

Example Generic Information Collection for Monitoring Activities

As a condition of funding received under the [Name of ACF Program] program, there are specific requirements that must be met. Through this collection of information, we are interested to learn more about your day-to-day activities that are specific to meeting the requirements of this funding. The information will be used primarily for internal purposes, such as identifying areas for support and technical assistance needs. Some aggregate information about activities implemented to meet requirements may be included in public materials. Your program will not be identified in any public materials. No personally identifiable information is requested as part of this information collection.

Please provide information about activities to meet each listed requirement. You may add additional lines, if needed. If you have questions, please reach out to your ACF program office point of contact.

| Requirement | Activities to Meet Requirement | Frequency (Daily, weekly, monthly, etc.) | Related Documents (tracking forms, forms collected from participants, etc.) |
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| [Requirement 1] | | | |
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| [Requirement 2] | | | |
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PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: Through this information collection, ACF is gathering information about states' compliance with activities as required in the XX regulations. Public reporting burden for this collection of information is estimated to average 10 hours per grantee, 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, per XX authority. 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. The OMB # is 0970-0XXX and the expiration date is XX/XX/XXXX. If you have any comments on this collection of information, please contact [contact information].

| Requirement | Activities to Meet Requirement | Frequency (Daily, weekly, monthly, etc.) | Related Documents (tracking forms, forms collected from participants, etc.) |
|-----------------|--------------------------------|--|--|
| [Requirement 4] | | | |
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| [Requirement 5] | | | |
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| [Requirement 6] | | | |
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