

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					