

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

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)¹.

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.

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: Applicants will be asked to describe how the nominee assisted with and carried out culturally tailored interventions that achieve health equity, reduce health disparities, and increase community engagement to address preventable risk behaviors (tobacco use, poor nutrition, and physical inactivity) in populations/groups disproportionately affected by chronic disease; specifically, Black or African American, American Indian / Alaska Native, Hispanic or Latino, Asian, and Native Hawaiian / Other Pacific Islander people.

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)

¹ 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.

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

Generic Clearance for Request for Approval of Information Collection

TITLE OF CHALLENGE OR PRIZE COMPETITION: The REACH Lark Galloway-Gilliam Award for Advancing Health Equity Challenge (REACH Lark Award Challenge)

JUSTIFICATION: This request seeks OMB approval under the Paperwork Reduction Act for the unique information collection requirements for the REACH Lark Award Challenge. The REACH Lark Award Challenge recognizes extraordinary individuals, organizations, or community coalitions associated with the Centers for Disease Control and Prevention’s (CDC) Racial and Ethnic Approaches to Community Health (REACH) program. Under this challenge competition, HHS anticipates no more than 30 applicants based on the 2020 and 2022 REACH Lark Award Challenges. Up to two recipients may be selected and will receive a plaque. No cash prize will be awarded. The recipient(s) may be invited to meetings by CDC, nonfederal individuals, or organizations from outside the agency. individuals, or organizations from outside the agency.

PROVIDE A BRIEF DESCRIPTION OF THE QUESTIONS THAT PARTICIPANTS WILL BE ASKED TO ANSWER OR INFORMATION THEY WILL BE ASKED TO PROVIDE: In addition to contact information, applicants will be asked to describe how the nominee assisted with and carried out culturally tailored interventions that advance health equity, reduce health disparities, and increase community engagement to address preventable risk behaviors (tobacco use, poor nutrition, and physical inactivity) in populations/groups disproportionately affected by chronic disease; specifically, African American/Black, American Indian or Alaska Native, Asian, Hispanic or Latino, and Native Hawaiian or other Pacific Islander persons.

BURDEN HOURS (Please fill in the table below):

Category of Respondent	No. of Respondents	Participation Time	Burden
Individuals or Households	0	0	0
Not-for-profit Organizations	15	60	15
Businesses	0	0	0
State, territory, tribal or local governments	15	60	15
Totals	30		30

REQUESTED APPROVAL DATE: (30 days from day sent)

NAME OF CONTACT PERSON: Stormie Israel

TELEPHONE NUMBER: 770-488-2964

NAME OF OFFICE/PROGRAM:
Policy and Partnerships Team

Office of Policy, Partnerships, and Communication
Division of Nutrition, Physical Activity, and Obesity
Centers for Disease Control and Prevention

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