

**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**

**TITLE OF INFORMATION COLLECTION:**

**Form CB-496 - Title IV-E Programs Quarterly Financial Report**

**PURPOSE:**

The information collected through the use of this form is used to:

- Monitor title IV-E Foster Care, Adoption Assistance, Guardianship Assistance, Kinship Navigator and Prevention Services program operations and prepare technical assistance and guidance as needed;
- Compute the quarterly grant awards pursuant to sections 474(b)(1-3) and 474(a)(5-7) of the Social Security Act;
- Account for the calculation and expenditure of adoption savings achieved through the use of revised title IV-E Adoption Assistance eligibility criteria with respect to applicable children (annual report only).

**DESCRIPTION OF RESPONDENTS:**

State and tribal governmental agencies administering title IV-E programs.

**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>
Form CB-496	67	4	25	6,700
<b>Totals</b>	<b>67</b>	<b>4</b>	<b>25</b>	<b>6,700</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is: \$0

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.