

RECV'D

KEYED

DATA COLLECTION APPROVAL FORM

Complete both pages and submit with all accompanying materials for review and authorization at least 2 weeks prior to distribution.

(1) TITLE OF DATA COLLECTION		(2) DATA COLLECTION NUMBER	
(3) SECTION / LC MEMBER		(4) CONTACT PERSON / PHONE NUMBER	
(5) DESCRIPTION OF DATA TO BE COLLECTED: Note this will appear on the Master Calendar, limit of 250 characters.			
(6) TYPE / AREA OF COLLECTION	FINANCIAL SERVICES	(7) SUBMISSION TYPE**	(8) TARGET AUDIENCE OF DATA COLLECTION
ACCREDITATION ADULT EDUCATION ASSESSMENT CDC COMMISSIONER'S OFFICE CURRICULUM EARLY CHILDHOOD FEDERAL PROGRAMS	GMS NSSRS NUTRITION (CNP) SCHOOL FINANCE SPED TEACHER CERT OTHER	CDC CNP GMS NSSRS ONLINE PAPER SURVEY	PUBLIC NON PUBLIC ESU/INTERIM OTHER

****SUBMISSION TYPE****

- **CDC** = The form or information is collected via the Consolidated Data Collections (NDE Portal login, password, and CDC activation code required).
- **CNP** = The form may be completed on the Child Nutrition Program (CNP) website (login and password required).
- **GMS** = This form is completed through the Nebraska Grants Management System (GMS) web application (NDE Portal login, password, and GMS activation code required).
- **NSSRS** = This information is collected via the Nebraska Student and Staff Records System (NSSRS), (NDE Portal login, password).
- **ONLINE** = The form may be completed online or on paper, can be submitted via the online form or other electronic means such as e-mail, fax, and can also be sent via mail.
- **PAPER** = The form may be completed online but the form must be submitted to NDE via mail per the instruction on the form.

(9) ACCESS THROUGH THE PORTAL: YES NO

(10) PROVIDE URL LINK:

(11) STATUS OF DATA COLLECTION FORM

NEW
CONTENT CHANGE
DUE DATE CHANGE ONLY
DISCONTINUED

(12) FREQUENCY OF DATA COLLECTION

ONE-TIME (one and done) BIENNIAL (every other year)
MONTHLY QUARTERLY (4 due dates)
ANNUAL (yearly) AS REQUESTED (no due dates needed)
SEMI-ANNUAL (twice a year)

(13) DUE DATE TO NDE

(14) AUDITING WINDOW

FROM TO

(15) FINAL DATE

(16) INCLUDE ON MASTER CALENDAR

YES NO

(17) WHO COMPLETES THIS FORM? (Check all that apply)

DISTRICT ADMINISTRATOR PRINCIPAL ESU ADMINISTRATOR TEACHER
LEA BOARD OFFICER PROGRAM ADMINISTRATOR OTHER:

(18) ESTIMATED TOTAL NUMBER OF RESPONDANTS

(19) ESTIMATED TIME (in hours) - THIS IS REQUIRED TO COMPLETE THE DATA COLLECTION

(20) JUSTIFICATION (check all that apply, and list the number of the law regulation, policy or directive):

STATE STATUTE FEDERAL STATUTE STATE REGULATION
STATE BOARD POLICY FEDERAL REGULATION PROGRAM DIRECTIVE
COMMISSIONER'S AUTHORITY

TO BE COMPLETED BY DATA, RESEARCH, AND EVALUATION TEAM ONLY

REJECTED, NEEDS MODIFICATIONS

DATE

APPROVED

DENIED

SIGNATURE OF REVIEWER:

DATE: