

**Exhibit 300 (BY2008)**

<b>PART ONE</b>	
<b>OVERVIEW</b>	
<b>1. Date of Submission:</b>	2007-02-05
<b>2. Agency:</b>	009
<b>3. Bureau:</b>	20
<b>4. Investment Name:</b>	CDC PHIN: National Electronic Disease Surveillance Systems (NEDSS)
<b>5. UPI:</b>	009-20-01-02-01-0362-00
<b>6. What kind of investment will this be in FY2008?</b>	
Mixed Life Cycle	
<b>7. What was the first budget year this investment was submitted to OMB?</b>	
FY2002	
<b>8. Provide a brief summary and justification for this investment, including a brief description of how this closes in part or in whole an identified agency performance gap.</b>	
<p>The National Electronic Disease Surveillance Systems (NEDSS) initiative provides a platform for the creation of integrated public health surveillance systems at the Federal, State, and Local levels. This initiative develops system solutions and associated technical components that can be utilized by the state and local public health departments. Through this approach, public health surveillance systems will provide health organizations and their partners with consistent and business-driven capabilities to support the detection of health events. NEDSS will facilitate the analysis and evaluation of population trends. This initiative is a more comprehensive solution for data collection and analysis. NEDSS addresses the need for a more seamless, efficient and cost effective network of disease surveillance systems. NEDSS is one of the mission critical family of systems supporting Public Health practice for State and Local Public Health partners as well as the CDC. Improving the accuracy, timeliness and volume of disease surveillance data translates to improved effectiveness of public health administration at the local, state and national levels. Currently, only 16 states/sites report to the CDC in standard message format and 36 <del>29</del> states/sites can receive electronic lab result messages and 38 states use web-based reporting systems. Adhering to the current plan with approved funding levels, NEDSS will enable (FY 2008) all 50 states to report to the CDC in standard messaging format and receive standard electronic lab result messages. By FY 2008, 40 states/sites should be using web-based reporting systems. By automating routine tasks such as data entry and analysis and by enhancing the content of messaging between trading partners, advances in efficiency, timeliness, accuracy and effectiveness of response to public health events can be achieved. NEDSS additionally provides increased volume and timeliness of delivery of Nationally Notifiable Disease data reporting to the CDC, enabling quicker response to outbreaks, earlier identification of syndromic conditions and improved diagnosis and countermeasure response.</p>	
<b>9. Did the Agency's Executive/Investment Committee approve this request?</b>	
yes	
<b>9.a. If "yes," what was the date of this approval?</b>	
2006-06-23	
<b>10. Did the Project Manager review this Exhibit?</b>	
yes	
<b>12. Has the agency developed and/or promoted cost effective, energy-efficient and environmentally sustainable techniques or practices for this project.</b>	
no	
<b>12.a. Will this investment include electronic assets (including computers)?</b>	
yes	
<b>12.b. Is this investment for new construction or major retrofit of a Federal building or facility? (answer applicable to non-IT assets only)</b>	
no	
<b>13. Does this investment support one of the PMA initiatives?</b>	
yes	
<i>If yes, select the initiatives that apply:</i>	

Expanded E-Government

13.a. Briefly describe how this asset directly supports the identified initiative(s)?

The expanded E-Government initiative is focused on increasing efficiency, controlling IT costs, developing and implementing common solutions. NEDSS has been architected to enable states and public health departments to access records that were only available by paper based reports in the past. The NEDSS initiative provides technical standards to facilitate electronic communications between the CDC and public health state labs, health departments and other health facilities open to the public.

14. Does this investment support a program assessed using OMB's Program Assessment Rating Tool (PART)?

no

14.a. If yes, does this investment address a weakness found during the PART review?

no

15. Is this investment for information technology (See section 53 for definition)?

yes

16. What is the level of the IT Project (per CIO Council's PM Guidance)?

Level 3

17. What project management qualifications does the Project Manager have? (per CIO Council's PM Guidance)

(1) Project manager has been validated as qualified for this investment

18. Is this investment identified as high risk on the Q4 - FY 2006 agency high risk report (per OMB's high risk memo)?

no

19. Is this a financial management system?

no

19.a.1. If yes, which compliance area:

N/A

20. What is the percentage breakout for the total FY2008 funding request for the following? (This should total 100%)

<b>Hardware</b>	5
<b>Software</b>	2
<b>Services</b>	87
<b>Other</b>	6

21. If this project produces information dissemination products for the public, are these products published to the Internet in conformance with OMB Memorandum 05-04 and included in your agency inventory, schedules and priorities?

yes

22. Contact information of individual responsible for privacy related questions.

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23. Are the records produced by this investment appropriately scheduled with the National Archives and Records Administration's approval?

no

**SUMMARY OF SPEND**

1. Provide the total estimated life-cycle cost for this investment by completing the following table. All amounts represent budget authority in millions, and are rounded to three decimal places. Federal personnel costs should be included only in the row designated Government FTE Cost, and should be excluded from the amounts shown for Planning, Full Acquisition, and Operation/Maintenance. The total estimated annual cost of the investment is the sum of costs for Planning, Full Acquisition, and Operation/Maintenance. For Federal buildings and facilities, life-cycle costs should include long term energy, environmental, decommissioning, and/or restoration costs. The costs associated with the entire life-cycle of the investment should be included in this report.

All amounts represent Budget Authority

(Estimates for BY+1 and beyond are for planning purposes only and do not represent budget decisions)

	PY-1 & Earlier	PY	CY	BY
	-2005	2006	2007	2008
<b>Planning Budgetary Resources</b>	4.300	0.000	0.000	0.000
<b>Acquisition Budgetary Resources</b>	70.870	12.151	12.093	12.736
<b>Maintenance Budgetary Resources</b>	2.000	2.000	2.040	2.079
<b>Government FTE Cost</b>	0.330	0.900	0.918	0.936
<b># of FTEs</b>	2	5	7	8

Note: For the cross-agency investments, this table should include all funding (both managing partner and partner agencies).

Government FTE Costs should not be included as part of the TOTAL represented.

2. Will this project require the agency to hire additional FTE's?

yes

2.a. If "yes," how many and in what year?

2007 - Plan to hire 2 to 3

3. If the summary of spending has changed from the FY2007 President's budget request, briefly explain those changes.

The summary of spending has changed the allocation of the extramural funding therefore increasing the NEDSS intramural funding

### PERFORMANCE

In order to successfully address this area of the exhibit 300, performance goals must be provided for the agency and be linked to the annual performance plan. The investment must discuss the agency's mission and strategic goals, and performance measures must be provided. These goals need to map to the gap in the agency's strategic goals and objectives this investment is designed to fill. They are the internal and external performance benefits this investment is expected to deliver to the agency (e.g., improve efficiency by 60 percent, increase citizen participation by 300 percent a year to achieve an overall citizen participation rate of 75 percent by FY 2xxx, etc.). The goals must be clearly measurable investment outcomes, and if applicable, investment outputs. They do not include the completion date of the module, milestones, or investment, or general goals, such as, significant, better, improved that do not have a quantitative or qualitative measure.

Agencies must use Table 1 below for reporting performance goals and measures for all non-IT investments and for existing IT investments that were initiated prior to FY 2005. The table can be extended to include measures for years beyond FY 2006.

Table 1

	Fiscal Year	Strategic Goal(s) Supported	Performance Measure	Actual/baseline (from Previous Year)	Planned Performance Metric (Target)	Performance Metric Results (Actual)
1	2002	Promote health and quality of life by preventing and controlling diseases,	Fund 10 states and major jurisdictions	Fund 10 states and major jurisdictions	Increase number of states and major jurisdiction by 50%	130% increase. Funded 23 states and major jurisdictions

		injuries, and disabilities				
2	2002	Promote health and quality of life by preventing and controlling diseases, injuries, and disabilities	Increase the number of states and major jurisdictions funded to use electronic laboratory reporting capacities.	15 states/major jurisdictions	Increase number of states and major jurisdictions funded for electronic laboratory reporting capacity by 50%	133% increase. 35 states and major jurisdictions reported this capacity
3	2003	Promote health and quality of life by preventing and controlling diseases, injuries, and disabilities	Conduct pilot projects to develop and test electronic linkages between public health agencies and the healthcare sector	Fund 23 states and major jurisdictions	Increase number of states and major jurisdiction by 20%	30% Increase. Funded 30 states and major jurisdictions
4	2003	Promote health and quality of life by preventing and controlling diseases, injuries, and disabilities	Increase the number of states and major jurisdictions funded to use electronic laboratory reporting capacities	35 states and major jurisdictions	Increase number of states and major jurisdictions funded for electronic laboratory reporting capacity by 20%	26% increase. 44 states and major jurisdictions.
5	2004	Promote health and quality of life by preventing and controlling diseases, injuries, and disabilities	Improve timeliness and accuracy of reported data	Less than 5 states	Increase standard based performance to 5 states	5 states
6	2004	Promote health and quality of life by preventing and controlling diseases, injuries, and disabilities	Increase the number of states and major jurisdictions funded to use electronic laboratory reporting capacities	44 states and major jurisdictions	Increase number of states and major jurisdictions funded for electronic laboratory reporting capacity by 5%	5% increase. 46 states and major jurisdictions

All new IT investments initiated for FY 2005 and beyond must use Table 2 and are required to use the FEA Performance Reference Model (PRM). Please use Table 2 and the PRM to identify the performance information pertaining to this major IT investment. Map all Measurement Indicators to the corresponding "Measurement Area" and "Measurement Grouping" identified in the PRM. There should be at least one Measurement Indicator for at least four different Measurement Areas (for each fiscal year). The PRM is available at [www.egov.gov](http://www.egov.gov).

Table 2

	Fiscal Year	Measurement Area	Measurement Grouping	Measurement Indicator	Baseline	Planned Improvement to the Baseline	Actual Results
1	2005	Mission and Business Results	Population Health Management and Consumer Safety	Number of state health departments/sites that have integrated disease	25 State/Sites have integrated disease data	Increase by 3	25 States have NEDSS systems that capture relevant

				data repositories	repositories (April, 2005)		disease surveillance data
2	2005	Processes and Activities	Participation	Number of states/sites reporting to CDC in standard message formats	10 States/Sites are reporting to CDC in standard message format (5/24/05)	Increase by 3	11 States are reporting to CDC in a standard message format
3	2005	Customer Results	New Customers and Market Penetration	Number of States/sites that can receive standard electronic laboratory result messages	29 States/Sites can receive standard electronic lab result messages (April, 2005)	Increase by 3	29 Sites can receive standard electronic lab result messages
4	2005	Technology	Accessibility	Number of States/sites that have Web-based disease reporting systems	29 States/Sites are using web-based disease reporting systems (April, 2005)	Increase by 3	30 Sites are using web-based disease reporting systems
5	2006	Mission and Business Results	Population Health Management and Consumer Safety	Number of state health departments/sites that have integrated disease data repositories	28 (est.) States/Sites have integrated disease data repositories	Increase by 3	37 States have NEDSS systems that capture relevant disease surveillance data
6	2006	Processes and Activities	Participation	Number of states/sites reporting to CDC in standard message formats	13 (EST) States/Sites are reporting to CDC in standard message format	Increase by 3	16 States are reporting to CDC in a standard message format
7	2006	Customer Results	New Customers and Market Penetration	Number of States/sites that can receive standard electronic laboratory result messages	32 States/Sites (est) can receive standard electronic lab result messages	Increase by 3	36 Sites can receive standard electronic lab result messages
8	2006	Technology	Accessibility	Number of States/sites that have Web-based disease reporting systems	32 States/Sites (est) are using web-based disease reporting systems	Increase by 3	38 Sites are using web-based disease reporting systems

9	2007	Mission and Business Results	Population Health Management and Consumer Safety	Number of state health departments/sites that have integrated disease data repositories	31 (est.) States/Sites have integrated disease data repositories	Increase by 9	TBD
10	2007	Processes and Activities	Participation	Number of states/sites reporting to CDC in standard message formats	16 (EST) States/Sites are reporting to CDC in standard message format	Increase by 34	TBD
11	2007	Customer Results	New Customers and Market Penetration	Number of States/sites that can receive standard electronic laboratory result messages	35 States/Sites (est) can receive standard electronic lab result messages	Increase by 3	TBD
12	2007	Technology	Accessibility	Number of States/sites that have Web-based disease reporting systems	35 States/Sites (est) are using web-based disease reporting systems	Increase by 3	TBD

### EA

*In order to successfully address this area of the business case and capital asset plan you must ensure the investment is included in the agency's EA and Capital Planning and Investment Control (CPIC) process, and is mapped to and supports the FEA. You must also ensure the business case demonstrates the relationship between the investment and the business, performance, data, services, application, and technology layers of the agency's EA.*

1. Is this investment included in your agency's target enterprise architecture?

yes

2. Is this investment included in the agency's EA Transition Strategy?

yes

2.a. If yes, provide the investment name as identified in the Transition Strategy provided in the agency's most recent annual EA Assessment.

CDC PHIN National Electronic Disease Surveillance System (NEDSS)

3. Identify the service components funded by this major IT investment (e.g., knowledge management, content management, customer relationship management, etc.). Provide this information in the format of the following table. For detailed guidance regarding components, please refer to <http://www.whitehouse.gov/omb/egov/>.

*Component: Use existing SRM Components or identify as NEW. A NEW component is one not already identified as a service component in the FEA SRM.*

*Reused Name and UPI: A reused component is one being funded by another investment, but being used by this investment. Rather than answer yes or no, identify the reused service component funded by the other investment and identify the other investment using the Unique Project Identifier (UPI) code from the OMB Ex 300 or Ex 53 submission.*

*Internal or External Reuse?: Internal reuse is within an agency. For example, one agency within a department is reusing a service component provided by another agency within the same department. External reuse is one agency within a department reusing a service component provided by another agency in another department. A good example of this is an E-Gov initiative service being reused by multiple organizations across the federal government.*

*Funding Percentage: Please provide the percentage of the BY requested funding amount used for each service component listed in the table. If external, provide the funding level transferred to another agency to pay for the service.*

	Agency Component Name	Agency Component Description	Service Type	Component	Reused Component Name	Reused UPI	Internal or External Reuse?	Funding %
1	NEDSS	The NEDSS initiative will promote the efficient collection, analysis, and use of data and the sharing of IT solutions across disease-specific program areas via the Internet and the use of common data standards to improve public health surveillance.	Tracking and Workflow	Case Management			No Reuse	15
2	NEDSS	The NEDSS messaging layer allows public health data messages to be automatically received and processed.	Routing and Scheduling	Inbound Correspondence Management			No Reuse	5
3	NEDSS	The NEDSS messaging layer allows public health data messages to be automatically routed to public health partners.	Routing and Scheduling	Outbound Correspondence Management			No Reuse	5
4	NEDSS	NEDSS reporting features allow public health information to be retrieved by the organization and its stakeholders.	Knowledge Management	Information Retrieval			No Reuse	10
5	NEDSS	NEDSS integrated data security features controls multiple user access to potentially sensitive public health data.	Knowledge Management	Information Sharing			No Reuse	10
6	NEDSS	NEDSS	Knowledge	Knowledge			No Reuse	15

		reporting features allow public health information to be mined for determine population health status.	Management	Capture				
7	NEDSS	The application's flexible data model facilitate the linking of disparate public health data sets.	Records Management	Record Linking / Association			No Reuse	5
8	NEDSS	NEDSS reporting features supports the presentation of information in the form of diagrams or tables.	Visualization	Graphing / Charting			No Reuse	5
9	NEDSS	The NEDSS architecture supports the use of dynamic reports on an as needed basis.	Reporting	Ad Hoc			No Reuse	5
10	SDN	Shared CDC Secure Data Network	Security Management	Identification and Authentication	Identification and Authentication	009-20-01-02-02-0581-00	Internal	0
11	IT Infrastructure	Shared CDC IT Infrastructure	Organizational Management	Network Management	Network Management	009-20-02-00-01-1152-00	Internal	0
12	PHIN Vocabulary	Shared PHIN Vocabulary Services	Data Management	Meta Data Management	Meta Data Management	009-20-01-02-01-0908-00	Internal	0

4. To demonstrate how this major IT investment aligns with the FEA Technical Reference Model (TRM), please list the Service Areas, Categories, Standards, and Service Specifications supporting this IT investment.

FEA SRM Component: Service Components identified in the previous question should be entered in this column. Please enter multiple rows for FEA SRM Components supported by multiple TRM Service Specifications.

Service Specification: In the Service Specification field, Agencies should provide information on the specified technical standard or vendor product mapped to the FEA TRM Service Standard, including model or version numbers, as appropriate.

	SRM Component	Service Area	Service Category	Service Standard	Service Specification (i.e., vendor and product name)
1	Case Management	Service Access and Delivery	Access Channels	Web Browser	Microsoft Internet Explorer

2	Case Management	Service Access and Delivery	Delivery Channels	Intranet	JBoss
3	Case Management	Service Platform and Infrastructure	Support Platforms	Platform Independent	J2EE
4	Information Retrieval	Service Platform and Infrastructure	Database / Storage	Database	SQL Server
5	Information Sharing	Service Platform and Infrastructure	Hardware / Infrastructure	Servers / Computers	Dell / HP
6	Graphing / Charting	Component Framework	Presentation / Interface	Dynamic Server-Side Display	JSP
7	Case Management	Component Framework	Business Logic	Platform Independent	EJB
8	Ad Hoc	Component Framework	Data Management	Database Connectivity	JDBC
9	Information Sharing	Service Interface and Integration	Integration	Enterprise Application Integration	Orion Rhapsody
10	Inbound Correspondence Management	Service Interface and Integration	Interoperability	Data Format / Classification	XML
11	Knowledge Capture	Component Framework	Business Logic	Platform Independent	EJB
12	Outbound Correspondence Management	Service Interface and Integration	Interoperability	Data Format / Classification	XML
13	Record Linking / Association	Service Interface and Integration	Interoperability	Data Types / Validation	XML Schema
14	Identification and Authentication	Component Framework	Security	Certificates / Digital Signatures	Verisign
15	Network Management	Service Access and Delivery	Service Transport	Supporting Network Services	Sonet, T3, T1
16	Meta Data Management	Service Interface and Integration	Interoperability	Data Format / Classification	Microsoft

5. Will the application leverage existing components and/or applications across the Government (i.e., FirstGov, Pay.Gov, etc)?

yes

5.a. If yes, please describe.

NEDSS achieves optimal use of government funds by sharing PHIN vocabulary and messaging services, CDC IT infrastructure, and the CDC Secure Data Network. It maps to the Federal Health Architecture and to the work of the Public Health Surveillance Workgroup.

6. Does this investment provide the public with access to a government automated information system?

no

## PART TWO

### RISK

You should perform a risk assessment during the early planning and initial concept phase of the investment's life-cycle, develop a risk-adjusted life-cycle cost estimate and a plan to eliminate, mitigate or manage risk, and be actively managing risk throughout the investment's life-cycle.

Answer the following questions to describe how you are managing investment risks.

1. Does the investment have a Risk Management Plan?

yes
1.a. If yes, what is the date of the plan?
2006-01-01
1.b. Has the Risk Management Plan been significantly changed since last year's submission to OMB?
no
3. Briefly describe how investment risks are reflected in the life cycle cost estimate and investment schedule: (O&M investments do NOT need to answer.)
The NEDSS scope and budget planning is based on a work breakdown structure technique that decomposes each work element into its fundamental components. Each component is evaluated based on a risk assessment. This technique helps to clearly define the deliverables to the customer. The budget is determined based on the cost and risk value of the work element. The budget for each element is derived from the most likely scenario that has been risk adjusted. The total of each element comprises the full budget for NEDSS.
<b>COST &amp; SCHEDULE</b>
Does the earned value management system meet the criteria in ANSI/EIA Standard 748?
yes
2.a. What is the Planned Value (PV)?
92.794
2.b. What is the Earned Value (EV)?
92.794
2.c. What is the actual cost of work performed (AC)?
94.462
What costs are included in the reported Cost/Schedule Performance information?
Contractor and Government
2.e. As of date:
2006-12-31
3. What is the calculated Schedule Performance Index (SPI= EV/PV)?
1
4. What is the schedule variance (SV = EV-PV)?
0.000
5. What is the calculated Cost Performance Index (CPI = EV/AC)?
0.98
6. What is the cost variance (CV = EV-AC)?
-1.668
7. Is the CV or SV greater than 10%?
no
7.b. If yes, explain the variance.
Currently, Cost and Schedule variances are not greater than negative 10 percent.
7.c. If yes, what corrective actions are being taken?
Currently, Cost and Schedule variances are not greater than negative 10 percent.
7.d. What is most current Estimate at Completion?
176.912
8. Have any significant changes been made to the baseline during the past fiscal year?
no