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

TITLE OF CHALLENGE OR PRIZE COMPETITION: Women's Health Awareness (WHA) Climate Change in Your Community Challenge for North Carolina Middle Schools (Climate Change and Your Community: Making an Impact on Environmental Health)

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

PROVIDE: Applicants (middle school science teachers in North Carolina school systems) will be invited to complete an application form for themselves and their school and provide brief information on the characteristics of their school and community including climate change impacts, qualification as a disadvantaged or underserved school and how they would benefit.

BURDEN HOURS (Please fill in the table below):

Category of Respondent	No. of	Participation	Burden
	Respondents	Time	
State Government	60	10/60	10
Totals	60		10

REQUESTED APPROVAL DATE: February 16, 2022

NAME OF CONTACT PERSON: Joan P. Packenham, Ph.D.

TELEPHONE NUMBER:

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Administrative Line: (984) 287-4414 (Lynae Baker)

NAME OF OFFICE/PROGRAM:

NIH/NIEHS Office of Human Research and Community Engagement

Also describe the questions.

Participants will provide their name and contact information as well as their school principal's contact information. They will provide brief information on the characteristics of their school and community including climate change impacts, qualification as a disadvantaged or underserved school and how they would benefit.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0390. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer