Project Determination

# **Project Determination Summary PDF Example**

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| **Project ID:** |  |
| **Project Contact:** | Rachel Yelk Woodruff (zex5) |
| **Organization:** | DDID/NCHHSTP/DTBE |
| **Status:** |  |
| **Intended Use:** | Project Determination |
| **Estimated Start Date:** | 6/1/2020 |
| **Estimated Completion Date:** | 5/31/2023 |
| **CDC/ATSDR HRPO/IRB Protocol#:** |  |
| **OMB Control#:** |  |
|  |  |

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| --- |
| Description |
| Priority |
| Standard |
| Determination Start Date |
| 6/1/2020 |
| Description |
| DTBE seeks a blanket non-research determination for voluntary, anonymous customer satisfaction surveys to assess products and/or services offered in support of local (city, county, state, territory) TB control programs. Surveys will be completed by staff of local TB programs. We will request approval under the NCHHSTP Fast Track GenIC ‘Generic Clearance for the Collection of Routine Customer Feedback’ (OMB Control Number: 0920-1027). |
| Goals/Purpose |
| Enhance the quality and/or usefulness of products and/or services offered by DTBE in support of local (city, county, state, territory) TB control programs. |
| Objective |
| Survey objectives will include one or more of the following:   * Characterize past, present, and/or anticipated needs of and challenges faced by local TB control programs * Assess satisfaction of local TB control programs with existing DTBE products and/or services * Identify potential changes to existing DTBE products and/or services to enhance their quality and/or usefulness. * Identify potential novel products and/or services that could be offered by DTBE in support of local TB control programs |
| Activities or Tasks |
| New Collection of Information, Data, or Biospecimens |
| Target Population to be Included/Represented |
| Other: Any staff of local TB control programs |
| Tags/Keywords |
| Surveys and Questionnaires; Tuberculosis; Program evaluation; Health Services |
| CDC's Role |
| CDC employees or agents will obtain or use anonymous or unlinked data or biological specimens; CDC employees will provide substantial technical assistance or oversight; CDC is NOT a recipient or provider of private data, specimens, materials or services; CDC is provider of technical assistance or staff time in the absence of CDC support |
| Method Categories |
| Survey |
| Methods |
| Survey questions will be tailored to specific DTBE products and/or services, and to specific characteristics of local TB programs using and/or receiving those products and services. Survey responses will be recorded and summarized in aggregate using basic summary statistics (i.e., counts and frequencies, no inferential statistics). |
| Collection of Info, Data, or Bio specimens |
| Surveys may be conducted using one or a combination of the following methods:   * Hard copy surveys delivered by mail * Electronic surveys delivered online |
| Expected Use of Findings/Results and their impact |
| Survey findings/results will be used to enhance the quality and/or usefulness of products and/or services offered by DTBE in support of local (city, county, state, territory) TB control programs through:   * Clarification of past, present, and/or anticipated needs of and challenges faced by local TB programs * Assessment of satisfaction of local TB control program staff with existing DTBE products and/or services * Identification of potential changes to existing DTBE products and/or services to enhance their quality and/or usefulness * Identification of potential novel products and/or services that could be offered by DTBE in support of local TB control programs. |
| Will PII be captured? |
| No |
| Does CDC have access to the Identifiers |
| No |
| Is a certificate or assurance of confidentiality in place or planned? |
| No |
| Is a non-disclosure agreement in place? |
| No |

| ****Funding**** |  |  |  |  |
| --- | --- | --- | --- | --- |
| Funding Type | Funding Title | Funding # | Original Fiscal Year | # of Years of Award |
|  |  |  |  |  |

| ****Institutions**** |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Institution | FWA # | FWA Exp. Date | IRB Title | IRB Exp. Date | Funding # |
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| ****Staff**** |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Staff Member | SIQT Exp. Date | Citi Biomedical Exp. Date | Citi Social and Behavioral Exp. Date | Citi Good Clinical Exp. Date | Staff Role | Email | Phone # | Organization/  Institution |
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| ****DMP**** |  |
| ****Proposed Data Collection Start Date**** | **6/1/2020** |
| ****Proposed Data Collection End Date**** | **5/31/2023** |
| ****Proposed Public Access Level**** | **Non-public** |
| ****Reason for not Releasing the Data**** | **Data are for internal use for customer service delivery evaluation.** |
| ****Data Use Type**** |  |
| ****Data Use Type Data Use Type URL**** |  |
| ****Data Use Contact**** |  |
| ****Public Access justification**** | **Aggregate survey summaries will be shared with staff of local TB control program.** |
| ****How Access Will Be Provided for Data**** | **Not applicable given the description above.** |
| ****Plans for archival and long-term preservation of the data**** | **Raw data collected through surveys will never become part of a system of records containing permanent identifiers that can be used for retrieval. Surveys will be anonymous and personally identifiable data will not be collected.** |

| ****Spatiality (Geographic Location)**** |  |  |
| --- | --- | --- |
| Country | State/Province | County/Region |
|  |  |  |
| United States |  |  |

| ****Determinations**** | | | |
| --- | --- | --- | --- |
| Determination | Justification | Completed | Entered By & Role |
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| ****Dataset**** |
| --- |
| ****Dataset Title**** |
| ****Dataset Description**** |
|  |
| ****Dataset Publisher/Owner**** |
|  |
| ****Public Access Level**** |
|  |
| ****Public Access Justification**** |
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