

DRAFT
Example Certification of Annual Implementation Statement
for the USAPI Integrated FOA

**CERTIFICATION OF IMPLEMENTATION OF THE NCHHSTP DATA SECURITY
AND CONFIDENTIALITY STANDARDS AND DESIGNATION OF OVERALL
RESPONSIBLE PARTY (ORP)**

We certify our compliance with the National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention's (NCHHSTP) Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs (2011). We acknowledge that all standards included in the NCHHSTP Data Security and Confidentiality Guidelines have been implemented for the USAPI Integrated Cooperative Agreement funded by FOA PS18-1801 unless otherwise justified in an attachment to this statement. We acknowledge that all standards included in the NCHHSTP Data Security and Confidentiality Guidelines have been implemented for programs with which we share data, including NCHHSTP programs unless otherwise justified in an attachment to this statement. We agree to apply the standards to all local/state/national staff and contractors funded through NCHHSTP that have access to and/or maintain confidential, personally identifiable public health data. We ensure all sites where applicable public health data are maintained are informed about the standards. Documentation of required data policies and procedures is on file with the Overall Responsible Party(s) and available upon request.

Please check only one:

- *In full implementation of the Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs (2011) for all NCHHSTP funded programs; there are no attachments to this statement.
- Pursuing implementation of the 2011 Data Security and Confidentiality Guidelines for the following NCHHSTP funded programs to facilitate sharing and use of surveillance data and a justification of current status is provided in an attachment to this statement (Check all that apply):
 - HIV Prevention and Surveillance
 - Viral Hepatitis Prevention and Surveillance
 - Sexually Transmitted Disease Prevention and Surveillance
 - Tuberculosis Prevention, Control, and Surveillance

***Note: Full compliance applies to all jurisdictions within the grantee's oversight, including the funded national office.**

Name, Title, Organizational affiliation, and Direct Email of the Overall Responsible Party ORP.

ORP Name	Title	Affiliation	Direct Email

Applicant/Grantee Name

Grant/Cooperative Agreement Number

Signature Overall Responsible
Party (ORP)

Date

Signature Authorized Business
Official

Date

Signature Principle Investigator

Date