

View Burden Statement

OMB Number: 0906-0049  
Expiration Date: XX-XX-XXXX

### Standardized Work Plan (SWP)

Organization Name:

Project Title:

Budget Period: 1

Delete Budget Period

Goal # 1:

Delete Goal

Goal # 1, Objective # 1:

Delete Objective

Goal # 1, Objective # 1, Sub-O

Delete Sub-Objective

Organizational Priorities:

**Warning: JavaScript Window - Burden Statement**

**Burden Statement:**

The information to be collected in the SWP will be used by BHW to determine if an applicant has a feasible implementation plan from which to carry out a proposed project. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0906-0049 and it is valid until XXXX/XX/XXXX. This information collection is required to evaluate applications for financial assistance and determine the relative merits of projects for which such assistance is requested, as set forth in Sections 796 and 802 of the Public Health Service Act (42 U.S.C. §§ 295n-1, 296a). Public reporting burden for this collection of information is estimated to average xx hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

OK

X	Milestone Activity A
	Description
	Outcomes/Deliverable(s)
	Staff Responsible
	Target Quarter/Frequency

Q1  Q2  Q3  Q4  +

Add Activity

Add Sub-Objective

Add Objective

Add Goal

Add Budget Period