

Missy Held
FIRN Inc
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Comment on Proposed Information Collection Request: DELTA Cooperative Agreement Evaluation (OMB Control No. 0920-1412; Docket No. CDC-2026-0364)

The proposed information collection for the DELTA Cooperative Agreement Evaluation represents an important effort to assess the implementation and effectiveness of domestic violence prevention strategies. As CDC considers how this information is collected and used, it may also be helpful to consider how domestic violence-related services are defined and understood within broader service contexts.

Access to appropriate behavioral health services can play an important role in supporting prevention efforts, particularly for individuals at risk of violence or those impacted by it, where early identification and connection to care may help reduce escalation and recurrence. At present, however, domestic violence-related services are often identified only at a high level and are not described in a way that allows for a clear understanding of what services are available or how they differ across settings.

As a result, it can be difficult to determine what types of services are being provided, who they are intended to serve, and how they align with specific safety and clinical needs. This is especially relevant where domestic violence intersects with co-occurring conditions such as substance use disorder or mental health needs, and where selecting an appropriate care setting can directly impact both safety and access.

As CDC refines this evaluation, small, targeted improvements could strengthen the usefulness of the data without materially increasing reporting burden. For example, CDC may consider:

- (1) Providing clearer descriptions of domestic violence-related services within treatment settings so that service availability can be more easily understood.
- (2) Ensuring that collected information makes it easier to distinguish between different treatment settings, particularly where those differences affect referral decisions, access, or appropriateness of care.
- (3) Recognizing the importance of consistency in how these services are described across related data collection efforts, in order to support more effective evaluation and a clearer overall picture of service availability.

These types of refinements would improve the practical value of the data collected through the DELTA program and support a better understanding of how domestic violence prevention efforts connect with services in real-world settings.

From: [NCIPC OMB \(CDC\)](#)
To: missy@firhealth.com
Cc: [NCIPC OMB \(CDC\)](#)
Subject: Docket No: CDC-2026-0364 "DELTA Cooperative Agreement Evaluation"
Date: Thursday, May 28, 2026 10:17:37 AM

Dear Ms. Held:

Thank you for your comment. The Centers for Disease Control and Prevention (CDC) funds the DELTA (Domestic Violence Prevention Enhancements and Leadership Through Alliances) program with a primary focus on the *primary prevention* of intimate partner violence (IPV) before it occurs, addressing risk and protective factors across all levels of the social–ecological model.

DELTA-supported activities aim to reduce risk factors and strengthen protective factors at the community and societal levels by addressing conditions, norms, policies, and environments that contribute to IPV.

At the same time, CDC recognizes that the greatest public health impact is achieved through a comprehensive approach. Activities that lessen harms and provide survivor support—such as safety planning, trauma-informed services, and connections to community resources—are essential elements of a coordinated prevention and response system. Integrating primary prevention with efforts that reduce immediate harms and support survivors strengthen community safety and well-being and ensures that prevention strategies are informed by survivor needs and lived experience.

We also recognize the importance of multisectoral partnerships in implementing and evaluating IPV prevention efforts.

The DELTA evaluation is designed to assess primary prevention efforts at both the state and community levels. Evaluation components focus on prevention planning, implementation quality, alignment of state and community strategies, capacity building, and progress on outcomes related to shared risk and protective factors.

Components of the evaluation may describe domestic violence–related services including:

- Data collection methods and sources
- Capturing setting and reach
- Evaluation of statewide capacity to implement and sustain IPV primary prevention
- Monitoring alignment between state- and community-level efforts
- Assessment of contextual factors affecting planning and implementation quality

As part of ongoing refinement of the DELTA evaluation, CDC will consider opportunities to strengthen clarity and consistency in the collection of information related to partner engagement, contextual factors, and environmental conditions surrounding primary prevention activities. While the DELTA program does not assess or track clinical or behavioral health service delivery, we recognize the importance of ensuring that evaluation instruments clearly distinguish between primary prevention activities and other supports

or services that may operate in adjacent systems. Improving clarity where prevention efforts intersect with broader service environments can enhance evaluation accuracy and

support a better understanding of how community- and societal-level prevention strategies function in real-world contexts.

We appreciate your thoughtful suggestions and your commitment to strengthening domestic violence prevention efforts. These insights will be considered as CDC continues to enhance the usability and value of the DELTA evaluation while maintaining its focus on primary prevention as established in the NOFO.

Please do not hesitate to contact us if we can be of further assistance.

Best Regards,

OMB/PRA Office

Office of Science

National Center for Injury Prevention and Control

Centers for Disease Control and Prevention

Department of Health and Human Services

COMMENT OF OBELISK TECH SYSTEMS INC.

On DELTA Cooperative Agreement Evaluation

Agency Information Collection Activities

Docket No. CDC-2026-0364-0001

Filed: May 23, 2026

FILER

Obelisk Tech Systems Inc.

875 Helicopter Road, Thomasville, Georgia (Thomas County)

CAGE Code: 9S0L8 | UEI: U34MSJ6A6413

HUBZone-certified | ITAR-registered | SAM-registered | NIST SP 800-171 aligned

Filed by: James H. Poole, Executive Chairman & Chief Executive Officer

I. EXECUTIVE SUMMARY

Obelisk Tech Systems Inc. ("Obelisk") submits this comment on the CDC's proposed DELTA Cooperative Agreement Evaluation collection, Docket No. CDC-2026-0364-0001, under the Paperwork Reduction Act ("PRA"), 44 U.S.C. §§ 3501–3521, and its implementing regulations at 5 C.F.R. Part 1320.

DELTA (Domestic Violence Prevention Enhancements and Leadership Through Alliances) is a CDC cooperative agreement program implicating sensitive data about survivors of intimate partner violence, sexual violence, and domestic abuse. The proposed evaluation collection must therefore meet elevated procedural rigor under the PRA, the Privacy Act, the Violence Against Women Act ("VAWA") confidentiality provisions, the Family Violence Prevention and Services Act ("FVPSA"), the Common Rule, FISMA, and applicable Executive Orders.

This comment identifies twelve procedural defects in the proposed collection that, taken together, render the collection presumptively non-compliant with applicable statutory, regulatory, and Executive Order requirements.

II. STATUTORY AND REGULATORY AUTHORITY

This comment is filed under the following authorities:

- Paperwork Reduction Act, 44 U.S.C. §§ 3501–3521; 5 C.F.R. Part 1320
- Privacy Act of 1974, 5 U.S.C. § 552a
- Violence Against Women Act confidentiality provisions, 34 U.S.C. § 12291(b)(2)
- Family Violence Prevention and Services Act, 42 U.S.C. §§ 10401–10414
- Common Rule (Federal Policy for the Protection of Human Subjects), 45 C.F.R. Part 46
- Federal Information Security Modernization Act, 44 U.S.C. §§ 3551–3558
- Health Insurance Portability and Accountability Act, 45 C.F.R. Parts 160 and 164
- Public Health Service Act, 42 U.S.C. § 241
- Federal Grant and Cooperative Agreement Act, 31 U.S.C. §§ 6301–6308
- Uniform Guidance, 2 C.F.R. Part 200
- Regulatory Flexibility Act, 5 U.S.C. §§ 601–612
- Information Quality Act, Pub. L. 106-554 § 515

- E-Government Act § 208 (Privacy Impact Assessment), Pub. L. 107-347
- Executive Order 12866 (Regulatory Planning and Review)
- Executive Order 13272 (Small Entity Consideration)
- Executive Order 14094 (Modernizing Regulatory Review)
- OMB Circular A-130 (Managing Information as a Strategic Resource)
- NIST Special Publication 800-53 (Security and Privacy Controls)
- NIST Special Publication 800-122 (Protecting PII Confidentiality)
- NIST Special Publication 800-171 (Protecting Controlled Unclassified Information)

III. TWELVE PROCEDURAL DEFECTS IN THE PROPOSED COLLECTION

1. Failure to Address VAWA Confidentiality Protections Under 34 U.S.C. § 12291(b)(2).

The Violence Against Women Act establishes strict confidentiality protections for survivors of domestic violence, sexual assault, dating violence, and stalking. Under 34 U.S.C. § 12291(b)(2), grantees shall protect the confidentiality and privacy of persons receiving services. The DELTA program operates in the VAWA confidentiality space. The notice does not document VAWA confidentiality compliance methodology, data anonymization protocols, or grantee certification requirements.

2. Failure to Address FVPSA Confidentiality Under 42 U.S.C. §§ 10401–10414.

The Family Violence Prevention and Services Act imposes confidentiality requirements on programs receiving FVPSA funding. To the extent DELTA grantees overlap with FVPSA grantees or operate in similar confidentiality regimes, the notice does not document FVPSA-aligned confidentiality protections.

3. Failure to Conduct Privacy Impact Assessment Under E-Government Act § 208.

Federal IT systems collecting PII about violence survivors create high-impact privacy risks requiring rigorous PIA under E-Government Act § 208 and OMB Memorandum M-03-22. The notice does not document PIA completion, publication, or stakeholder review.

4. Failure to Address Privacy Act SORN Compliance Under 5 U.S.C. § 552a(e)(4).

Evaluation data collected from DELTA grantees and indirectly from program participants creates a federal system of records. The notice does not document SORN compliance, applicable SORN reference, or Privacy Act routine use determinations.

5. Failure to Address Common Rule Protections Under 45 C.F.R. Part 46.

Evaluation activities involving human subjects — particularly survivors of violence who are a vulnerable population under 45 C.F.R. § 46.111(b) — require IRB review, informed consent under § 46.116, and elevated protections under Subpart B (pregnant women, fetuses, neonates) and Subpart D (children) where applicable. The notice does not document IRB review, vulnerable population protections, or basis for any claimed exemption under § 46.104(d).

6. Failure to Document FISMA Categorization and NIST Control Implementation Under 44 U.S.C. §§ 3551–3558.

Information systems handling violence survivor data should be categorized at FISMA High impact level under FIPS 199 due to confidentiality risk severity. The notice does not document FISMA categorization, ATO status, NIST SP 800-53 controls (particularly the AC, AU, IA, SC, and SI control families), or NIST SP 800-122 PII protection. NIST SP 800-171 applies where Controlled Unclassified Information is implicated.

7. Failure to Quantify Burden Disaggregated by Respondent Class Under 5 C.F.R. § 1320.8(a)(4).

Burden must be disaggregated by respondent class (state grantees, local coalitions, evaluation contractors, program participants). The notice provides aggregate burden only.

8. Failure to Demonstrate Practical Utility Under 44 U.S.C. § 3506(c)(3)(A).

The notice asserts evaluation utility without documenting specific downstream program decisions, funding allocations, congressional reports, or peer-reviewed publications the data will inform.

9. Failure to Address Uniform Guidance Cooperative Agreement Requirements Under 2 C.F.R. Part 200.

Cooperative agreement evaluations under 31 U.S.C. §§ 6301–6308 are governed by the Uniform Guidance at 2 C.F.R. Part 200, including subpart D financial requirements, subpart E cost principles, and subpart F audit requirements. The notice does not document Uniform Guidance compliance for the evaluation framework.

10. Failure to Address Information Quality Pre-Dissemination Review Under OMB Information Quality Guidelines.

Influential evaluation findings disseminated to Congress, peer-reviewed literature, and the public require pre-dissemination quality review under § 515 of Pub. L. 106-554 and OMB Circular A-130. The notice does not document the review protocol.

11. Failure to Conduct Regulatory Flexibility Analysis Under 5 U.S.C. § 603.

DELTA grantees include small nonprofit organizations and small governmental jurisdictions under 5 U.S.C. § 601(4)–(5). The notice contains no IRFA and no defensible § 605(b) certification.

12. Failure to Address Duplication Under 5 C.F.R. § 1320.5(d)(1)(iv).

The notice does not document duplication review against DOJ Office on Violence Against Women evaluation data, HHS Administration for Children and Families FVPSA data, NIJ research, or state-level domestic violence coalition reporting.

IV. RELIEF REQUESTED

Obelisk respectfully requests that CDC:

- (1) Withhold OMB submission until procedural defects are cured;
- (2) Document VAWA confidentiality compliance under 34 U.S.C. § 12291(b)(2);
- (3) Document FVPSA confidentiality alignment under 42 U.S.C. §§ 10401–10414;
- (4) Publish a Privacy Impact Assessment under E-Government Act § 208;
- (5) Publish or update applicable Privacy Act SORN under 5 U.S.C. § 552a(e)(4);
- (6) Document Common Rule compliance, IRB review, and vulnerable population protections under 45 C.F.R. Part 46;
- (7) Document FISMA categorization at appropriate impact level and NIST SP 800-53 / 800-122 / 800-171 control implementation;
- (8) Document Uniform Guidance compliance under 2 C.F.R. Part 200;
- (9) Publish either an IRFA under 5 U.S.C. § 603 or a defensible § 605(b) certification;
- (10) Document Information Quality pre-dissemination review protocol; and
- (11) Document SBA Office of Advocacy consultation under EO 13272.

V. CONCLUSION

Evaluation of programs serving violence survivors requires the highest level of procedural rigor and confidentiality protection that federal law affords. Obelisk Tech Systems Inc. respectfully submits this comment to preserve the procedural record under the PRA, the Privacy Act, VAWA, FVPSA, the Common Rule, FISMA, the Uniform Guidance, and applicable Executive Orders. Survivors deserve evaluation systems that move through valid process and protect their privacy at every step.

Respectfully submitted,

James H. Poole

Executive Chairman & Chief Executive Officer

Obelisk Tech Systems Inc.

Thomasville, Georgia

From: [NCIPC OMB \(CDC\)](#)
To: savetheamericancommunities@gmail.com
Cc: [NCIPC OMB \(CDC\)](#)
Subject: Docket: # CDC-2026-0364 - Domestic Violence Prevention Enhancement and Leadership Through Alliances (DELTA) Cooperative Agreement Evaluation
Date: Wednesday, June 10, 2026 12:58:52 PM

Dear Mr. Poole:

Thank you for sharing your feedback and expressing interest in our proposed information collection. As required by the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C. 3501-3520), which ensures that federal agencies minimize the paperwork burden on the public, I am reaching out to respond to your public comment.

The Privacy Act of 1974, 5 U.S.C. § 552a, protects individuals' personal information and requires that all Federal information collections conduct a Privacy Threshold Assessment (PTA) to determine privacy risks. Based on the PTA of this information collection and the absence of personally identifiable information (PII), the Privacy Act does not apply.

CDC has carefully reviewed the concerns outlined in your comment and is confident that all applicable federal privacy, security, and information collection requirements have been addressed throughout the development and clearance process for this information collection. All records for statutory and regulatory authorities that apply to the information collections are included as part of the submission package to OMB.

We appreciate your engagement.

Best Regards,

OMB/PRA Office
Office of Science
National Center for Injury Prevention and Control
Centers for Disease Control and Prevention
Department of Health and Human Services