THE PERFORMANCE MEASURES PROJECT: IMPROVING PERFORMANCE MEASUREMENT AND MONITORING BY CDC PROGRAMS

REVISION

PART A: JUSTIFICATION

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Contact: Clay Cooksey
Telephone: (404) 639-2236
E-mail: zwx2@cdc.gov
Performance and Evaluation Office
Office of Policy, Performance and Evaluation
Office of the Director
Centers for Disease Prevention and Control
Atlanta, Georgia

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3. GenIC Request Template for CDC/ATSDR Programs
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5. Federal Register Notice Comments
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8. GenIC Completion and Carryover Report (includes a list of previously approved GenICs submitted for continuation as part of the Revision ICR)

Goal of the project: To provide a flexible and timely approval framework that facilitates the collection of information needed to measure and improve the performance of recipients of CDC/ATSDR funding. Through participation in the Performance Measures Project (PMP), CDC/ATSDR programs and recipients will: 1) Develop strong performance measurement tools and practices; 2) define and operationalize priority performance measures tailored to a specific public health initiative; and 3) establish common data collection and reporting expectations across all recipients.

Intended use of the resulting data: The intended use of the resulting data is to generate general purpose statistics, to assess program progress (at both the local recipient-specific and CDC/ATSDR program-wide levels), to provide data that can inform program evaluation, to assist with program planning/management, and to improve the accountability of federal funds provided to recipients.

Methods to be used to collect: Participating CDC/ATSDR programs will provide the program-specific information collection forms to each recipient to facilitate standardized performance data collection at the local level. Recipients will report these standardized performance data directly to CDC/ATSDR programs on a periodic basis to assess progress toward achieving desired program outcomes as defined by the program. The default periodic basis is annual reporting, but programs may propose alternate reporting schedules if needed.

The subpopulation to be studied: Respondents will be recipients of CDC/ATSDR funding. CDC's Performance Measures Project (PMP) will work with up to 40 new CDC programs. The number of recipients per CDC/ATSDR program will vary dependent on program activity, and the expected average is approximately 35 recipients per program.

How the data will be analyzed: Data will be analyzed by the CDC/ATSDR program to assess recipient progress toward the key outcomes defined by the public health initiative. The information collected is meant primarily for program improvement and accountability; it is not intended to be used as the principal basis for policy decisions.

1. Circumstances Making the Collection of Information Necessary

Each year, approximately 75% of the CDC/ATSDR's congressionally appropriated funding goes to extramural organizations, including state and local partners, via contracts, grants, and, most commonly, cooperative agreements. The availability of funding for grants and cooperative agreements is announced through a Notice of Funding Opportunity (NOFO). CDC awards up to 100 new, non-research NOFOs each year (each funded for 1 to 5 years). These awards may have only a few funded recipients or more than

50 (such as when a CDC/ATSDR program provides funding to all states and territories). Monitoring and reporting of program performance is required of any non-federal entity receiving federal funds under 45 CFR 75.342 (**Attachment 1**); "The Non-Federal entity must monitor its activities under Federal awards to assure compliance with applicable Federal requirements and performance expectations are being achieved".

CDC's Performance and Evaluation Office (PEO) provides technical assistance to CDC programs and external partners to improve the performance of CDC/ATSDR-funded public health initiatives. An important PEO activity is providing technical assistance to CDC/ATSDR programs as they develop Notice of Funding Opportunities (NOFOs) for cooperative agreements and grants to award federal funds (e.g., to state and local recipients) to implement public health initiatives. An important element of program implementation is the development of program performance measures and the infrastructure for collecting these data by local recipients and reporting these data to CDC/ATSDR. The Performance Measures Project (PMP) works with CDC/ATSDR programs, providing tools, templates, and technical assistance to develop and implement priority performance measures that funded recipients report to CDC/ATSDR.

CDC/ATSDR programs develop logic models for each NOFO, describing the key programmatic strategies and activities and the short/medium/long-term outcomes funded recipients are expected to achieve during their period of performance. Programs develop performance measures customized to a NOFO-specific public health initiative to assess actions prescribed by the logic model with the immediate goal of monitoring progress and the long-term goal of improving performance.

CDC/ATSDR programs may customize the sample "Recipient Codebook Technical Specifications" and the sample "Recipient Data Reporting Guide" (**Attachment 2**) to measure, at the local level, the desired public health outcomes of a particular public health initiative, in compliance with the Paperwork Reduction Act (PRA). Individual collection requests submitted under this generic approval will include the tailored forms and a GenIC Request Template for CDC/ATSDR Programs (**Attachment 3**).

The sample Recipient Codebook Technical Specification Instrument provides standardized technical specifications for operationalizing performance measures. The CDC/ATSDR program, in collaboration with the funded recipients will document these technical specifications for each performance measure developed for a particular public health initiative. The sample Performance Measure Reporting Instrument is what the CDC/ATSDR programs will adapt and use for all recipients to report the performance data in a standardized way.

Since the initial generic information collection was approved in January 2020, multiple CDC/ATSDR programs have used this mechanism to improve and routinize collection and reporting of key performance data. Initially, participation in the PMP was limited to CDC/ATSDR programs developing new, domestic, non-research NOFOs funded through the cooperative agreement mechanism. The generic information collection that was approved June 2023 allowed the PMP to expand eligibility to include international programs and programs funded under grants or contracts. CDC/ATSDR will continue to use the PMP generic framework for information collection that is uncontroversial, low burden, and provides a significant benefit to recipients. Each information collection activity will be submitted to OMB for review and approval as a new "GENIC". OMB approval of the generic clearance is requested for three years.

2. Purpose and Use of the Information Collection

Information collection instruments that are customized to reflect program-specific performance measures have allowed CDC/ATSDR programs to collect data for a particular cooperative agreement in a uniform and systematic manner across all recipients, provide a single reporting format, and have reduced the burden on individual funded recipients. Standardized collection and reporting of performance measures results in higher quality performance data and allows CDC/ATSDR to monitor how individual recipients are progressing toward implementing the activities and achieving their outcomes and allows CDC/ATSDR to more easily aggregate data across all funded organizations. These data are used by CDC/ATSDR to monitor trends for each performance measure over the life of the public health initiative and help show each program's successes and challenges, make course corrections as needed, and identify technical assistance needs.

This generic clearance also allows the funded recipients to efficiently report their performance data using an instrument customized to a particular cooperative agreement. Having a standardized instrument makes it easier for them to report data consistently and accurately across reporting periods. The staff from funded recipient organizations are able to more easily enter data and review for completeness, enter basic summary data for reports, and save required data for use with other reporting systems.

3. Use of Improved Information Technology and Burden Reduction

CDC/ATSDR Programs and funded recipients will use some form of electronic data collection. Building on existing data infrastructure, this will be either a web page, email or On-line Data Collection Systems, such as Sharepoint, RedCap, AMP etc..

4. Efforts to Identify Duplication and Use of Similar Information

The information collected from funded recipients is not available from other sources in a consistent format.

5. Impact on Small Businesses or Other Small Entities

No small businesses will be involved in this data collection, unless contracted by local funding recipients.

6. Consequences of Collecting the Information Less Frequently

Performance measure data will be collected at least annually in accordance with program guidance and relevant public health initiative award terms and conditions. Less frequent reporting would undermine accountability efforts at all levels and negatively impact monitoring recipient progress. The periodic reporting schedule ensures that CDC/ATSDR responses to inquiries from HHS, Congress and other stakeholders are based on timely and up-to-date information.

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

This request fully complies with the regulation 5 CFR 1320.5.

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

A 60 Day Federal Register Notice (60-Day-13-1282J; Docket No. CDC-2026-0298) was published in the Federal Register on 2/24/2026; volume 91, number 36, page 8882 (**Attachment 4**).

CDC/ATSDR received one non-substantive comment to the 60-day Federal Register Notice (**Attachment 5**). No changes were made to the information collection plan.

9. Explanation of Any Payment or Gift to Respondents

Respondents will not receive payments or gifts for providing information.

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

Staff from the CDC/ATSDR Office of Science have reviewed this Information Collection Request and have determined that the Privacy Act is not applicable (**Attachment 6**). The data collection does not involve collection of sensitive or identifiable personal information. Although contact information is obtained for each funded recipient (state or local jurisdiction), the contact person provides information about the organization, not personal information. No system of records will be created under the Privacy Act.

Recipients are required to provide data as a condition of cooperative agreement funding and will submit data via secure mechanism (e.g., email, password protected website, Sharepoint).

While consent is not required to report aggregate data, recipient consent will be obtained if their specific data are used for publications, reports or other publicly disseminated information.

Aggregated information will be stored on an internal CDC SQL server subject to CDC/ATSDR's information security guidelines. CDC/ATSDR staff, technical assistance, and training contractors will have varying levels of access to the system with role-appropriate security training, based on the requirements of their position(s).

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

The proposed generic clearance does not collect sensitive information.

12. Estimates of Annualized Burden Hours and Costs

A. Estimated Annualized Burden Hours

The burden request for this generic is based on estimates for two categories of GENICs.

- New GENICs. CDC estimates that up to 40 CDC funded programs will be phased in over the next three-year project period. There will be an approximate average of 35 awards per participating cooperative agreement, grant, or contract, and up to 875 recipients (across all participating programs). For purposes of burden estimation, CDC is estimating biannual reporting, although some programs may report once per year (875 recipients x 2 responses/year = 1,750 responses

per year). The estimated burden per response is 40 hours. The annualized request for new GENICs is 1,750 responses and 70,000 burden hours.

- Continuation of previously approved GENICs (i.e., previously approved funding programs and information collection instruments). During the initial approval period for generic 0920-1282, information collection was initiated for 5 CDC/ATSDR programs. These are multi-year awards and there is a need to continue performance monitoring for 3 years. Due to the use of the 0920-1282 generic for cross-NOFO collaborations, the number of responses and average burden per response vary substantially and in some cases exceed the estimates provided above for typical new GENICs. CDC/ATSDR is requesting 34,949 annualized burden hours and 3,236 annualized responses for these activities.

Overall, CDC is requesting 4,986 annualized responses and 104,949 annualized burden hours.

OMB approval is requested for 3 years. Over this period, CDC is requesting 14,958 responses and 314,847 burden hours.

Attachment 8 (Completion and Carryover Summary) provides breakdowns for the methodology used to calculate these estimates. CDC/PEO will monitor capacity and usage, and as needed may request adjustments through the Change Request mechanism.

Previously approved GENICs are submitted with this Revision ICR and their continuation will be effective upon OMB approval of the package. New information collection activities will be submitted individually to OMB as additional GENICs. In all cases, information collection instruments will be based on PMP templates and tailored to the specific needs of the participating CDC/ATSDR program.

Table A.12-A. Estimated Annualized Burden to Respondents

Type of Respondents	Form Name	Number of responses	Number of responses per respondent per year	Average burden per response (in hours)	Total burden (in hours)
CDC/ATSDR Award Recipients (new GENICs)	Performance Measures Project Information Collection Tool	1,750	1	40	70,000
CDC/ATSDR Award Recipients (continuation of previously approved GENICs)	Performance Measures Project Information Collection Tool	3,236	1	10.8	34,949
Total		4,986			104,949

B. Estimated Annualized Cost to Respondents

Estimates for the average hourly wage for respondents are based on the U.S. Department of Labor Bureau (DOL) of Labor Statistics May 2025 National Occupational Employment and Wage Estimates (http://www.bls.gov/oes/current/oes_nat.htm). Based on DOL data, the average hourly wage for an epidemiologist is estimated to be $47.06. The total estimated annualized cost is $4,938,899.94 and the fully loaded cost burden is $9,877,799.88 as summarized in Table A.12-B.

Table A.12-B. Estimated Annualized Cost to Respondents

Type of Respondents	Total burden (in Hours)	Average Hourly Wage	Total Cost	Wage rate multiplier	Fully loaded Cost Burden
CDC/ATSDR Award Recipients	104,949	$47.06	$4,938,899.94	X2	$9,877,799.88

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

No capital or maintenance costs are expected.

14. Estimates of Annualized Cost to the Federal Government

The cost to the Federal Government is approximately $127,731; 50% of a GS-14 step 5 epidemiologist and 50% of a GS-12 step 5 public health analyst). Fully loaded cost burden is $255,462 (estimated at 200% of hourly wage). SALARY TABLE 2025-ATL

15. Explanation for Program Changes and Adjustments

The scope of the Revision allows for the continuation of data collection for applicable CDC programs with data collection needs that will remain after June 30, 2026, as well as new data collections per CDC's 104,949 estimated annual burden hours.

16. Plans for Tabulation and Publication and Project Time Schedule

A. Time schedule for the entire project

OMB approval is requested for three years: 2026, 2027, 2028. Each CDC/ATSDR program developing a new public health initiative will submit a generic information collection for use by all funded recipients. Reports will be generated by the recipients per the public health initiative requirements. Data collection will begin when funding is awarded and will continue throughout the funding cycle.

B. Publication plan

Information collected by the funded organizations will be reported in internal CDC/ATSDR documents and shared with recipients. Summary data will be provided for inquiries from HHS, Congress and/or other stakeholders. Individual programs that are planning other types of publications will include that information in their specific request.

C. Analysis plan

CDC/ATSDR will not use complex statistical methods for analyzing information. All information will be aggregated for each public health initiative and reported with no personal identifying information in

external documents. This is intended primarily for program improvement and accountability; data will not be used to inform or influence policy decisions or budgetary justifications.

Most statistical analyses will be descriptive and will vary by individual cooperative agreement need.

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

The Sample Performance Measure Instruments (**Attachment 2, Attachment 3**) will display the expiration date for OMB approval. All collections under this generic will also include the OMB expiration date.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification statement.