Form Approve OMB No: xxxx-xxxx Exp. Date: xx-xx-xxxx

We are sending a final friendly reminder to complete the 20XX ORS Annual Evaluation Survey by **[month date, year]**.

(insert link)

We have a great response rate so far so many thanks to those of you who have already responded! We appreciate your support and truly value your feedback.

As always, if you have any questions or concerns regarding the survey, please don't hesitate to reach out to the program performance team at this email address.

Have a great rest of the week!

Public Reporting burden of this collection of information is estimated at 2 minutes, 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 NW, MS D-74, Atlanta, GA 30333; Attn: PRA (xxxx-xxxx).