#  OMB Control Number:

# Exp. Date:

## Request for Approval under the “Generic Clearance for the Collection of Solution for Funding Opportunity Announcement” (0503-XXXX)

## TITLE:

## USDA Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## PURPOSE:

.

**ANNOUNCEMENT DATES:**

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

[ ] Grant.

[ ] Cooperative agreement.

[ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Announcement:

## [ ] Notice of Funding of Opportunity (NOFO).

## [ ] Grants.gov

## [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## CERTIFICATION:

I certify this grant or cooperative agreement to be true:

[ ] Yes. [ ] No.

## BURDEN HOURS/FORMATS/REPORTING

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Forms number | Number of Respondents | Number of Responses per respondent | Total Annual Responses | Burden hours per responses |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |