

**Request for Approval under the “Generic Clearance for the Collection of Mandatory Grant Financial Reports” (OMB Control Number: 0970-0510)**

**Expiration date 5/31/2021**

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**TITLE OF INFORMATION COLLECTION:** Child Care and Development Fund (CCDF) ACF-696 Financial Report for States and Territories

**PURPOSE:**

The Information collected through the use of these forms is used to:

- a. Monitor how State and Territory CCDF grantees are spending their CCDF dollars in specified categories—including direct services, non-direct services, quality, and administration. This enables staff to identify areas where technical assistance is needed.
- b. Allows ACF to monitor grantee compliance with quality spending requirements, the administrative cost cap, and obligation and liquidation deadlines.
- c. Produce annual financial and statistical reports as may be required by Congress/other parties as well as respond to periodic detailed inquiries from Congress/other parties.

The authority to collect and report this information can be found in Section 658G(d) of the Child Care and Development Block Grant Act of 1990, as amended, and in Federal regulations at 45 CFR 98.65(g) and 98.67(c)(1) which authorize the Secretary to require financial reports as necessary.

The ACF-696 is currently approved under OMB Control Number 0970-0163 through February 29, 2020. At this time, ACF is seeking approval for a revised version of the form and instructions under the “Generic Clearance for the Collection of Mandatory Grant Financial Reports” (OMB Control Number 0970-0510). Updates were made to the current form to: (1) include reporting on child care disaster relief funds made available by the Supplemental Appropriations for Disaster Relief Act of 2019 (P.L.116-20); (2) include reporting lines that reflect expenditures for quality and for infant and toddler quality activities as required by the 2016 CCDF final rule, and (3) delete reference to old targeted fund requirements that no longer exist. We are also making updates and revisions to the instructions necessary to accurately reflect current CCDF requirements.

**DESCRIPTION OF RESPONDENTS:** States, the District of Columbia, and five U.S. Territories that receive CCDF funding (American Samoa, Commonwealth of Northern Mariana Islands, Guam, Puerto Rico, and Virgin Islands).

**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

<b>Title of Information Collection</b>	<b>No. of Respondents</b>	<b>Annual Frequency of Responses</b>	<b>Hourly Burden per Response</b>	<b>Annual Hourly Burden</b>
Child Care and Development Fund ACF-696 Financial Report	56	4	6	1344
<b>Totals</b>				<b>1344 hours</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is \$100,000

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

### **Instructions for completing Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback”**

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**TITLE OF INFORMATION COLLECTION:** Provide the name of the collection that is the subject of the request. (e.g. Comment card for soliciting feedback on xxxx)

**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.

**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.

**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: Multiply the Number of Respondents, times Frequency times Burden per Response.

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