NOTICE OF OFFICE OF MANAGEMENT AND BUDGET ACTION

Date 11/10/2004

Department of Health and Human Services Agency for Healthcare Research and Quality FOR CERTIFYING OFFICIAL: FOR CLEARANCE OFFICER:

In accordance with the Paperwork Reduction Act, OMB has taken action on your request received <u>09/01/2004</u>

ACTION REQUESTED: <u>New collection (Request for a new OMB Control Number)</u> TYPE OF REVIEW REQUESTED: <u>Regular</u> ICR REFERENCE NUMBER: <u>200409-0935-001</u> TITLE: <u>AHRQ Grants Reporting System</u> LIST OF INFORMATION COLLECTIONS: See next page

OM<u>B</u> ACTION: <u>Approved with change</u> OMB CONTROL NUMBER: <u>0935-0122</u> The agency is required to display the OMB Control Number and inform respondents of its legal significance in accordance with 5 CFR 1320.5(b).

EXPIRATION DATE: <u>11/30/2007</u> DISCONTINUE DATE:

| BURDEN: | RESPONSES | HOURS | COSTS |
|---------------------------------|-----------|-------|-------|
| Previous | 0 | 0 | 0 |
| New | 1,500 | 250 | 0 |
| Difference | | | |
| Change due to New Statute | 0 | 0 | 0 |
| Change due to Agency Discretion | 1,500 | 250 | 0 |
| Change due to Agency Adjustment | 0 | 0 | 0 |
| Change due to PRA Violation | 0 | 0 | 0 |

TERMS OF CLEARANCE:

OMB Authorizing Official:

Donald R. Arbuckle Deputy Administrator, Office of Information and Regulatory Affairs

| List of ICs | | | | |
|---------------------------------|----------|-----------|--------------|--|
| IC Title | Form No. | Form Name | CFR Citation | |
| AHRQ Grants Reporting System | | | | |