SUPPORTING STATEMENT: PART A

OMB# 0920-1431

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RAPE PREVENTION AND EDUCATION (RPE) PROGRAM

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ATTACHMENTS

Summary Table

- **Goal**: The goal of this ICR is to continue to collect data to monitor project performance from recipients funded under the Rape Prevention and Education Program (RPE) funding opportunity.
- **Intended use of the resulting data**: Information collected from recipients will be used to monitor and evaluate progress of program goals and objectives, identify technical assistance needs, and be accountable for the funding by responding to requests for information about the cooperative agreement from the Department of Health and Human Services (HHS), the White House, Congress, and other sources in a timely manner.
- **Methods to be used to collect**: RPE Program recipients or designated delegates will submit data annually into the online data system, DVP Partners Portal. Recipients will monitor and report progress on their goals, objectives, and activities, as well as relevant information on the implementation of their prevention strategies, outcomes, evaluation, and state action plan. Information for the lead evaluator survey will also be collected via an online web-based survey.
- **The subpopulation to be studied**: All recipients under the Rape Prevention and Education Program are required to submit information. No statistical sampling will be performed. RPE recipients are health departments and sexual assault coalitions in all 50 states, the District of Columbia, and territories.
- **How data will be analyzed**: Descriptive analyses (e.g., frequencies and crosstabs) will be performed on numeric or categorical data, and content analyses (e.g., categorization) on open-ended or text data.

A. JUSTIFICATION

A.1. Circumstances Making the Collection of Information Necessary

The Centers for Disease Control and Prevention (CDC) is requesting a 3-year OMB approval for a revision to Rape Prevention and Education (RPE) OMB Control #: 0920-1431. CDC will collect data from RPE recipients to assess how recipients are improving prevention infrastructure, implementing and evaluating prevention strategies to expand efforts to prevent sexual assault, and using data to inform prevention action. The RPE program is funded under the Violence Against Women Act (VAWA) and Section 393A(a) of the Public Health Service Act (PHS) (42 USC § 280b-1b(a) and Section 392(a)(1) of the PHS Act (42 USC § 280b-1(a)(1)) legislative authority. Eligible entities are defined by the VAWA legislation. The legislative authority requires CDC to fund RPE. The proposed information collection is authorized by the PHS Act which provides the legislative means for states to advance public health across the lifespan and center and engage communities. CDC is authorized to collect information for public health purposes by Section 301(a) (**Att. 1)**.

Sexual violence (SV) is a major public health problem: 1 in 3 women and 1 in 4 men experienced sexual violence involving physical contact during their lifetimes. Nearly 1 in 5 women and 1 in 38 men have experienced completed or attempted rape. Sexual violence starts early: 1 in 3 female and 1 in 4 male rape victims experienced it for the first time between 11 and 17 years old.[1] CDC's Division of Violence Prevention (DVP) provides national leadership in preventing SV perpetration and victimization before it begins, i.e., primary prevention. DVP administers the RPE Program, which provides funding to health departments and sexual violence coalitions in all 50 states, the District of Columbia (DC), and U.S. territories as well as up to 10 tribal coalitions.

These NOFOs encourage recipients to expand community- and societal level using a comprehensive approach across the social ecological model (SEM). Recipients will have an opportunity to: (1) continue to build program and partner capacity to facilitate and monitor the implementation of SV prevention programs, practices, and policies; (2) continue to support state and local coalitions and state and territorial health departments' implementation of community-and societal-level programs, practices, and policies to prevent SV; (3) continue to support the implementation of data-driven, comprehensive, evidence-based SV primary prevention strategies, and approaches focused mainly on centering and engaging communities; and to (4) continuously conduct data to action activities to inform changes or adaptations to existing SV strategies or on selected and implemented additional strategies.

The RPE Program is the principal federally funded program focused on SV primary prevention. Collecting information about the implementation and outcomes of funded recipient through the online data system, DVP Partners Portal, is crucial to informing SV prevention nationally; enhancing accountability of the use of federal funds; providing timely program reports and responses to information requests, such as Congressional requests mandated by the authorizing legislation; improving real-time communications between CDC and RPE recipients; and strengthening CDC's capacity to provide responsive data-driven technical assistance and to monitor and evaluate recipients' progress and performance.

A.2. Purpose and Use of Information Collection

To collect information related to implementation and outcomes annually from recipients. The information collection has been carefully designed to align with and support the goals of the funding and to answer the following key program evaluation questions:

RPE 0027

1. To what extent has the recipient accomplished the short-term and intermediate outcomes in the NOFO logic model?
2. To what extent has the recipient increased internal and partner capacity to facilitate/monitor the implementation of SV prevention strategies to center and engage communities?
3. To what extent has the recipient leveraged multisector partnerships and resources toward SV prevention?
4. To what extent has the recipient implemented strategies that address conditions for health and safety?
5. To what extent has the recipient achieved high-quality implementation of SV prevention strategies that center and engage communities at the community and societal levels?
6. To what extent has the recipient increased the use of data-driven decision-making, as well as

state/territory- and community-level monitoring of trends, related SV prevention and assessing conditions for health and safety?

7. Which factors are critical for implementing selected prevention strategies and approaches?

RPE 0068

Evaluation Questions

- Q1. To what extent has the SA Coalition accomplished the short-term and intermediate outcomes in the NOFO logic model?
- Q2. Which factors are critical for implementing selected prevention strategies and approaches?
- Q3. To what extent has the SA Coalition leveraged multi-sector partnerships and resources toward SV prevention?
- Q4. To what extent has the SA Coalition addressed conditions for health and safety and centered and engaged communities in the planning, implementation, and evaluation of SV prevention?
- Q5. To what extent has the SA Coalition increased use of data-driven decision-making, as well as state or territory and community-level monitoring of trends, related to SV prevention, and assessing conditions for health and safety?

Information will be collected annually from recipients through the online data system, DVP Partners Portal. The DVP Partners Portal is organized by forms, which are further organized by sections and sub-sections. Recipients and program staff will be able to review information reported in previous years within the DVP Partners Portal via their authenticated access to the Portal. In addition, information from previous reports will be carried over and pre-populated for the next annual reporting as appropriate. Thus, with DVP Partners Portal most of the burden is required during the initial population of information (Year 1), Recipients will only need to enter changes, update progress, and add any new information after Year 1.

Information will be collected through the following instruments:

Att. 3 Annual Performance Report (APR) Tool

Recipients will complete the APR for each budget period of years 1 through 4.

CDC will use the information to be collected to do the following:

- Enhance accountability of the use of federal funds
- Provide timely program reports and responses to information requests.
- Improve real-time communications between CDC and recipients.
- Strengthen CDC's capacity to provide responsive and data-driven Technical Assistance
- Strengthen CDC's capacity to monitor and evaluate recipients' progress and performance towards activities required as part of the cooperative agreement.
- Allow both CDC and recipients to track their own state activities and outcomes and ensure alignment between their state, tribal, and local activities.
- Generate a variety of routine and customizable reports specifically for each recipient.

The Annual Performance Report in DVP Partners Portal consists of seven forms for CE-24-0027, five forms for CE-24-0068, and 3 forms for CE-24-0120:

Forms	**Description**	**RPE 0027**	**RPE 0068**	**RPE 0120**
1 Work Plan	Collects information on progress towards work plan goals, objectives, and milestones.	✓	✓	✓
2 Continuation Application	Collects information on aspects of the program implementation for the next budget period.	✓	✓	✓
3 Training and Technical Assistance (TTA) and Capacity Building	Collects information on progress towards enhancing partnership, state violence prevention planning and coordination.	✓	✓	✓
4 State Action Plan	Collects information on progress towards enhancing partnership, state violence prevention planning, and coordination.	✓		
5 Implementation	Collects information on programs, policies, or practices implemented during the reporting period	✓	✓	
6 Evaluation	Collects information about the recipients' progress on evaluation	✓	✓	

	activities and on indicators measuring the outcomes of their efforts			
7 Data to Action	Collects information about progress on data to action activities conducted during the reporting period	✓		

Att. 4 Lead Evaluator Survey

The web-based survey will be conducted with the lead evaluator from each state and territorial health department recipient. The responses will provide valuable insight into recipients' evaluation capacity and progress, recipient evaluators' experiences with CDC-provided technical assistance, and how recipients are evaluating their progress towards goals. Web-based surveys will be administered once over the project period and may be completed by a single recipient evaluator or a group of recipient evaluators working together on a single submission. Survey questions are tailored to focus on topics that are most relevant to the evaluator role.

There are significant advantages to collecting information with these data collection methods:

- The information collected will provide unique insight into the collaboration and coordination between recipients and partners.
- The mixed methods approach takes advantage of the strengths of both quantitative and qualitative approaches.
- Tailoring the data collection tools to the recipients will allow CDC to identify facilitators and barriers, best practices, and areas for improvement for implementing prevention efforts in different contexts.

CDC will also be able to inform SV prevention nationally and RPE Program's impact on SV outcomes over time. RPE recipients can use the reports generated to manage and coordinate their activities, and to improve their efforts. Both CDC and RPE recipients will be able to use the information collected to

- Assess the increased emphasis on strategies that affect health outcomes and impact, especially at the community level
- Identify facilitators and barriers to program implementation and the achievement of outcomes
- Assess factors and partnerships critical to successful primary prevention of SV
- Identify trends and assess the impact of the program on outcomes across all recipients
- Identify, translate, and disseminate information about the successes of the RPE recipients and their implementation of prevention strategies and approaches.

Using the information to be collected can help CDC and the RPE recipients reduce duplication of effort, enhance program impact, maximize use of federal funds, and improve future efforts. These functions are

central to the National Center for Injury Prevention and Control (NCIPC's) broad mission of protecting Americans from violence and injury threats.

Program evaluation is an essential public health function and important for performance monitoring. Evaluation activities allow CDC to identify and disseminate information about best practices for the successful implementation of violence prevention programs by recipients. Per CDC's NOFO requirements, data, the intention of this data collection is not to make causal inferences. The conclusions drawn from these data may not be generalized to the entire country due to differences in the demographics of targeted populations, policies, and implementing agencies. In addition, because this is not a research cooperative agreement, states are not required to implement rigorous research designs that have strong internal validity and produce generalizable knowledge. As such, the information CDC collects may suggest a strong correlation, but causation cannot be inferred.

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

Each recipient is required to complete an APR for each budget period during years 1 through 4 for RPE 0027 and years 1 through 3 for RPE 0068 and 0120, to report on progress toward performance outcomes as described in their logic models. The performance report includes updates to their work plan, implementation plan, and evaluation plan. It also includes items to report successes, challenges, and requests for technical assistance. While the APR is a federal oversight requirement and serves as a non-competing continuation application, the CDC will use some of the data provided for program evaluation.

The data entry interface of the DVP Partners Portal was developed using DVP-owned, Microsoft Azure, and Platform as a Service (PaaS) cloud solution approved for use by CDC programs.

Recipients will enter APR data into the DVP Partners Portal, a web-based system that collects performance data from funded recipients annually. The use of the DVP Partners Portal facilitates several advantages:

- The online interface requires minimal training, is user friendly, and intuitive for recipients to enter data.
- Creates standard data elements, definitions, and specifications at all levels to improve the quality and comparability of information that recipients submit. This standardization enhances the consistency of reports and enables information to be examined across recipients.
- The data collection structure is flexible such that each recipient can capture and report information relevant to their program context and structure.
- Reports are easily generated from the system, which allows recipients to fulfill their annual reporting obligations and continuation application efficiently into one document.
- Recipients can generate multiple formats of their report (i.e., .docx, pdf, etc.).
- Recipients can pre-populate from one reporting period to the next, thereby increasing the efficiency of data entry, reducing errors and redundancies, and improving the quality and reliability of information that recipients submit each year.

This information and data collection system assures compliance with the Government Paperwork Elimination Act (GPEA), Public Law 105-277, title XVII, 1998, lowers the burden to the respondents, as compared to paper-based systems, allows respondents to submit information to CDC electronically, and provides capabilities for CDC to maintain records electronically. The capabilities of the data system to generate reports will reduce the burden associated with paper-based reports. Without the reporting system and the integrated approach to information collection and reporting, both recipients and CDC would need to continue to use time consuming, labor-intensive information collection and reporting

procedures. CDC will also have the capacity to generate timely national program reports that describe the RPE Program activities and their outcomes for recipients and for response to inquiries from HHS, the White House, Congress, and other stakeholders.

Lead Evaluator Survey

Data will be collected via a web-based survey. CDC evaluators will employ qualitative collection methods which will help solicit rich data on how recipients implemented surveillance and evaluation activities. CDC program evaluators will employ qualitative and quantitative methodological strategies to synthesize data collected. Recipients will review their responses and confirm they reflect the actual content of the survey.

The survey protocol and guides are designed to collect the minimum information necessary for evaluation. Additional probes and prompts are included to aid the interviewers with clarifying contexts for questions.

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

CDC is the only federal agency providing funding for state and territorial health departments to conduct SV primary prevention, the information to be collected from RPE recipients is not available from other sources. This information is specific to the RPE Program and for the funds received by recipients through the cooperative agreement. The DVP Partners Portal consolidates information required for multiple purposes (e.g., annual progress reporting, continuation application, and monitoring and evaluation reporting) and allows it to be entered only once. Information collected will be used to generate multiple types of reports without having to duplicate efforts.

As CDC's primary SV prevention initiative, RPE occupies a unique niche within the larger scope of HHS violence prevention initiatives. The U.S. Department of Justice, Office of Violence against Women (OVW) makes funding available to territorial domestic and SV coalitions to focus on victim service provision for individuals. The funding for the CDC RPE Program cooperative agreement, however, may only be used for SV prevention and cannot be used to fund victim services; therefore, information collected from RPE recipients will not duplicate information collected from OVW recipients.

The focus of this data collection is to fully understand the implementation and evaluation of sexual violence prevention strategies across a wide variety of geographies and organizations. This request covers data collection elements and data collection methodology for program evaluation that will not be collected under any other active ICRs.

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

The cooperative agreement requires the annual progress report and serves as a non-competing continuation application. Less frequent reporting would undermine accountability efforts at all levels and negatively affect monitoring recipient progress. The annual reporting schedule ensures that CDC responses to inquiries, such as Congressional requests mandated by the authorizing legislation, are based on timely and up-to-date information. The Evaluator survey will be collected once during the reporting cycle for state health departments (SHDs) funded through RPE 0027. If less frequent or no data is collected, CDC will be unable to:

- Evaluate the impact and changes of the RPE program over the project period,

- Assess the barriers, facilitators, and critical factors to evaluate and implement primary prevention efforts identified by RPE recipients and subrecipients,
- Identify areas for improvement and additional technical assistance by CDC to help recipients achieve the goals outlined in the NOFO in the remaining funding period,
- Develop an in-depth understanding of how national, state, and local approaches can be coordinated and implemented to prevent sexual violence,
- Respond in a timely manner to inquiries, such as Congressional requests mandated by the authorizing legislation.

A.7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5
The request fully complies with 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 May 27, 2026 (Volume #91, Number 101, pp. 31456) (**Att. 2**). In response, three anonymous comments and two substantive comments were received. No changes were made to the supporting statement or data collection instruments as a result of these comments. (**Att. 2a**).

A.8.b) Efforts to Consult Outside the Agency
CDC worked with a contractor to design the information-collection instruments and the DVP Partners Portal. Data elements were informed by annual progress reports of previous and other existing DVP programs. No consultations occurred outside of CDC.

A.9. Explanation of Any Payment or Gift to Respondents
Respondents will not receive payments or gifts for providing information.

A.10. Assurance of Confidentiality Provided to Respondents
The NCIPC Information Systems Security Officer has reviewed this submission and has determined that the Privacy Act does not apply. Activities do not involve the collection of sensitive or personally identifiable information. The Privacy Impact Assessment (PIA) is attached (Att. 5).

Submission and access to data will be controlled by password-protected login to the secure site. To access the DVP Partners Portal, staff must have been authenticated and have a Secure Access Management Services (SAMS) login and password. Access is limited to staff members of the organization who are authorized to enter data on behalf of their organization. No User IDs or passwords are maintained or used by the DVP Partners Portal.

All data will be reported in aggregate form, with no identifying information included. Recipients will provide programmatic information only and will not include any personally identifying information. 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., principal investigator) will be protected and maintained. While consent is not required to report aggregate data, recipients will be notified of the intent to use aggregate data, and approval will be obtained if data specific to any particular coalition is

used for publications, reports, or other publicly disseminated information. CDC will maintain all data collected in the information technology systems (i.e., Partners Portal and CDC Microsoft OneDrive Excel datasets) utilized to monitor progress and outcomes. The information and passwords to these IT systems kept by CDC are private and secure to the extent permitted by law. Administrators cannot view user password credentials.

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

IRB Approval

The CDC National Center for Injury Prevention and Control (NCIPC)'s OMB and human subject research officer has determined that this collection is non-research and therefore, IRB approval is not needed (**Attachment 6**). The information does not involve the collection of personal information or participation of Human Subjects.

Sensitive Questions

The proposed information collection does not collect sensitive information.

A.12. Estimates of Annualized Burden Hours and Costs

A.12.a) Annual Burden Hours

The estimate for annual burden hours is based on actual time burden for projects using similar types of interviews and surveys.

Annual Performance Report (APR) Tool (Att. 3) – Project leads will complete the Annual Performance Report (APR) annually for years 1-3. The APR tool is expected to take an average of 10 hours each year per APR report per respondent because it will include time for reviewing instructions, searching existing data sources, gathering and maintaining data needed for reporting, and completing and reviewing the collection of information.

Lead Evaluator Survey (Att 4) – Lead evaluators will complete the web-based survey at least once during the performance period. The survey contains a mix of close-ended and open-ended questions and should take approximately 30 minutes to complete.

Table A.12-A. 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)
RPE-funded Health Departments (State, DC, and Territories), Sexual Assault Coalitions, Tribal Coalitions and their Designated	Annual Performance Report (Att. 3)	111	1	10	1110

Delegates					
RPE-funding Health Departments (State, DC, and Territories)	Lead Evaluator Survey (Att. 4)	53	1	0.5	27
	Total				1137

A.12.b) Annual Burden Costs

For each RPE Program recipient, respondents will include program staff from state and territorial health departments. The average hourly wage for a social and community service manager is $42.73 based on similar mid-to-high level positions according to the May 2025 Occupational Employment and Wage Statistics from the U.S. Bureau of Labor Statistics.[3] The total estimated annualized cost of [1137 burden hours x $42.73/hour] = $48,584 [(x2) wage multiplier] leaving a fully loaded cost = $97,168 as summarized in Table A.12-B.

Table A.12-B. Estimated Annualized Burden Costs

Type of Respondents	Form Name	Total Burden (in hours)	Hourly Wage Rate	Estimated Annualized costs	Wage rate multiplier	Fully loaded cost
RPE-funded Health Departments (State, DC, and Territories), Sexual Assault Coalitions, Tribal Coalitions and their Designated Delegates	Annual Performance Report (Att. 3)	1110	$42.73	$47,430	x2	$94,860
RPE-funding Health Departments (State, DC, and Territories)	Lead Evaluator Survey (Att.4)	27	$42.73	$1,154	x2	$2,308
			Total	$48,584		$97,168

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, maintenance, start-up, hardware, or software costs are expected for respondents or record keepers.

A.14. Annualized Cost to the Government

The average annualized cost to the federal government is $45,022 with a fully loaded cost of $90,044. CDC personnel costs follow the General Schedule.[4] HHS currently assumes that benefits plus indirect costs equal approximately 100 percent of wages. In other words, multiplying wages by a factor of 2 provides an estimate of the fully loaded wage rate, as summarized in Table A.14.

Table A.14. Estimated Annualized Cost to the Government

Type of Cost	Description of Services	Annual Cost	Wage Rate Multiplier	Fully loaded Cost
CDC Personnel	20% of one GS-13 Behavioral/Health Scientist at $112,556/year	$22,511	x2	$45,022
	20% of GS-13 Behavioral/Health Scientist at $112,556/year	$22,511	x2	$45,022
	Total	**$45,022**		**$90,044**

A.15. Explanation for Program Changes or Adjustments

Substantial changes were made to streamline the reporting process and comply with EO's and CDC's priorities.

Adjustments include:

- Form 1 now includes reporting on barriers, facilitators, and successes for each objective.
- Form 2 was updated to remove the reporting requirement for Section 4: Needed Resources.
- Since barriers, facilitators, and successes are reported in Form 1, they have been removed from Form 3. Form 3 has been updated to focus solely on training, technical assistance, and capacity building.
- Language was updated to comply with the EOs and CDC priorities.
- Forms 5 and 6 were streamlined to minimize the burden.
- Form 7 was added.

We also removed the program director survey due to staffing constraints.

The lead evaluator survey was updated to comply with the EOs and CDC priorities.

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

A. Time schedule for the entire project

The cooperative agreement and grant project periods are five years. OMB approval of this ICR is being requested for the first three years of the funding. Annual reporting by the recipients is due 120 days before the end of the budget period. CDC will conduct analysis, visualization, and reporting after data are submitted and finalized each year.

B. Publication plan

National reports that describe information across all recipients will be provided to CDC leadership, RPE stakeholders, and RPE recipients. Reports will be generated to respond to inquiries from HHS, the White House, Congress, and other stakeholders, and may include aggregate findings segmented or filtered by specific characteristics or information. CDC will also disseminate results to recipients to facilitate their use of data for program planning and improvement.

CDC will report findings to external audiences, as needed, to describe the state of SV prevention nationwide; these include scientific and program conferences and meetings. Moreover, findings and program information will be published in a peer-reviewed scientific journal to share lessons learned and findings about the RPE Program's impact on SV prevention in the U.S.

B. Analysis plan

CDC will not use complex statistical methods for analyzing information. Most statistical analyses will be multilevel descriptive (e.g., frequencies and crosstabs of numeric or categorical data) and content (e.g., categorization of open-ended or text data). Information will be synthesized for specific reporting purposes and responses to inquiries. These reports may include aggregate national reports or filtered by certain characteristics or information.

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

No exceptions from display of expiration date are requested.

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

No exemptions to certification are sought.

References

1. Smith SG, Zhang X, Basile KC, Merrick MT, Wang J, Kresnow M, Chen J. (2018). The National Intimate Partner and Sexual Violence Survey (NISVS): 2015 Data Brief— Updated Release. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. https://stacks.cdc.gov/view/cdc/60893

2. Basile, K.C., DeGue, S., Jones, K., Freire, K., Dills, J., Smith, S.G., Raiford, J.L. (2016). *Sexual Violence Prevention Resource for Action: A Compilation of the Best Available Evidence.* Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. https://www.cdc.gov/violence-prevention/media/pdf/resources-for-action/SV-Prevention-Resource_508.pdf

3. U.S. Bureau of Labor Statistics. (2026). *Occupational Employment and Wage Statistics (OEWS) profile: Administrative services managers*. https://data.bls.gov/oesprofile/?major_group=110000&occupation=119151&measure=01&areas=INDUSTRY,STATE,MSA

4. U.S. Office of Personnel Management. (2026). *Salary table 2026–ATL: Atlanta–Athens-Clarke County–Sandy Springs, GA-AL locality pay area*. https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2026/ATL.pdf