

***SUPPORTING STATEMENT: PART A***

**Performance Monitoring of CDC's Comprehensive Suicide Prevention Program**

**OMB# 0920-1368**

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#### Attachments

- A Authorizing Legislation: Public Health Service Act
- B Published 60-Day Federal Register Notice
- C Research Determination
- D Partners' Portal reporting platform
- E Privacy Act Applicability
- F Syndromic Surveillance Report

## Summary table

- **A Goal of the study:** This is a revision request to continue collecting performance monitoring data via a web-based Partners' Portal. Additionally, syndromic surveillance data will be collected via an excel sheet template. This data is needed to monitor the cooperative agreement program funded under the Comprehensive Suicide Prevention Program. The Centers for Disease Control and Prevention (CDC) National Center for Injury Prevention and Control (NCIPC) seeks OMB approval for 3 years for this revision request for the currently approved performance monitoring data collected will be used to monitor progress toward OMB# 0920-0136, expiration date 9/30/2025 needs to be replaced with information from accountabilitys funded under the Comprehensive Suicide Prevention Program hereafter known as CSP for funding to the Department of Health and Human Services (HHS), the White House, Congress, and other sources, upon request. Information to be collected will provide crucial data for program performance monitoring and provide CDC with the capacity to respond in a timely manner to requests for information about the program from the Department of Health and Human Services (HHS), the White House, Congress, and other sources. Information to be collected will also strengthen CDC's ability to monitor awardee progress, provide data-driven technical assistance, and disseminate the most current surveillance data on suicide and suicide attempts.
- **Methods to be used to collect:** Recipients will report progress and activity information to CDC on an annual schedule using a web-based Partners' Portal. Recipients will report syndromic surveillance data and related activity to CDC using a quarterly schedule using an excel sheet template. No research design or human subjects involved.
- **The subpopulation to be studied:** 100% of population no sampling
- **How data will be analyzed:** Section 301 (a) of the PHS Act, 42 U.S.C. 241 (a) and authorizes grants

to aid “other appropriate public authorities, scientific institutions, and scientists in the conduct of, and promote the coordination of, research, investigations, experiments, demonstrations, and studies relating to the cause, diagnosis, treatment, control and prevention of physical and mental diseases and impairments of man” (Attachment A).

### Background

Suicide rates have increased by about 36% between 2000 and 2023. In January 2020, CDC received an appropriation for its CSP program. This program seeks to reduce suicide morbidity and mortality by 10% in populations disproportionately impacted by suicide in participating jurisdictions. Recipients are required to develop a comprehensive approach to suicide prevention and then to implement and evaluate this approach. The comprehensive approach includes 1) convening of multi-sectoral partners, 2) using data to identify and learn about suicide in populations disproportionately impacted, 3) inventorying existing suicide prevention programs in the community, 4) selecting suicide prevention strategies and approaches with the best available evidence to complement existing programs, 5) creating a communication plan to keep interest-holders informed, and 6) ongoing implementation and evaluation. Evaluation will include monitoring of short-, intermediate-, and long-term outcomes as outlined in the program logic model and in Table A.1 below.

**Table A.1.** CSP Program Activities and Outcomes

Strategies and activities	Short-term outcomes	Intermediate outcomes	Long-term outcomes
<p><b>Strategy 1: Develop approach</b> Within first six months, assess partnerships, data, and existing capacity for suicide prevention to develop the comprehensive approach to suicide prevention:</p> <p>A. <b>Partnership:</b> Assess existing and new partnerships to create and implement a multi-sector partnership plan within 6 months of award.</p> <p>B. <b>Data use:</b> Use surveillance data to identify disproportionately affected populations (DAPs) and contributors to suicide morbidity and mortality within 3 months of award.</p> <p>C. <b>Asset and gap inventory:</b> Create an inventory of existing suicide prevention programs in the jurisdiction to identify assets and gaps within 3 months of award.</p> <p>D. <b>Strategy selection:</b> Use findings from the previous activities to select appropriate strategies or approaches from the <u>CDC Suicide Prevention Resource for Action (R4A)</u> within 4 months of award.</p>	<p><b>(Years 2 to 3)</b></p> <p>Increased and sustained critical multi-sector partner engagement in Comprehensive Suicide Prevention (CSP) programmatic and surveillance activities.</p> <p>Increased recipient and partner awareness of DAPs, suicide contributors, and emerging trends.</p> <p>Increased reach of suicide prevention strategies to address suicide burden among DAPs in jurisdiction.</p> <p>Increased use of evaluation findings for continuous quality improvement and outcome assessment.</p>	<p><b>(Years 3 to 4)</b></p> <p>Improved coordination of comprehensive upstream suicide prevention among recipients and partners within jurisdiction.</p> <p>Sustained recipient and increased partner use of surveillance data to inform suicide prevention.</p> <p>Sustained recipient infrastructure to lead implementation of comprehensive upstream suicide prevention in jurisdiction.</p> <p>Increased use of evaluation findings to sustain continuous quality improvement and to identify promising practices for</p>	<p><b>(Years 4 to 5)</b></p> <p>A 5% reduction in suicide mortality among selected DAPs.</p>
<p><b>Strategy 2: Implement approach</b></p>	<p>Increased partner awareness of CSP</p>		

<p>Following strategy 1 activities and no later than year 1, implement a comprehensive approach to suicide prevention:</p> <ul style="list-style-type: none"> <li>A. <b>Partnership:</b> Build, strengthen, and sustain partnerships to implement comprehensive suicide prevention activities</li> <li>B. <b>Data:</b> Use surveillance data to assess suicide contributors, trends, and inform suicide prevention and response.</li> <li>C. <b>Implementation:</b> Leverage partnerships to implement Strategies from the CDC Suicide Prevention R4A to address suicide contributors among DAPs and fill jurisdictional gaps.</li> </ul>			
<p><b>Strategy 3: Evaluate</b></p> <p>After strategy 1 activities and no later than year 2, evaluate the following for continuous quality improvement, to assess sustained capacity for suicide prevention in jurisdiction, and to identify which practices are more likely to result in a reduction in suicide:</p> <ul style="list-style-type: none"> <li>• Strategy 2 activities</li> <li>• Strategy 4</li> </ul> <p>NOFO outcomes.</p>	<p>programmatic, data, and evaluation findings.</p>	<p>others to use in preventing suicide.</p> <p>Decreased suicide risk factors and increased protective factors among DAPs in jurisdiction</p> <p>Reduction in suicide morbidity (for example, suicidal ideation, suicidal self-harm, suicide attempts) among</p>	
<p><b>Strategy 4: Communicate</b></p> <p>Following strategy 1 activities and no later than year 2, communicate and share programmatic and data findings to inform partner action.</p>			

## **A.2. Purpose and Use of Information Collection**

Annual information collection will continue upon receipt of OMB approval. NCIPC collected this performance monitoring data via a web-based Partners' Portal. The data entry interface of the Partner's Portal was developed using NCIPC-owned Microsoft Azure and Platform as a Service (PaaS) cloud solution. The Partners' Portal allows recipients to fulfill their annual reporting obligations efficiently by employing user-friendly, easily accessible web-based instruments to collect necessary information for both progress reports and continuation applications including work plans. This approach enables recipients to save pertinent information from one reporting period to the next and reduces the administrative burden on the annual continuation application and the performance monitoring process. Awardee program staff can review the completeness of data needed to generate required reports, enter basic summary data for reports annually, and finalize and save required reports for upload into other reporting systems as required.

This information collection has been carefully designed to align with and support the goals and objectives of the program as laid out in the program logic model. Specifically, recipients will provide an accounting of their progress in each of six elements of the comprehensive approach (i.e., partnerships, data, inventory, strategy selection and implementation, communications, and evaluation. Please see Attachment D and Table A.2.), as follows:

- Overview of progress for each element (i.e., description of the element, progress of the work, status [e.g., initiated, on track, revised, completed])
- Specific indicators of progress / annual performance measures
- Barriers/challenges and resolutions that arose during the year
- Technical assistance needs for each element
- Workplan for the following year pertaining to each element

The information collection plan proposed here will also generate a variety of routine and customizable reports. Recipient specific reports will allow each awardee to summarize activities and progress towards meeting strategies and performance measure targets related to the prevention of suicide and suicide attempts.

Quarterly syndromic surveillance information collection will be included upon receipt of OMB approval. CSP requires recipients to provide information about syndromic surveillance activities and use of syndromic surveillance data in the jurisdiction.

The quarterly syndromic surveillance report enables CSP recipients to provide quarterly updates to partners in their individual jurisdictions, describing trends in syndromic surveillance data, including upticks or changes in patterns or groups impacted to promote tailored suicide prevention outreach. Use of syndromic surveillance data enhances comprehensive suicide prevention efforts by monitoring emergent trends in suicide morbidity and using data to inform near real-time response to emergent trends or identified hotspots and upticks by recipients and suicide prevention partners. Quarterly reporting ensures CDC is apprised of trends in suicide related emergency department visit data within jurisdictions.

Please see attachment F and Quarterly Syndromic Surveillance Report Data Elements below:

- Number of facilities in the jurisdiction submitting data to the National Syndromic Surveillance Program (NSSP) ESSENCE data system (count and percentage)
- Total number of emergency department visits for suicide related outcomes, including suicidal ideation and attempts
- Uptick or changes of emergency department visits for suicide-related outcomes for specific DAPs from NSSP ESSENCE data system
- Observed changes in suicide related outcomes for the quarter
- Current response to the observed changes or trends
- Challenges experienced in onboarding facilities, accessing data, monitoring suicide-related outcomes, responding to emergent trends, using the NSSP ESSENCE data system, etc.
- Actions taken by the state team or engaged partners in response to syndromic surveillance findings Syndromic surveillance dissemination products (e.g., dashboards, reports, factsheets, data briefs, publications, newsletters, etc.,) including url links to any available products.

The results of the data collection have been vital to ensuring efficient management of the program since the program's inception in 2020, including the last three years of OMB approval. Results will continue to allow NCIPC staff to provide data-driven technical assistance to recipients. In addition, the data collection informs the continuous quality improvement process and allows NCIPC staff to make annual course corrections and describe the impact on suicide-related outcomes.

The information collection procedures also allows NCIPC to respond to frequent inquiries about suicide prevention work from the Department of Health and Human Services, the White House, Congress and other interest-holders, as well as work towards our vision of "No lives lost to suicide" and our mission to, "Use data, science, and partnerships to identify and implement effective suicide prevention strategies to foster healthy and resilient communities across the United States" per our suicide prevention strategic plan.

NCIPC will continue to use the information collected to perform program activities to accomplish the following objectives:

- Monitor each awardee's progress and identify facilitators and barriers to program implementation and achievement of outcomes. Monitoring allows NCIPC to determine whether an awardee is meeting stated performance goals, to inform awardee continuous quality improvements, and to inform the type of intensity of CDC-provided technical assistance to support attainment of their performance measures.
- Identify trends in injury surveillance data to inform state foci for suicide prevention and intervention strategies as well as the production of relevant reports, journal articles, and resources for state health departments.
- Identify, translate, and disseminate information about successful suicide prevention and control strategies implemented by recipients through the development of journal articles, tools, templates, and other suicide prevention resources/products.



Program recipients use the information collected to track and coordinate their activities and to improve their efforts to prevent suicide. Reporting of progress allows recipients to note any gaps in their program and allows recipients the opportunity to reach out for technical assistance from CDC related to any gaps, barriers, or challenges. Recipients also have the opportunity to notate successes and determine what they will continue doing in the upcoming year, per the workplan.

**Table A.2.** Methods to Measure Annual Performance

CSP Outcomes	Example Indicators
<b>Short term Outcomes</b>	
Increased and sustained critical multisectoral partner engagement in CSP programmatic and surveillance activities	Increased number of critical partners who are working with DAPs and engaged in CSP activities.
Increased recipient and partner awareness of DAPs, suicide contributors, and emergent trends	Increased number of partners requesting or subscribing to CSP data products.
Increased reach of suicide prevention strategies to address suicide burden among DAPs in jurisdiction	Increased number of trainings implemented, Increased number of participants trained,
Increased utilization of evaluation findings for continuous quality improvement and assessment of outcomes	Number and description of how evaluation data has been used for program improvements
Increased partner awareness of CSP programmatic, data, and evaluation findings	Increased proportion of partners reporting increased awareness from CSP products
<b>Intermediate Outcomes</b>	
Improved coordination of comprehensive suicide prevention among recipients and partners within jurisdiction	Increased percentage of partners who are working with DAPs and are sustainably engaged in CSP activities
Sustained recipient and increased partner use of surveillance data to inform suicide prevention and response	Increased number of partners who report using CSP data to inform action to reduce or prevent suicide
Sustained recipient infrastructure to lead implementation of comprehensive suicide prevention in jurisdiction	Sustained funding for suicide prevention, Increased staff capacity to implement CSP activities, Increased leadership for CSP within jurisdiction
Decreased risk factors and increased protective factors among DAP(s) in	Improvements in connectedness, coping skills identifying and responding to people at risk of

jurisdiction	suicide, among others
Increased utilization of evaluation findings to improve programs and practices to reduce and prevent suicide	No applicable indicators. Will assess with recipient narrative reporting in the annual progress reports.
Reductions in suicide morbidity among selected DAPs	Number and rate of suicide ideation and/or attempts
<b>Long-term Outcomes</b>	
Reduction in suicide mortality among selected DAPs	Number and rate of suicide

An Annual Federal Financial Report (OMB# 0920-1132) is also required to be submitted to Office of Financial Resources (OFR) separately by grantees. This report is not required, developed, or reviewed by NCIPC's program staff as part of the performance monitoring. It is handled by OFR as part of its grant's financial management responsibilities. As such, it is not included as part of this request.

### **A.3. Use of Improved Information Technology and Burden Reduction**

NCIPC developed the web-based Partners' Portal Annual Progress Report to allow for a 100% electronic reporting (Attachment D and D1). The Partners' Portal is a user-friendly interface which will be quicker, easier, and more intuitive for recipients to use than excel templates or word documents. Use of the Partners' Portal will require very little training and recipients will use the tools provided to record and update grant information.

There are significant advantages to collecting information using the Partners' Portal:

- The data structures and business rules will help recipients formulate performance measures that are specific, measurable, achievable, relevant and time-framed (SMART). This formulation is intended to facilitate successful achievement of performance measures and is integral to CDC's program evaluation strategy for the program.
- The information being collected provides crucial information about each awardee's work plan, activities, partnerships, successes, challenges and progress over the award period.
- The Partners' Portal contains built in data validation, calculations, and guidance to allow for easy entry, review, and reporting of indicator data.
- Capturing the required information uniformly will allow CDC to formulate ad hoc analyses and reports for program evaluation and manuscript development.
- The relational database structure in which the data are stored allows for CDC to gain immediate access to data for reporting, thereby improving timeliness. In addition, it allows for multiple recipients from each state to simultaneously enter information, which reduces the amount of collective time spent providing updates.

Recipients will complete simple information fields in a web-based data entry form, tailored for their specific work plans, and submit to assigned NCIPC staff on an annual basis.

The Partners' Portal improves information quality by minimizing errors and redundancy. Having all the information collected in the same place in the same manner will reduce the level of burden attributable to redundancy and reduce the workload to enter and maintain the data.

The system is configured to prepopulate from one year to the next, which minimizes data re-entry, burden, and potential errors.

The use of a standard set of data elements, definitions and specifications at all levels will help to improve the quality and comparability of performance information that is received by CDC for multiple recipients and multiple award types. Further, standardization will enhance the consistency of work plans and reports, enable examination of cross-program performance and strategies, and will facilitate a higher degree of reliability by ensuring that the same information is collected on all strategies and performance measures with slightly different areas of emphasis. Finally, the report generation capabilities of the Partners' Portal will reduce the respondent burden associated with Excel- and Word-based reports. Without this integrated web-based approach to information collection and reporting, recipients and CDC would need to continue to use time-consuming, labor-intensive procedures for information collection and reporting.

Due to the schedule of syndromic surveillance reports submitted by recipients once per quarter, excel sheet templates will be used in addition to the Partner's Portal for Annual Progress Reports. Excel allows for efficient submissions and requires very little training for recipients (Attachment F).

#### **A.4. Efforts to Identify Duplication and Use of Similar Information**

Since CDC is the only federal agency providing funding for "Comprehensive Suicide Prevention Program" the information collected from grantees is not available from other sources. The information is specific to the grantees funded under Comprehensive Suicide Prevention Program and collection of this information is part of a federal reporting requirement for funds received by grantees. The templates will consolidate information necessary so that information entered can be used to generate the reports without having to duplicate efforts.

#### **A.5. Impact on Small Businesses or Other Small Entities**

No small businesses will be involved in this data collection.

#### **A.6. Consequences of Collecting the Information Less Frequently**

Annual Performance Report data will be collected in alignment with annual progress reporting requirements which are due 120 days before the end of the budget period and serves as a non-competing continuation application. Less frequent reporting would undermine accountability efforts at all levels and negatively impact monitoring awardee progress.

Syndromic surveillance reports will be collected on a quarterly basis due to the timely availability of the near real-time data. As this data changes rapidly, less frequent reporting would negatively impact monitoring awardee and partner progress towards regularly utilizing vital information to prevent suicide. Quarterly reporting ensures CDC is apprised of trends in suicide related emergency department visit data within jurisdictions.

The annual and quarterly reporting schedules ensure that CDC responds to inquiries from HHS, the White House, Congress and other interest-holders are based on timely and up-to-date information. Typical inquiries involve requests for specific details on project activities and what successes have been achieved by grantees.

#### **A.7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5**

The request fully complies with the regulation 5 CFR 1320.5.

#### **A.8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency**

##### **A.8.a) Federal Register Notice**

A 60-day Federal Register Notice was published in the Federal Register on June 16, 2025, Vol. 90, No.114, pp. 25288-9 (Attachment B). CDC received no public comments on the 60-day Federal Register Notice.

##### **A.8.b) Efforts to Consult Outside the Agency**

The Partners' Portal was designed collaboratively by CDC staff and selected contractors. Consultation will continue throughout the implementation process. The Partners' Portal is an existing tool currently used for performance monitoring across multiple NCIPC programs. Ongoing quality assurance practices include seeking partner feedback (both internally and externally) on Partners' Portal ease of use.

The Syndromic Surveillance Quarterly Report excel sheet template was designed collaboratively by CDC and representatives from state and local health departments as part of the Emergency Department Surveillance of Nonfatal Suicide-Related Outcomes (ED-SNSRO) cooperative agreement. Upon the end of the cooperative agreement, the template was adapted for use in the CSP program.

#### **A.9. Explanation of Any Payment or Gift to Respondents**

Respondents will not receive payments or gifts for providing information.

#### **A.10. Protection of the Privacy and Confidentiality of Information Provided by Respondents**

The NCIPC-CIO has determined that the Privacy Act does not apply for this information collection request. There have been no changes to the previously approved PTA/PIA. NCIPC is currently pursuing approval for a renewed PTA/PIA and will submit the PTA/PIA for inclusion in the PRA package once it is received. Respondents are cooperative agreement recipients. No personal contact information will be collected. All data will be reported in aggregate form, with no identifying information included. Because data are maintained in a secure, password protected system, and information will be reported in aggregate form, there is no impact on

respondent privacy. Key program staff will provide information related to programmatic improvement and they will be notified that their responses on the electronic information system will be treated in a secure manner. Staff identifiers will not be used in any progress reports. The information collection does not require consent from individuals. All procedures have been developed, in accordance with federal, state, and local guidelines, to ensure that the rights and privacy of key recipients' program staff (e.g., program director) will be protected and maintained.

While consent is not required to report aggregate data, awardee approval will be obtained if specific recipient data is used for publications, reports, or other publicly disseminated information. Respondents are 24 state, local, and territorial health departments and 3 universities. Although contact information is obtained for each awardee, the contact person provides information about the organization, not personal information. No system of records will be created under the Privacy Act. Submission and access to recipient data will be controlled by a password-protected login to the secure Partners' Portal. Access levels vary from read-only to read-write, based on the user's role and needs. CDC staff, and evaluation contractors will have varying levels of access to the system with role-appropriate security training, based on the requirements of their position(s). Aggregated information will be stored on an internal CDC Access server subject to CDC's information security guidelines.

#### **A.11. Institutional Review Board (IRB) and Justification for Sensitive Questions**

##### **IRB Approval**

The CDC National Center for Injury Prevention and Control's OMB and human subject's liaison has determined that IRB approval is not needed for this non-research collection (Attachment C). No personal information will be collected, and human participants will not be used.

##### **Sensitive Questions**

The proposed tools do not collect sensitive information.

#### **A.12. Estimates of Annualized Burden Hours and Costs**

Respondents are the recipients of the CSP cooperative agreement. Recipients will report information to NCIPC about their activities, performance measures, outcomes, and progress. This data will be collected via the Partners' Portal (Attachment D) and the Syndromic Surveillance Report (Attachment F). NCIPC will develop guidance documents for reporting to facilitate data submission. NCIPC will also provide technical assistance through optional webinars to introduce recipients to the Partners' Portal and provide ongoing assistance, if necessary, via routine monthly calls with recipients for performance monitoring.

The total annual burden for all grantees is 480 hours, as summarized in Table 1. Estimates for burden were developed based on preliminary pilot tested by 9 current recipients and revisions to the portal were made per feedback from similar programs at NCIPC. The estimate for the Annual

Reporting Template includes time for reviewing instructions, searching sources, data collection, and completion of the templates. The estimate for the Syndromic Surveillance Report includes time for reviewing instructions, reviewing syndromic surveillance data changes, and completion of the data entry in excel.

Table 1. Estimated Annualized Burden Hours

Type of Respondents	Form Name	Number of Respondents	Number of Responses per Respondent	Average Burden per Response (in hours)	Total Burden (in hours)
CSP Program Recipients	Annual Progress Report (Att D)	24	1	12	288
CSP Program Recipients	Syndromic Surveillance Report (Att F)	24	4	2	192
<b>Total</b>					<b>480</b>

Table 2. Estimated Annualized Burden Costs

A program manager will prepare the annual progress reports. The average hourly wage for a program manager is \$38.13. The hourly wage rates for program managers are based on wages for similar mid-to-high level positions in the public sector. An epidemiologist will prepare the quarterly syndromic surveillance reports. The average hourly rate for an epidemiologist is \$38.00. This rate is based on the hourly wage for epidemiologists working for State governments. The total estimated annualized cost is \$18,277.44, as summarized in Table 2.

[https://www.bls.gov/oes/current/oes\\_stru.htm](https://www.bls.gov/oes/current/oes_stru.htm)

Type of Respondent	Form Name	Number of Respondents	Number of Responses per Respondent	Average Burden per Response	Average Hourly Wage Rate (in dollars)	Total Respondent Cost
CSP Program Recipients	Annual Progress Report (Att D)	24	1	12	\$38.13	\$10,981.44
CSP Program Recipients	Syndromic Surveillance Report (Att F)	24	4	2	\$38.00	\$7,296.00
<b>Total</b>						<b>\$18,277.44</b>

### **A.13. Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers**

This data collection will not result in costs for respondents or record keepers. No capital or maintenance costs are expected. Additionally, there are no start-up, hardware or software costs.

### **A.14. Annualized Cost to the Government**

Table 3. Estimated Annualized Cost to the Government

Type of Cost	Description of Services	Annual Cost
CDC Personnel	<ul style="list-style-type: none"><li>• 5% GS-11@\$78,189/year x 3= \$11,728</li><li>• 5% GS-12@\$93,716/year x 3= \$14,057</li><li>• 10% GS-13 @ \$111,442 /year = \$11,144</li><li>• 5% GS-13 @ 111,442/ year x 8=\$44,577</li><li>• 5% GS-14 @ \$131,690/year x2= \$13,169</li><li>• 5% GS-15 @ \$154,902/year= \$7,745</li></ul>	\$102,420
Contractor	Data Collection Contractor	\$100,000
Total Annual Estimated Costs		<b>\$202,420</b>

### **A.15. Explanation for Program Changes or Adjustments**

This revision request is for the addition of a new instrument to monitor syndromic surveillance data on a quarterly schedule and to update the estimated annualized cost to the government. The quarterly syndromic surveillance report enables CSP recipients to provide quarterly updates to partners in their individual jurisdictions, describing trends in syndromic surveillance data, including upticks or changes in patterns or groups impacted to promote tailored suicide prevention outreach. Quarterly reporting ensures CDC is apprised of trends in suicide related emergency department data within jurisdictions. The total estimated annualized cost to the government increased from \$186,998 to \$202,420. The estimated increase change in burden from the last OMB approval is 192 hours (480 present request – 288 previous approval).

### **A.16. Plans for Tabulation and Publication, and Project Time Schedule**

CDC will not use elaborated statistical methods for analyzing information. In certain cases, count data is collected (e.g., number of trainees, number of emergency department visits, number of publications, etc.); however, most of these data are used to better understand grantees productivity and activities. For example, the difference between baseline rates and achieved rates on indicators will be documented and analyzed. Furthermore, the information in the annual review and quarterly syndromic surveillance report templates will allow for CDC staff to monitor program activities and implementation and provide technical assistance to grantees after an internal qualitative review has been completed.

Information collected by the recipients will be reported in internal CDC documents and shared with awarded programs. Publication in a peer-reviewed scientific journal will be determined post-data collection.

<b><i>Project Time Schedule</i></b>	
<b>Activity</b>	<b>Time Schedule</b>
Annual data collection as described in Section A.2 and A.12	Ongoing once annually 1-30 months after OMB approval.
Data cleaning and analysis	Ongoing annually 4-36 months after OMB approval.
Reporting of evaluation data and findings to recipients and stakeholders	Ongoing annually 8-36 months after OMB approval.
Quarterly data collection as described in Section A.2 and A.12	Ongoing quarterly 6 months after OMB approval

**A.17. Reason(s) Display of OMB Expiration Date is Inappropriate**

The display of the OMB expiration date is not inappropriate.

**A.18. Exceptions to Certification for Paperwork Reduction Act Submissions**

There are no exceptions to the certification.