

**Request for Approval under the “Generic Clearance for the Collection of Grant
Reviewer Recruiter Forms” (OMB Control Number: 0970-0477)**

TITLE OF INFORMATION:

PURPOSE:

DESCRIPTION OF RESPONDENTS:

CERTIFICATION:

I certify the following to be true:

1. The collection is voluntary.
2. The collection is low-burden for respondents and low-cost for the Federal Government.
3. The collection is non-controversial and does not raise issues of concern to other federal agencies.
4. The results are not intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of substantially informing influential policy decisions.
6. The collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the future.

Name: _____

BURDEN HOURS (Annual Bases)

| Category of Respondent | No. of Respondents | Participation Time | Burden |
|-------------------------------|---------------------------|---------------------------|---------------|
| | | | |
| | | | |
| Totals | | | |

FEDERAL COST: The estimated annual cost to the Federal government is _____

Administration of the Instrument

1. How will you collect the information? (Check all that apply)

Web-based or other forms of Social Media

Telephone

In-person

Mail

Other, Explain

Please make sure that all instruments, instructions, and scripts are submitted with the request.