

Request for Approval under the “**Generic Clearance for Funding Opportunity Announcements and Related Forms**” (OMB Control Number: 0690-NEW)

**TITLE OF INFORMATION COLLECTION:**

**PURPOSE: :**

**BUREAU:** \_\_\_\_\_

**DESCRIPTION OF RESPONDENTS:** (e.g. states, private sector, etc.)

**ANNOUNCEMENT DATES:**

**TYPE OF FUNDING ANNOUNCEMENT:**

- ☐ Notice of Funding of Opportunity (NOFO)
- ☐ Grants.gov Announcement
- ☐ Funding Opportunity Announcement (FOA)
- ☐ Request for Application (RFA)
- ☐ Notice of Funding of Announcement (NOFA)
- ☐ Notice of Solicitation of Application (NOSA)
- ☐ Notice of Awards
- ☐ Other Funding Announcement Types (specify): \_\_\_\_\_

**TYPE OF COLLECTION:**

- ☐ Grants
- ☐ Cooperative agreement
- ☐ Other: \_\_\_\_\_

**Administration of the Instrument**

**1. How will the information collected be submitted to the agency? (Check all that apply)**

- ☐ Grants.gov
- ☐ Web-based
- ☐ Email
- ☐ Mail
- ☐ Other: \_\_\_\_\_

**Is the Bureau asking any questions of a sensitive nature?** If yes, provide 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, provide justification and any additional info:

**CERTIFICATION:**

I certify the following to be true:

1. The collection is non-controversial and does not raise issues of concern to other federal agencies.
2. Information gathered is meant primarily for program improvement and accountability.

Name: \_\_\_\_\_

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

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected? **[ ] Yes [ ] No**
2. Did you consult with your Bureau's privacy program when making this determination **[ ] Yes [ ] No**
3. If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974? **[ ] Yes [ ] No**
4. If Yes, has an up-to-date System of Records Notice (SORN) been published? **[ ] Yes [ ] No**

**BURDEN HOURS**

Category of Respondent	No. of Respondents	Participation Time	Burden Hours
<b>Totals</b>			

**FEDERAL COST:** The estimated annual cost to the Federal government is

\_\_\_\_\_

**Required Additional Information**

1. Line of Business:
2. Subfunction:
3. Privacy Act System of Records:
4. Federal Registration citation information:
5. Number of respondents for small entities:
6. Percentage of respondents reporting electronically:

0028

OMB Control Number: 0503-

Exp. Date: XX/XX/202X

## **Replace highlighted areas with content specific to your collection**

All required instruments, instructions, correspondences (emails, letters, templates, etc.) to respondents, and scripts as separate documents must be submitted along with this request document.

Every instrument (unless requesting an exception) must have the following displayed -

OMB Control No. 0690-**NEW** and Expiration Date: XX/XX/XXXX.

- All instruments must display the following required PRA Burden Statement. The following PRA Burden Statement template can be used.

**PAPERWORK REDUCTION ACT (PRA) OF 1995 (Public Law 104-13) STATEMENT OF PUBLIC BURDEN:** An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB Control Number (enter OMB Control Number). Public reporting burden for this report is estimated to average ? hours/minutes per response. This burden includes time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the Title, Bureau of \_\_\_\_\_, Street Address., City, State and Zip Code.

Instructions for completing the Request for Approval under the “**Generic for Funding Opportunity Announcements and Related Forms**”  
(OMB Control Number: 0690-NEW)

---

**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)

**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.

**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.

**TYPE OF COLLECTION:** Check one box. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

**CERTIFICATION:** Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

**Personally Identifiable Information:** Provide answers to the questions. Note: Agencies should only collect PII to the extent necessary, and they should only retain PII for the period of time that is necessary to achieve a specific objective.

**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.

**FEDERAL COST:** Provide an estimate of the annual cost to the Federal government.

**Administration of the Instrument:** Identify how the information will be collected. More than one box may be checked. Indicate whether there will be interviewers (e.g. for surveys) or facilitators (e.g., for focus groups) used.

**Must submit all instruments, instructions, and scripts with the request.**