

MEMORANDUM

TO: Elyse Greenwald, ACL, Desk Officer, Office of Management and Budget

FROM: Mary Darnell, National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR)

RE: Annual Performance Reporting Forms for NIDRR Grantees (OMB# 0985-0050)

The above-referenced forms were approved by OMB while NIDILRR was part of the U.S. Department of Education. Under provisions of the Workforce Innovation Opportunity Act, the agency (then called NIDRR) has since become part of the U.S. Department of Health and Human Services' (HHS) Administration for Community Living.

We have therefore revised the burden statement for this package to reflect the new name of our agency and its present location in HHS. The revised statement is located below. With this memorandum, NIDILRR is requesting approval of this modification.

Thank you for your review of this change request. We would greatly appreciate a decision before March 15, 2016, so that NIDILRR's collection of Annual Performance Reports can begin on the required schedule.

Appendix A – OMB Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 0985-0050, with an expiration date of 12/31/2016. The web-based system is designed so that, whenever possible, information entered by grantees will be carried forward from one year to the next, with only verification and any necessary updating of that information required. The time required to complete this form is estimated to average 52 hours per response in a grantee's first year of award, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. In subsequent years, grantees will be asked to update that information, which we anticipate will require approximately 22 hours for NIDILRR's major programs (i.e. RRTC, RERC, MS, DRRP) and 10 hours for the other program mechanisms. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health and Human Services, Washington, D.C. 20201-0004. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of the Chief Financial Officer, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, D.C. 20201-0004.