

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

<b>TOTAL</b>					