

**Request for Approval under the clearance of the “Generic Performance Progress Report” (OMB Control Number: 0970-0490)**

**TITLE OF INFORMATION COLLECTION:** *Preschool Development Grant Birth through Five (PDG B-5) Renewal Grant Performance Progress Report*

**PURPOSE:**

The purpose of this Performance Progress Report is to help the Administration for Children and Families (ACF) assess the progress of the Preschool Development Grant Birth through Five (PDG B-5) renewal grantees. The PDG B-5 Renewal Grants seek to assist States in the coordination of their existing early childhood programs and services and funding streams in a mixed delivery model. This Performance Progress Report is tailored to the specific goals and objectives of the PDG B-5 Renewal Grants and will allow ACF to collect useful data from grantees in a uniform and systematic manner. ACF intends to analyze gathered data to provide a descriptive snapshot of grantees and assess progress over time. This Performance Progress Report will be collected annually and supplement the standard ACF required PPR (OMB #0970-0406), which will be collected with more frequency.

**DESCRIPTION OF RESPONDENTS:**

Information will be solicited from PDG B-5 Renewal Grantees (anticipated award December 2019). Eligible grantees include any State or Territory awarded a Fiscal Year 2018 PDG B-5 Initial Grant under funding opportunity number HHS-2018-ACF-OCC-TP-1379 or under PDG program that existed between 2014-2018. Currently, there are 47 states and territories eligible to apply for the PDG B-5 Renewal Grant.

**CERTIFICATION:**

I certify the following to be true:

1. The collection is voluntary and in compliance with HHS regulations.
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.

Name: Richard Gonzales, Project Manager-Preschool Development Grants Birth through Five (PDG B-5), Office of Child Care, Administration for Children and Families

To assist review, please provide answers to the following question:

**PERSONALLY IDENTIFIABLE INFORMATION:**

1. Is personally identifiable information (PII) collected? [ ] Yes [X] No
2. If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974? [ ] Yes [ ] No
3. If Yes, has an up-to-date System of Records Notice (SORN) been published? [ ] Yes [ ] No

**BURDEN HOURS**

Category of Respondent	No. of Respondents	No. of Responses per Respondent	Burden per Response	Annual Burden Hours
State, local, or tribal governments	47	1	180 minutes	141 hours
<b>Totals</b>				141 hours

**FEDERAL COST:** The estimated annual cost to the Federal government is \$50,000.

**TYPE OF COLLECTION:** (Check one)

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

Web-based

E-mail

Paper mail

Other, Explain:

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

**Instructions for completing Request for Approval under the “Generic Performance Progress Report”**

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**Program specific PPRs only need to be submitted to OMB for review and approval.**

**PPR instruments must display the required PRA information, i.e.,**

OMB Control Number: 0970-0490; Expiration date: 1/31/2020 and the following statement:

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13)

Public reporting burden for this collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

**TITLE OF INFORMATION COLLECTION:** Provide the name of the collection that is the subject of the request.

**PURPOSE:** Provide a brief description of the purpose of this collection and how it will be used.

**DESCRIPTION OF RESPONDENTS:** Provide a brief description of the targeted group or groups for this collection of information. These groups must have experience with the program.

**CERTIFICATION:** Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

**PERSONALLY IDENTIFIABLE INFORMATION:** Provide answers to the questions. Note: Agencies should only collect PII to the extent necessary, and they should only retain PII for the period of time that is necessary to achieve a specific objective.

**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 Respondents.

**No. of Responses per Respondent:** Provide the number of responses per respondent per year.

**Burden per Response:** Provide an estimate of the amount of time (in minutes) required for a respondent to participate (e.g. fill out a survey or participate in a focus group)

**Burden:** Provide the Annual burden hours.

**FEDERAL COST:** Provide an estimate of the annual cost to the Federal government.

**TYPE OF COLLECTION:** Check all that apply. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

**Submit all instruments, instructions, and scripts with the request.**