## Request for Approval under the clearance of the “Generic for ACF Program Office Monitoring Activities” Office of Management and Budget (OMB) Control Number: 0970-0558

**TITLE OF INFORMATION COLLECTION:** Office of Refugee Resettlement Waiver Request Form

**PURPOSE:** The Office of Refugee Resettlement (ORR) has implemented a new waiver process to streamline and expedite the submission, tracking, and processing of waiver requests and offer flexibility when possible to meet the needs of unaccompanied children (UC) and providers. The purpose of the new process and the form submitted with this generic information collection (GenIC) request is to advise care provider facilities, including Emergency Intake Sites (EISs), Influx Care Facilities (ICFs), and licensed providers, of new procedures for processing waiver requests related to ORR regulations, policies, and cooperative agreement requirements governing grantees and contractors serving UC.

ORR does not have the authority to waive federal or state statute or state regulations. Case-specific approval requests to Federal Field Specialists (FFS) are not considered waivers for purposes of this procedure. This new process addresses operational and administrative changes necessary to streamline waiver requests. ORR will review and consider waiver requests submitted under the regulatory requirements, policies, and cooperative agreements applicable to the entity making the request, specifically:

* Federal Regulations where explicit that the requirement can be waived
* [The ORR Guide: Children Entering the United States Unaccompanied](https://www.acf.hhs.gov/orr/policy-guidance/children-entering-united-states-unaccompanied-section-2) and UC Manual of Procedures (UC MAP)
* Field Guidance
* Cooperative Agreements, excluding waiver of qualifications for the hiring of key personnel which requires submission of the Key Personnel Minimum Qualifications Checklist and Attestation

This is a new process and this GenIC includes the related form. Currently, there are no instructions for how to submit a waiver and what information is needed, resulting in submissions going directly to staff, multiple requests for additional information from ORR to the program, and no oversight or visibility of requests and approvals. The new process and form will provide instruction on what information is required for submission of a waiver and expedite approvals and responses to requesting providers. There will also be visibility on approvals and the expiration of waivers for necessary oversight and tracking.

This information collection aligns with the overarching generic for monitoring activities, which specifically states that the information collected will:

* allow for ACF to monitoring of compliance with federal practice, guidelines, and requirements
* allow ACF to quickly understand and remediate national, regional, and/or site-specific issues
* ensure timely action by ACF to support grantees and protect federal interests

The proposed uses of the data also align with the overarching generic, which specifies that program offices will use information collected under this generic clearance to monitor funding recipient activities and to provide support or take appropriate action, as needed.

Information collected will be used for internal purposes.

**DESCRIPTION OF RESPONDENTS:** (e.g., states, grantees, or type of non-profit)

ORR Care Provider Program Grantees

**CERTIFICATION:**

I certify the following to be true:

1. The collection is in compliance with U.S. Health and Human Services regulations. **[X]**
2. The collection is low-burden for respondents and low-cost for the Federal Government. **[X]**
3. The collection is non-controversial and does not raise issues of concern to other federal agencies. **[X]**
4. Information gathered will not be used for the purpose of substantially informing influential policy decisions. **[X]**

Name: Amy Grippi, Senior Advisor, Administration for Children and Families

To assist OMB review of your request, please provide answers to the following question:

**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 [X] No
3. If Yes, has an up-to-date System of Records Notice been published? [ ] Yes [ ] No

**BURDEN HOURS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category of Respondent**  | **No. of Respondents** | **No. of Responses per Respondent per year** | **Burden per Response (hours)** | **Annual Burden (hours)** |
| ORR Care Provider Program Grantees | 235 | 2 | 0.30 | 141 |

**FEDERAL COST:** The annualized cost estimate for each of these instruments considers the time of a step 1 GS-12 in the Washington, DC locality to review information following submittal. No additional costs will be incurred by the Federal government. The hourly rate was multiplied by two to account for fringe benefits and overhead.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No. of Federal Staff** | **No. of Responses per Federal Staff per year** | **Burden per Response (hours)** | **Annual Burden** | **Average Hourly Wage** | **Total Annual Cost** |
| 20 | 105.75 | 0.17 | 359.55 | $83.56 | $30,044.00 |

**TYPE OF COLLECTION:**

How will you collect the information? (Check all that apply)

[ ] Web-based

[X] E-mail

[ ] Paper mail

[ ] Other, Explain