

# NOTICE OF OFFICE OF MANAGEMENT AND BUDGET ACTION

Date 06/29/2023

Department of Health and Human Services  
Administration for Children and Families

FOR CERTIFYING OFFICIAL: Karl Mathias  
FOR CLEARANCE OFFICER: Sherrette Funn

In accordance with the Paperwork Reduction Act, OMB has taken action on your request received 06/27/2023

ACTION REQUESTED: No material or nonsubstantive change to a currently approved collection

IC TITLE:

ICR REFERENCE NUMBER: 202306-0970-012

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	4,500	45,000	2,184,300
New	4,500	45,000	2,184,300
Difference			
Change due to New Statute	0	0	0
Change due to Agency Discretion	0	0	0
Change due to Agency Adjustment	0	0	0
Change due to PRA Violation	0	0	0

TERMS OF CLEARANCE: Terms of the previous clearance 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		450 / 0 / 300
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				840 / 0 / 42
Office of Refugee Resettlement Refugee Family Child Care Microenterprise Development File Requirements				150 / 0 / 15
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				435 / 0 / 87
Low Income Household Water Assistance Program (LIHWAP) Tribal Implementation Check-In				194 / 0 / 97
Office of Head Start Survey on Background Checks and Staffing				30 / 0 / 150
Survivors of Torture Integrated Care Continuum (SOT-ICC)	1	Survivors of Torture (SOT) Integrated Care Continuum (ICC)		140 / 0 / 35
Low Income Household Water Assistance Program (LIHWAP) Grantee Forecast	1	LIHWAP Forecast		304 / 0 / 152
Monitoring the Status of Required Licensure				120 / 0 / 240
Office of Head Start Improper Payment Reviews – Update 2023	1	Payment Management Reconciliation Instrument		300 / 0 / 300
Community Services Block Grant (CSBG) Work Plan Template				65 / 0 / 20
Total Hours Actually Used for Information Collections Under Currently Approved ICR:				7,667