## 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 Key Personnel Minimum Qualification Checklist and Attestation

**PURPOSE:** Office of Refugee Resettlement (ORR) cooperative agreements require care provider program grantees to ensure that candidates for certain key positions meet ORR’s minimum qualification and obtain prior approval from their ORR Project Officer before hiring the candidate. Grantees may also request a waiver of minimum qualifications provided they submit appropriate justification along with a training and supervision plan. The *Key Personnel Minimum Qualification Checklist and Attestation* form will allow ORR to create a formalized approval process that is consistent across all ORR Project Officer and allow Project Officers to effectively monitor grantee compliance with cooperative agreement personnel requirements and track approval, denials, and waivers.

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
* 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:** 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.
2. The collection is low-burden for respondents and low-cost for the Federal Government.
3. The collection is non-controversial and does not raise issues of concern to other federal agencies.
4. Information gathered will not be used for the purpose of substantially informing influential policy decisions.

Name: Shannon Herboldsheimer, Procedure Analyst, Division of Policy and Procedures, Office of Refugee Resettlement

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

**PERSONALLY IDENTIFIABLE INFORMATION:**

1. Is personally identifiable information (PII) collected? [X] Yes [ ] No
2. If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974? [X] Yes [ ] No
3. If Yes, has an up-to-date System of Records Notice been published? [ ] Yes [X] 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 | 9 | 0.17 | 359.55 |

**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