

Request for Approval under the "USDA Generic Clearance for Fellowships, Scholarships, Internships, and Training"

(OMB Control Number: 0503-0031)

1. TITLE OF INFORMATION COLLECTION:

Provide the name of the information collection.

E. Kika De La Garza Fellowship e-Application

2. USDA AGENCY/OFFICE:

Provide the name of the USDA agency/office responsible for managing the fellowship/scholarship/internship/training program.

Office of Partnerships and Public Engagement, Education Initiatives Division

3. PROGRAM NAME:

Provide the name of the fellowship/scholarship/internship/training program.
Hispanic-Serving Institutions National Program

4. PURPOSE:

Provide a brief description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

This electronic application will be used to collect applicant information for the purposes of selecting individuals to participate in the program on an annual basis. This online e-application will help to modernize and simplify the application process.

5. DESCRIPTION OF RESPONDENTS:

Provide a brief description of the targeted group or groups for this collection of information. Respondents to a participant survey must have experience with the program.

The target group for this collection is faculty and staff of Hispanic-Serving Institutions of Higher Education or high schools.

6. TYPE OF ACTIVITY: (Select one)

If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

- ☒ Application
☐ Participant Survey

Description of Activity:

How will you collect the information? (Check all that apply)

- ☒ Web-based form
- ☐ Paper-based form
- ☐ In-person
- ☐ Other, Explain

If Other, additional info:

For Application: (Check all that apply)

- ☒ Personal Information (e.g., first name, last name, address, etc.)
- ☒ Employment/Volunteer Information (e.g., name of current organization, start date, etc.)
- ☐ Education Information (e.g., transcripts, name of current institution of education, expected graduation date, etc.)
- ☒ Recommender/Reference Information (e.g., recommendation letters, work supervisor's contact information, etc.)
- ☒ Demographic Information (e.g., gender, race/ethnicity, etc.)
- ☒ Resume
- ☒ Statement(s)/Essay(s)
- ☐ Other, Explain

If Other, additional info:

Application Description:

Explain who you expect will apply and this group's connection to the Federal program / service. Generally describe the information collection activity - e.g. are you collecting resumes, letters of recommendation, transcripts? What will respondents be asked?

Respondents will be faculty and staff at Hispanic Serving Institutions of Higher Education and High Schools applying for a summer fellowship program.

Section 1: Applicant Information requires the applicant to include biographical information such as their name, address, position title, etc.

Section 2: Institution Information, requires the name and address of their current institution.

Section 3: Fellowship Information requires applicants to select their applicant type (high education faculty/staff, high school faculty/staff or administrators, or science fellow research faculty), their areas of interest, and specific skills or information that would be most useful.

Section 4: Essay, requires the applicant to respond to the essay question applicable to their applicant type.

- **Education Fellowship:** Compose a 500 to 800-word statement that describes how the mission and vision of the [United States Department of Agriculture](#) aligns with that of your institution. Emphasize how your institution is addressing the unique needs of your underserved student population. Describe your strategy and methods to share the knowledge and information gained during your fellowship with your colleagues, students, and the community.
- **High School Fellowship:** Compose a 500 to 800-word statement that describes how the mission and vision of the [United States Department of Agriculture](#) aligns with that of your institution. Emphasize how your institution is addressing the unique needs of your underserved student population. Describe your strategy and methods to share the knowledge and information gained during your fellowship with colleagues, students, and your community.
- **Science Fellowship:** Compose an 800 to 1000-word statement that describes your interest in the United States Department of Agriculture and your specific research interests. Specify your preferred agency (i.e., [Agricultural Research Service \(ARS\)](#), [Food Safety Inspection Service \(FSIS\)](#), [Forest Service \(FS\)](#), or the [Natural Resources and Conservation Service \(NRCS\)](#)) and include a rationale for your selection. Describe your strategy and methods to share the knowledge and information gained during your fellowship with colleagues, students, and your community.

Section 5: Resume/CV upload.

Section 6: Institutional Support Agreement, requires applicants to attest that they have read and understood the guidelines, requirements, duration, expectations, and conditions; and confirm that their institution commits to providing support of their participation including providing any salary that would otherwise have been provided during the duration of the program.

Section 7: Application Review and Certification requires that the applicant to certify that they have reviewed their application, that all the information is correct to the best of their knowledge, and that they have read and agree to the scholar agreement and continuing service agreement.

Section 8: Demographic Questions, requests that applicants

provide optional demographic information for the purposes of program improvement.

7. GIFTS OR PAYMENTS:

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants?

☐ Yes ☒ No

8. IS THE AGENCY ASKING ANY QUESTIONS OF A SENSITIVE NATURE?

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:

9. CERTIFICATION

I certify the following to be true:

1. The collections are voluntary;
2. The collections are low-burden for respondents (based on considerations of total burden hours or burden-hours per respondent) and are low-cost for both the respondents and the Federal Government;
3. The collections are non-controversial and do not raise issues of concern to other Federal agencies;
4. Any collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the near future;
5. Personally identifiable information (PII) is collected only to the extent necessary and is not retained;
6. Information gathered is intended to be used for general service improvement and program management purposes; and

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10. BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden Hours
Individuals	500	120	1000

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

All instruments used to collect information must include:

OMB Control No. 0503-0031

Expiration Date: XX/XX/XXXX

Instructions for completing Request for Approval under the "USDA Generic Clearance for Fellowships, Scholarships, Internships, and Training"

1. **TITLE OF INFORMATION COLLECTION:** Provide the name of the collection that is the subject of the request. (e.g. Comment card for soliciting feedback on xxxx)
2. **USDA AGENCY/OFFICE:** Provide the name of the USDA mission area/agency/office responsible for managing the fellowship/scholarship/internship/training program (e.g., Office of Partnerships and Public Engagement, Foreign Agricultural Service).
3. **PROGRAM NAME:** Provide the name of the fellowship/scholarship/internship/training program (e.g., 1890 National Scholars program, Cochran Fellowship program).
4. **PURPOSE:** Provide a brief description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include this in your explanation.
5. **DESCRIPTION OF RESPONDENTS:** Provide a brief description of the targeted group or groups for this collection of information. These groups must have experience with the program.
6. **TYPE OF ACTIVITY:** Check one box. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.
7. **GIFTS OR PAYMENTS:** If you answer yes to the question, please describe the incentive and provide a justification for the amount.
8. **IS THE AGENCY ASKING ANY QUESTIONS OF A SENSITIVE NATURE?**
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.
9. **CERTIFICATION:** Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.
10. **BURDEN HOURS:**
Category of Respondents: Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households; (2) Private Sector; (3) State, local, or tribal governments; or (4) Federal Government. Only one type of respondent can be selected per row.
No. of Respondents: Provide an estimate of the Number of respondents.
Participation Time: Provide an estimate of the amount of time required for a respondent to participate (e.g. fill out a survey or participate in a focus group)
Burden: Provide the Annual burden hours: Multiply the Number of responses and the participation time and divide by 60.