

NOTICE OF OFFICE OF MANAGEMENT AND BUDGET ACTION

Date 07/28/2023

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
07/25/2023

ACTION REQUESTED: Generic IC

IC TITLE: Office of Refugee Resettlement Refugee Individual Development Accounts Program Pre-Monitoring
Questionnaire

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 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 | | 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 |
| Office of Head Start Survey on COVID-19 Mitigation Plan | | | | 8 / 0 / 100 |
| Office of Refugee Resettlement Refugee Individual Development Accounts Program Pre-Monitoring Questionnaire | | | | 84 / 0 / 28 |
| Office of Refugee Resettlement Refugee Microenterprise Development Case File Requirements | | | | 75 / 0 / 15 |
| Office of Refugee Resettlement Refugee Career Pathways Case File Requirements | | | | 70 / 0 / 14 |
| Total Hours Actually Used for Information Collections Under Currently Approved ICR: | | | | 7,904 |