

**SUBMISSION OF INFORMATION COLLECTION UNDER THE  
SAFE TO SLEEP GENERIC CLEARANCE**

**DATE OF REQUEST:**

**SUB AGENCY (I/C):** NICHD

**TITLE:**

**GENERIC CLEARANCE UNDER OMB#:** 0925-XXXX      **EXP. DATE:** xx/xx/20xx

**ABSTRACT:**

Briefly describe the information collection including background, purpose, why it is needed, how information will be used, type of participants, methodology and research instrument form.

This form should be no more than 1 page.

**TOTAL ANNUAL BURDEN APPROVED:**

**BURDEN USED TO DATE:**

**BURDEN THIS REQUEST:**

**FEDERAL COST:** The estimated annual cost to the Federal government is \_\_\_\_\_.

**IS RACE AND ETHNICITY DATA COLLECTED AS REQUIRED?**

\_\_\_\_\_ YES      \_\_\_\_\_ NO      \_\_\_\_\_ N/A

**OBLIGATION TO RESPOND:**

\_\_\_\_\_ VOLUNTARY  
\_\_\_\_\_ REQUIRED TO OBTAIN OR RETAIN BENEFITS  
\_\_\_\_\_ MANDATORY

**HOW WILL THIS SURVEY BE OFFERED?**

\_\_\_\_\_ WEB SITE  
\_\_\_\_\_ TELEPHONE INTERVIEW  
\_\_\_\_\_ MAIL RESPONSE  
\_\_\_\_\_ IN PERSON INTERVIEW  
\_\_\_\_\_ OTHER: \_\_\_\_\_

**CONTACT INFORMATION:**

NAME: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_