



ADMINISTRATION FOR  
**CHILDREN & FAMILIES**  
Office on Trafficking in Persons

**Domestic Victims of Human Trafficking Program Grantee**

**Partnership Development and Expansion: Exit Form**

*Complete this form every time a partner is disenrolled from the grantee's network.*

**Grantee:**

**Reporting Period Start Date**

**Reporting Period End Date**

**Report Type**

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**Name of Partner Organization/Agency**

**City**

**State or Territory**

**Disenrollment Date**

**THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN:**

Through this information collection, ACF is gathering data on the grant program to assess program performance, inform evaluation, tailor technical assistance, report to stakeholders, and inform policy and program development. Public reporting burden for this collection of information is estimated to average .083 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This collection of information is required to retain a benefit (22 USC 7105, Trafficking Victims Protection Act). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. If you have any comments on this collection of information, please contact Flavia Keenan-Guerra, Office on Trafficking in Persons, by email at [Flavia.Keenan-Guerra@acf.hhs.gov](mailto:Flavia.Keenan-Guerra@acf.hhs.gov).