

## **Instructions for Completing a Request for Approval under the Generic Clearance for Challenge and Prize Competition Solicitations**

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These instructions are specific for a challenge utilizing the HHS generic clearance (0990 –0390). Before running a challenge or prize competition, and if you are asking questions or requesting information that may be subject to the Paperwork Reduction Act, you must submit the attached form, a copy of the notice announcing the challenge or prize competition (e.g. the Challenge.gov solicitation), and, ideally, a screenshot or reasonable facsimile of the questions that will be asked of the solution providers (as part of their entry)<sup>1</sup>.

**If you are asking questions or you are asking for other information that OMB has determined is not subject to Paperwork Reduction Act, you do not have to submit this information. Please see the [FAQs](#) for more information. Upon approval of the use of this generic clearance, a copy shall be submitted along with the challenge or prize competition announcement to [challenges@hhs.gov](mailto:challenges@hhs.gov).**

### Instructions for Form

**TITLE OF CHALLENGE OR PRIZE COMPETITION:** Provide the name of the challenge or prize competition as it will appear on Challenge.gov (or other platform).

**PROVIDE A BRIEF DESCRIPTION OF THE QUESTIONS THAT PARTICIPANTS WILL BE ASKED TO ANSWER OR INFORMATION THEY WILL BE ASKED TO PROVIDE:** A short description will be sufficient. (e.g., We will be requesting information on pending patents and basic demographic information, such as race, age, and gender with each submission.)

### **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 entries.

**Participation Time:** Provide an estimate of the amount of time (in minutes) required for a respondent to provide the information (e.g., provide information about their pending patents or their demographic information)

**Burden:** Provide the Annual burden hours: Multiply the Number of Respondents and the Participation Time then divide by 60.

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<sup>1</sup> If you are using Challenge.gov to host the challenge, this task can be accomplished using the 'preview mode'. If such a screen shot is not yet available, you should submit a list of the questions that will be asked of the solution providers. The questions should be presented in the same form and order as they will be asked of solution providers.

## **Generic Clearance for 2000 Request for Approval of Information Collection**

**TITLE OF CHALLENGE OR PRIZE COMPETITION:**

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

**BURDEN HOURS (Please fill in the table below):**

<b>Category of Respondent</b>	<b>No. of Respondents</b>	<b>Participation Time</b>	<b>Burden</b>
<b>Individuals or Households</b>	1,000	10/60	166.7
<b>Organizations</b>	500	10/60	83.3
<b>Businesses</b>	440	10/60	73.3
<b>State, territory, tribal or local governments</b>	60	10/60	10.0
<b>Totals</b>			333.3

**REQUESTED APPROVAL DATE:**

**NAME OF CONTACT PERSON:**

**TELEPHONE NUMBER:**

**NAME OF OFFICE/PROGRAM:**

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