

## Instructions for completing a Request for Approval under the Generic Clearance for Challenge and Competition Solicitations

---

These instructions are specific for a challenge utilizing the HHS generic clearance (XXXX –XXXX). Before running a challenge/competition, if you are asking questions or for information that may be subject to the Paperwork Reduction Act, you must submit the attached form, a copy of the Federal Register notice announcing the Challenge, and, ideally, a screenshot of the questions that will be asked of the solution providers (as part of their entry)<sup>1</sup>.

**If you are asking questions or you are asking for other information that OMB has determined is not subject to Paperwork Reduction Act, you do not have to submit this information. Please see the FAQs for more information. Upon approval of the use of this generic clearance, a copy shall be submitted along with the Federal Register Notice to challenges@hhs.gov**

### Instructions for Form

**TITLE OF CHALLENGE OR CONTEST:** Provide the name of the challenge as it appears in the FR notice and will appear on Challenge.gov (or other platform).

**PROVIDE A BRIEF DESCRIPTION OF THE QUESTIONS THAT PARTICIPANTS WILL BE ASKED TO ANSWER OR INFORMATION THEY WILL BE ASKED TO PROVIDE:** A short description will be sufficient. (e.g., We will be requesting information on pending patents and basic demographic information, such as race, age, and gender with each submission.)

### **BURDEN HOURS:**

**Category of Respondents:** Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households; (2) Private Sector; (3) State, local, or tribal governments; or (4) Federal Government. Only one type of respondent can be selected per row.

**No. of Respondents:** Provide an estimate of the Number of entries.

**Participation Time:** Provide an estimate of the amount of time (in minutes) required for a respondent to provide the information (e.g., provide information about their pending patents or their demographic information)

**Burden:** Provide the Annual burden hours: Multiply the Number of Respondents and the Participation Time then divide by 60.

---

<sup>1</sup> If you are using Challenge.Gov to host the challenge, this task can be accomplished using the 'preview mode. If such a screen shot is not yet available, you should submit a list of the questions that will be asked of the solution providers. The questions should be presented in the same form and order as they will be asked of solution providers.

**Generic Clearance for Challenge and Competition Solicitations**  
**Request for Approval of Information Collection**

**TITLE OF CHALLENGE/COMPETITION:**

**PROVIDE A BRIEF DESCRIPTION OF THE QUESTIONS THAT PARTICIPANTS WILL BE ASKED TO ANSWER OR INFORMATION THEY WILL BE ASKED TO PROVIDE:**

**BURDEN HOURS (Please fill in the table below):**

<b>Category of Respondent</b>	<b>No. of Respondents</b>	<b>Participation Time</b>	<b>Burden</b>
<b>Totals</b>			

**REQUESTED APPROVAL DATE:**

**NAME OF CONTACT PERSON:**

**TELEPHONE NUMBER:**

**NAME OF OFFICE/PROGRAM:**