

NOTICE OF OFFICE OF MANAGEMENT AND BUDGET ACTION

Date 06/23/2022

Department of Health and Human Services
Administration for Children and Families

FOR CERTIFYING OFFICIAL: Karl Mathias

FOR CLEARANCE OFFICER: Terry Clark

In accordance with the Paperwork Reduction Act, OMB has taken action on your request received
06/13/2022

ACTION REQUESTED: Generic IC

IC TITLE: Office of Refugee Resettlement (ORR) Ethnic Community Self-Help (ECSH) Program Case
Documentation Requirements

ICR REFERENCE NUMBER: 202009-0970-001

AGENCY ICR TRACKING NUMBER:

TITLE: Generic for ACF Program Monitoring Activities

LIST OF INFORMATION COLLECTIONS: See next page

OMB ACTION: Approved without change

OMB CONTROL NUMBER: 0970-0558

The agency is required to display the OMB Control Number and inform respondents of its legal significance in accordance with 5 CFR 1320.5(b).

EXPIRATION DATE: 11/30/2023

DISCONTINUE DATE:

BURDEN:	RESPONSES	HOURS	COSTS
Previous	0	0	0
New	4,500	45,000	2,184,300
Difference			
Change due to New Statute	0	0	0
Change due to Agency Discretion	4,500	45,000	2,184,300
Change due to Agency Adjustment	0	0	0
Change due to PRA Violation	0	0	0

TERMS OF CLEARANCE: Terms of the Generic ICR remain in effect.

OMB Authorizing Official: Dominic J. Mancini
Deputy Administrator,
Office Of Information And Regulatory Affairs

List of ICs				
IC Title	Form No.	Form Name	CFR Citation	Hrs/\$/Resp
Office of Grants Management Financial Monitoring Review	1	Document Request List		380 / 0 / 95
Office of Head Start Disaster Recovery Improper Payment Reviews	1	Disaster Supplement Payment Management Reconciliation Example		80 / 0 / 80
Office of Refugee Resettlement Key Personnel Minimum Qualification Checklist and Attestation				360 / 0 / 2,115
Office of Refugee Resettlement Waiver Request Form				141 / 0 / 470
Child Care and Development Fund (CCDF) State Monitoring Compliance Demonstration Packet				850 / 0 / 17
Office on Trafficking in Persons (OTIP) Grant Monitoring Tool (GMT)				1,050 / 0 / 105
Office of Refugee Resettlement's Staff Questionnaire - Interpreter	M-11P	Staff Questionnaire - Interpreter Questionnaire		58 / 0 / 115
Annual Data Collection on Sexual Abuse and Sexual Harassment Involving Unaccompanied Children	M-16	Annual Data Collection on Sexual Abuse and Sexual Harassment Involving UC		353 / 0 / 235
Office of Refugee Resettlement (ORR) Refugee Microenterprise Development (MED) Program Case File Requirements				600 / 0 / 30
Office of Refugee Resettlement Refugee Career Pathways Case File Requirements				740 / 0 / 37
Office of Refugee Resettlement Refugee Family Child Care Microenterprise Development File Requirements				220 / 0 / 22
Office of Refugee Resettlement (ORR) Refugee Individual Development Accounts (IDA) Program Case File Requirements				620 / 0 / 31
Office of Refugee Resettlement (ORR) Refugee Agricultural Partnership Program (RAPP) Case File Requirements				500 / 0 / 25

List of ICs				
IC Title	Form No.	Form Name	CFR Citation	Hrs/\$/Resp
Office of Refugee Resettlement (ORR) Ethnic Community Self-Help (ECSH) Program Case Documentation Requirements				225 / 0 / 45
Total Hours Actually Used for Information Collections Under Currently Approved ICR:				6,177