

**Request for Approval under the “Applications for and Monitoring of New,
One-Time Funding Programs Administered by the Health Resources and
Services Administration” (OMB Control Number: 0906-XXXX)**

TITLE OF INFORMATION COLLECTION:

PURPOSE:

DESCRIPTION OF RESPONDENTS:

TYPE OF COLLECTION: (Check one)

- | | |
|---|--|
| <input type="checkbox"/> One-Time Grant Application | <input type="checkbox"/> Program Monitoring/Progress Reports |
| <input type="checkbox"/> One-Time Cooperative Agreement Application | <input type="checkbox"/> Other |
| <input type="checkbox"/> One-Time Pilot Program Application | |

HOW WILL INFORMATION COLLECTED BE SUBMITTED TO THE AGENCY?

- ☐ Grants.gov
☐ Other: _____

TYPE OF FUNDING ANNOUNCEMENT: (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Notice of Funding of Opportunity
(NOFO) | <input type="checkbox"/> Notice of Solicitation of Application
(NOSA) |
| <input type="checkbox"/> Grants.gov Announcement | <input type="checkbox"/> Notice of Awards |
| <input type="checkbox"/> Funding Opportunity Announcement
(FOA) | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> Request for Application (RFA) | <input type="checkbox"/> Other Funding Announcement Types:
_____ |
| <input type="checkbox"/> Notice of Funding of Announcement
(NOFA) (Announced in the Federal
Register) | |

CERTIFICATION:

I certify the following to be true:

1. This collection is associated with an application or program monitoring for HRSA-funded programs that provide one-time funding.
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. The results are not intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of substantially informing influential policy decisions.

Name:

To assist review, please provide answers to the following question:

Statutory Authority

What is the statutory authority for this program?

Personally Identifiable Information:

1. Is personally identifiable information (PII) collected? ☐ Yes ☐ No
2. If yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974? ☐ Yes ☐ No
3. If yes, has an up-to-date System of Records Notice (SORN) been published? ☐ Yes ☐ No

Gifts or Payments:

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? ☐ Yes ☐ No

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden Hours Total
Totals			

FEDERAL COST:

The estimated annual cost to the federal government is \$X, which includes [provide a brief description of the costs to the government, including the number of staff hours and the GS level of those who would be working on it, i.e., "\$800 (12 hours at the GS-14 level) in project management and oversight." The GS rate should be multiplied by 1.5 to account for overhead costs.]

Please make sure that all instruments, instructions, and scripts are submitted with the request.