OMB Control Number: 0503-0028

Exp. Date: November 2025

## Request for Approval under the "Generic Clearance for the Collection of Solution for Funding Opportunity Announcement"

TITLE:
USDA Agency:
Alignment with Information Collection Package: (Check one)
[ ] One-Time Pilot Program.
[ ] One-Time Funding Announcement of New Program.
<b>Purpose:</b> (Briefly describe the program. Explain the information to be collected to clearly describe to OMB the requirements and burden on the respondents. For example, if the table below shows 150 burden hours for project summary, provide additional detail elaborating on what the respondents are required to provide to meet that requirement.)
Announcement Dates:
Type of Collection: (Check one)
[ ] Grant.
[ ] Cooperative agreement.
[ ] Other:
How will information collected be submitted to the agency?  [ ] Grants.gov
[ ] Other:
Does the agency need to collect information, such as progress reports, beyond the expiration of this generic ICR (November 2025)? If so, will the agency be submitting a regular ICR package?
[ ] Yes. [ ] No.
Announcement:
[ ] Notice of Funding of Opportunity (NOFO)
[ ] Grants.gov Announcement
[ ] Funding Opportunity Announcement (FOA)
[ ] Request for Application (RFA)

<ul> <li>[ ] Notice of Funding of Announcement (NOFA) (Announced in the Federal Register)</li> <li>[ ] Notice of Solicitation of Application (NOSA)</li> <li>[ ] Notice of Awards</li> <li>[ ] Other Funding Announcement Types:</li></ul>
<b>Is the agency asking any questions of a sensitive nature?</b> If yes, provide additional justification for any questions of a sensitive nature, such as sexual behavior and attitudes, religious beliefs, and other matters that are commonly considered private. Include the reasons justifying why the agency considers the questions necessary, the specific uses to be made of the information, the explanation to be given to persons from whom the information is requested, and any steps to be taken to obtain their consent.
[ ] Yes. [ ] No.
If yes, additional info:
Certification:
I certify this grant or cooperative agreement to be true:
[ ] Yes. [ ] No.
Burden Hours, Formats, and Reporting

Burden Hours, Formuts, and Reporting					
Brief description of information being collected	Forms	Number of	Number of	Total Annual	Burden
(project summary, NOA, etc.)	numbe	Respondent	Responses	Responses	hours
	r	S	per	_	per
			responden		response
			t		S
TOTAL					