

Attachment 6a: CRCCP Quarterly Program Update (Screenshots)

Welcome Page and Section 1. Respondent Information

CRCCP Quarterly Program Update DP20-2002

Form approved
OMB No. 0920-####
Expiration Date: ##/##/####

Welcome to the DP20-2002 Colorectal Cancer Control Program (CRCCP) Program Year X - Quarter X Program Update. In this short survey, you will report information related to spending, staff vacancies, program successes, and program challenges for the time period MM/DD/YYYY- MM/DD/YYYY. Information you provide will be used to inform CDC's technical assistance efforts. Please submit your responses by close of business on [date].

If you have any questions, please contact [CDC staff member] at [email address] or [phone number].

Public reporting burden of this collection of information is estimated to average 22 minutes per response, 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 (0920-1074).

Section 1. Respondent Information

1. With which CRCCP program are you affiliated?

2. Respondent role

Section 2. Award Spending

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3. How much of your total CDC CRCCP federal award funds for program year 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 CRCCP federal award.

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4. Have you experienced any challenges in spending your CRCCP federal funds?

4.a. Please describe your spending challenges:

5. Have you submitted any requests to the Office of Financial Resources or OFR (e.g., redirection of funds) that are pending?

5.a. For each request to OFR please provide the following:

Type of request

Date the request was submitted to OFR

Reason for the request

Section 3. Staff Vacancies

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6. Do you currently have any staffing vacancies for your CRCCP program?

7. Identify all positions funded under the CDC CRCCP award that are currently vacant and provide the date the position was vacated?

- Principal investigator Date Vacated:
- Program Manager/Program Director Date Vacated:
- Data Manager Date Vacated:
- Program Evaluator Date Vacated:
- Other: Date Vacated:
- Other: Date Vacated:
- Other: Date Vacated:
- Other: Date Vacated:
- Other: Date Vacated:
- Other: Date Vacated:

Sections 4-6:

Section 4. Program Success and Challenges

Section 5. Technical Assurances Needs

Section 6. COVID-19

Section 4. Program Successes and Challenges

8. Please describe notable accomplishments or successes that were achieved during the past quarter (XX/XX/XXXX - XX/XX/XXXX) and how those accomplishments/successes contributed to program outcomes. If none, leave blank.

9. Please describe any challenges that have limited program implementation or performance during the past quarter (XX/XX/XXXX - XX/XX/XXXX). If none, leave blank

Section 5. Technical Assistance Needs

10. Please describe any current technical assistance needs.

Section 6. COVID-19

11. Please describe any issues affecting your program or program operations due to COVID-19.

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