

SUPPORTING STATEMENT: PART B

OMB# 0920-####

**ANNUAL REPORTING OF THE RAPE PREVENTION AND
EDUCATION (RPE) PROGRAM: CE19-1902 COOPERATIVE
AGREEMENT**

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ATTACHMENTS

Att 1a	Public Health Service Act (PHSA) 42 Section 301(a) USC 241a
Att 1b	Public Health Service Act (PHSA) 42 Section 393(a) USC 280b-a
Att 2	List of RPE-funded Recipients
Att 3a	Annual Reporting for RPE Word Version
Att 3b	Annual Reporting for RPE Screenshots
Att 4	Crosswalk of RPE Program Evaluation Questions and Indicators
Att 5	60-Day FRN
Att 5a	Public Comments
Att 6	Privacy Act Applicability
Att 7	Human Subject Determination

B. COLLECTIONS OF INFORMATION EMPLOYING STATISTICAL METHODS

B.1. Respondent Universe and Sampling Methods

Respondents will be the 55 recipients or designated delegates funded through the new funding opportunity CDC-RFA-CE19-1902: Rape Prevention and Education (RPE): Using The Best Available Evidence for Sexual Violence Prevention cooperative agreement. Recipients are health departments in all 50 states, the District of Columbia (DC), Puerto Rico, Guam, the U.S. Virgin Islands, and the Commonwealth of Northern Mariana Islands. Due to the varying implementation and funding structures, some recipients may delegate designees (e.g., an organization who are sub-recipients) to enter some information on their behalf into the DVP Partners Portal for Annual Reporting (**Attachment 3a and 3b**)

Statistical sampling methods are not applicable to data collection because information only will be collected from RPE-funded recipients of CE19-1902.

B.2. Procedures for the Collection of Information

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. The DVP Partners Portal is organized by forms, which are further organized by sections and sub-sections. Information are collected in these forms annually and previous report information will be made available for viewing within the DVP Partners Portal.

The Annual Reporting for RPE Program (**Attachment 3a and 3b**) in DVP Partners Portal consists of eight forms. Information to be collected will provide crucial data for performance monitoring and program evaluation of the implementation of prevention strategies and approaches, outcomes, and budget of the cooperative agreement. Information to be collected will be used to inform technical assistance, program improvement, capacity building, and RPE Program's impacts on SV outcomes over time. A crosswalk of RPE program evaluation questions and indicators is provided in **Attachment 4**. Considered together, the indicators and evaluation questions holistically describe RPE activities, products, and other outcomes relating to the goals of CE19-1902.

Upon OMB approval, recipients will receive access to DVP Partners Portal accompanied by ongoing training and technical assistance (TA). Recipients and program staff will be able to review information reported in previous years within the DVP Partners Portal per 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, provide progress information, and add new information after Year 1.

Annual reporting by the recipients are due 120 days before the end of the budget period. Recipients enter necessary information for both progress reports and continuation applications into the DVP Partners Portal once. Recipients will be able to generate a PDF report that can be uploaded to Grant Solutions to satisfy funding annual reporting and non-competing continuation application requirements.

Immediately upon the due date of the submission, CDC staff conduct technical reviews and data quality assurance to verify that the submission is complete, ensure that information makes sense given the

recipients' capacity and context, and assess that the recipients are making progress on required cooperative agreement activities and performance.

The technical review feedback are made available by the Office of Financial Resources by the start of the next budget period. Recipients have 30 days from the start of the budget period to respond and finalize their submission.

Upon receipt of the finalized submission, CDC will conduct analysis, visualization, and reporting of the data. CDC will not use complex statistical methods for analyzing information. Most statistical analyses will be descriptive (e.g., frequencies and crosstabs) and content (e.g., categorization of open-ended responses). 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.

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 requests, such as Congressional requests mandated by the authorizing legislation. These reports may include aggregate findings segmented or filtered by certain characteristics or information. CDC will also generate reports specific to each recipients and provide a summary report to that 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 violence prevention across the nation; 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.3. Methods to Maximize Response Rates and Deal with Nonresponse

Annual reporting is a requirement for each recipient awarded RPE funding under the cooperative agreement in order to continue to receive funding. Hence, response rates are expected to be 100%. The DVP Partners Portal's ability to populate information and generate reports allow recipients to fulfill their annual reporting obligations efficiently by submitting necessary information for both progress reports and continuation applications into the system once. Moreover, this ability to save and update pertinent information from one reporting period to the next, will reduce the administrative burden of the annual reporting on recipients. Respondents will only need to modify or update the information, report data on measures, provide updates, or add new items as applicable. An additional advantage of using the DVP Partners Portal is that recipients that received funding from multiple DVP programs can access and report information in one place using forms in a standard format. These advantages will encourage and maximize response rates for the annual reporting.

B.4. Tests of Procedures or Methods to be Undertaken

The Annual Reporting was developed in consultation with other CDC staff who have developed similar reports for other programs, while ensuring that it met the requirements of CE19-1902. The DVP Partners Portal has also been previously tested and used for annual reporting for other programs. The burden estimates were obtained from these efforts.

CDC project officers will solicit feedback from recipients and provide support on routine project calls about any challenges with the Annual Reporting in the DVP Partners Portal. In addition, the data collected and quality assurance conducted will be analyzed to identify any common issues with reporting and to improve subsequent reporting. Based on this feedback and analysis, a summary of changes to TA, data collection process, or annual reporting data elements required to minimize reporting burden and increase data quality will be prepared. If appropriate, OMB approval will be requested for recommended changes to data elements or instruments.

B.5. Individuals Consulted on Statistical Aspects and Individuals Collecting an/or Analyzing Data

The following individuals consulted on the data collection tools:

Dawn Fowler, Lead Behavioral Scientist, CDC (770) 488-3974, JWV1@cdc.gov
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The contractor responsible for the design and management of DVP Partners Portal is Booz Allen Hamilton, which is contracted through CDC's Management Information Systems Office.

The core CDC personnel who will collect and/or analyze the data include:

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