## 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 (ORR) Refugee Microenterprise Development (MED) Program Case File Requirements

**PURPOSE:** The Administration for Children and Families (ACF)Office of Refugee Resettlement (ORR) requires Refugee Microenterprise Development (MED) Program funding recipients to keep records of documents related to grant spending and performance of program-related activities. This specific record keeping requirement allows ORR to specify the records that MED Program funding recipients must keep. Through monitoring activities, ORR will ensure that the necessary records are kept by funding recipients.

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

* Monitor compliance with federal practice, guidelines, and requirements,
* Enable a quick understanding of and remediation to national, regional, and/or site-specific issues,
* Provide support and/or Technical Assistance (TA), as needed,
* Ensure a flexible and responsive oversight of federal funds, and
* Document promising practices, innovative services, and program-related strengths.

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, including assessing progress towards meeting NOFO objectives, confirming compliance with grant requirements, and verifying that programs/projects initiated by MED Program grantees are carried out in a manner consistent with their approved project goals/objectives, and in a manner consistent with ACF’s expectations.

**This is a record keeping requirement; information will not be collected by ORR.**

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

ORR MED Grantees (Nonprofit Entities)

**CERTIFICATION:**

I certify the following to be true:

1. The collection follows 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: Anastasia Brown, Director, Division of Refugee Services, ACF Office of Refugee Resettlement (ORR)

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

Within each case file, grantees document client eligibility for ORR services, which includes documentation related to identity and immigration status, and business-related documentation, which may include credit score(s) and other financial information. **ORR does not collect this information.**

1. If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974? [ ] Yes [X] No
2. If Yes, has an up-to-date System of Records Notice been published? [ ] Yes [ ] No

**BURDEN HOURS**

The number of recipients includes, both current and anticipated, MED Program recipients (e.g., 10 for FY21, and 20 for FY22). ORR will not require annual responses but does stipulate that this information is collected by the recipient and made available for review during ORR-related monitoring (and/or when other circumstances may require review).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category of Respondent** | **No. of Respondents** | **No. of Responses per Respondent per year** | **Burden per Response (Hours)** | **Annual Burden (Hours)** |
| MED Recipients | 30 | 1 | 20 | 600 |

**FEDERAL COST:** The estimated annual cost to the Federal Government is $0.

**TYPE OF COLLECTION:**

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

[ ] Web-based

[ ] E-mail

[ ] Paper mail

[X] Other, Explain

The type of collection is a records-keeping request.

**Please make sure to submit all instruments, instructions, and scripts with the request.**