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

Greetings,

We hope everyone is having a great week!

We are excited to announce the dissemination of the 20XX ORS Annual Evaluation Survey. This survey speaks to your various components of this program and how these activities lead to shared, collective efforts to reduce drug overdoses a and effectiveness of this unique partnership between public health and public safety, as well as inform any program impro

Below you will find the link to the survey and we ask that you respond to the questions based on how the ORS program o

20XX ORS Annual Evaluation Survey

If you have any questions or concerns regarding the survey, please don't hesitate to reach out to the program performanc

We truly value your experience and look forward to your feedback.

Thanks and 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).