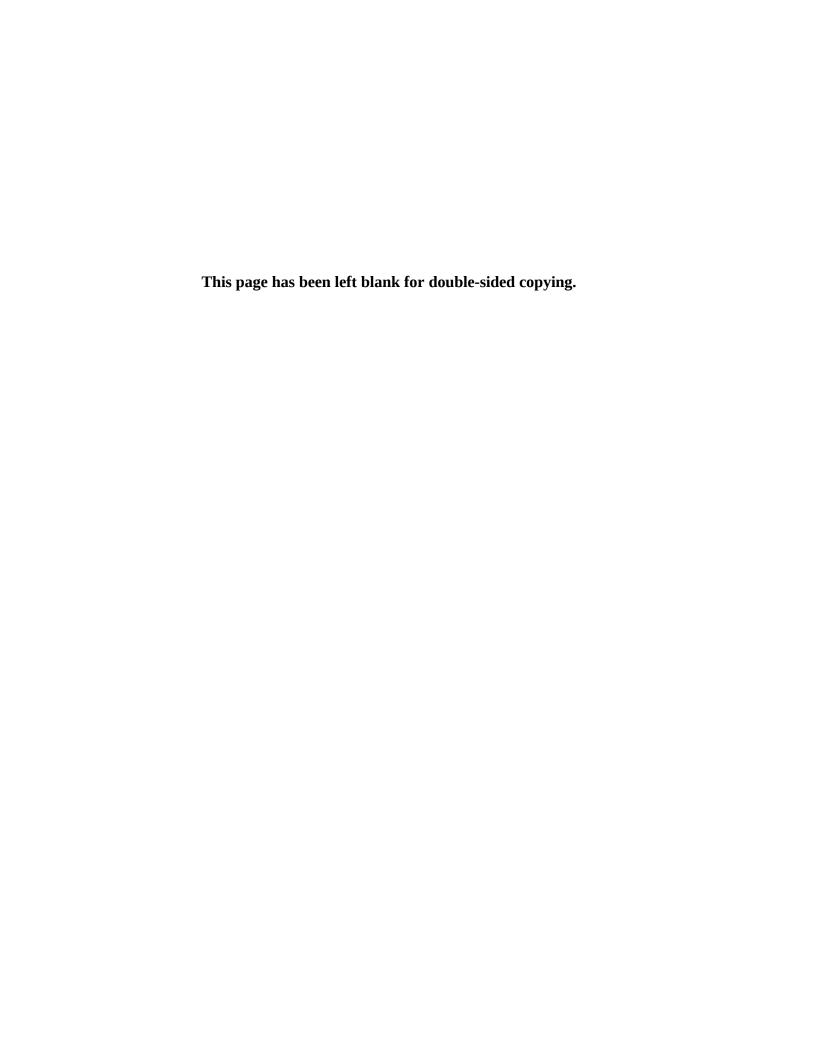
## APPENDIX B

## CMI DATA LINKAGES QUESTIONNAIRE ON PERSONNEL AND NON-PERSONNEL RESOURCES



OMB #: 0970-0356 APPENDIX B EXPIRATION DATE: 06/30/2021

NOTE: This questionnaire will be attached to an informational email (see Attachment 1).

## Child Maltreatment Incidence Data Linkages Questionnaire on Personnel and Non-personnel Resources

This questionnaire requests information about the resources your team has used to complete the project you are conducting as part of the Child Maltreatment Incidence Data Linkages (CMI Data Linkages) study. It asks about personnel resources (staff time) and non-personnel resources (for example, information technology, fees for accessing administrative data, and other expenditures not related to staff).

- Please answer all questions as completely as possible.
- If you have questions about this questionnaire, please contact Andrea Mraz Esposito at Mathematica Policy Research (<u>AMrazEsposito@mathematica-mpr.com</u>).
- Please email the completed questionnaire to <a href="mailto:AMrazEsposito@mathematica-mpr.com">AMrazEsposito@mathematica-mpr.com</a> within two weeks of receiving it. Thank you.
- 1. Please enter the date you are completing this questionnaire.

[MONTH, DAY, YEAR]

DRAFT APP B.3

2. **Personnel resources.** Using Table 1 below, please list all the people who spent time on your CMI Data Linkages project **from [MONTH], [YEAR] through [MONTH], [YEAR].** For each person listed, please indicate (1) the person's name or initials, (2) the person's position and agency/organization; (3) the primary activities the person performed for the CMI Data Linkages project during this period; (4) approximately how many hours the person spent on activities related to the CMI Data Linkages project during this period.

Indicate the approximate percentage of time each person spent doing activities related to the following general categories: (1) exploring data sources and establishing partnerships for data sharing; (2) acquiring or sharing data (including developing data sharing agreements, securing institutional review board approvals, and transferring data, if necessary); (3) preparing and linking data; (4) completing analyses; (5) reporting results, or (6) other activities. When estimating percentages, consider only the hours the person spent doing activities for the CMI Data Linkages project. For each person listed, the percentages should total to 100.

Please include *all* people who spent time on project activities (including staff from partner organizations), whether or not the person was paid with funds from the CMI Data Linkages site payment.

Table 1. Personnel resources

					Per	Percentage of time spent doing each type of activity				
Name or initials	Position	Agency/ Organization	Primary activities performed for the CMI Data Linkages project during this period	Number of hours spent on project activities during this period	Exploring data	Acquiring or sharing	Preparing and	Completing analyses	Reporting results	Other

DRAFT APP B.4

OMB #: 0970-0356 EXPIRATION DATE: 06/30/2021

3. **Other resources purchased**. From **[MONTH]**, **[YEAR] through [MONTH]**, **[YEAR]**, did your project team purchase any goods or services to implement the CMI Data Linkages project (for example, expenses related to information technology or fees for data access or Institutional Review Board approval)? If so, indicate the type of expenditure and the dollar amount in Table 2. Do not include any time contributed by staff at partner organizations. Please report staff time in Table 1 (above).

Please include *all* goods or services purchased for the project, whether or not the good or service was purchased using funds from the CMI Data Linkages site payment.

Table 2. Other resources purchased

Type of good or service purchased and purpose	Dollar amount				
	\$				
	\$				
	\$				
	\$				
	\$				

4. **Other resources received in kind.** From **[MONTH]**, **[YEAR] through [MONTH]**, **[YEAR]**, did your project team receive any goods or services in kind? In other words, did you project team receive any goods or services at no cost to the project? If so, please list these items in Table 3 and indicate their source (the agency or organization that provided them). Do not include staff time received from partner organizations. Report staff time in Table 1.

Table 3. Other resources received in kind

Type of good or service received and purpose	Source					

DRAFT APP B.5