NOTICE OF OFFICE OF MANAGEMENT AND BUDGET ACTION

Date 07/15/2022

Department of Health and Human Services Administration for Children and Families

FOR CERTIFYING OFFICIAL: Karl Mathias FOR CLEARANCE OFFICER: Terry Clark

In accordance with the Paperwork Reduction Act, OMB has taken action on your request received 05/19/2022

ACTION REQUESTED: Extension without change of a currently approved collection IC TITLE: ICR REFERENCE NUMBER: 202205-0970-008 AGENCY ICR TRACKING NUMBER: OHSPER TITLE: Generic Disaster Information Collection Form LIST OF INFORMATION COLLECTIONS: See next page

OMB ACTION: Approved with change

OMB CONTROL NUMBER: 0970-0476

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: 07/31/2025

DISCONTINUE DATE:

| BURDEN: | RESPONSES | HOURS | COSTS |
|---------------------------------|-----------|-------|-------|
| Previous | 97 | 89 | 0 |
| New | 87 | 124 | 0 |
| Difference | | | |
| Change due to New Statute | 0 | 0 | 0 |
| Change due to Agency Discretion | -10 | 35 | 0 |
| Change due to Agency Adjustment | 0 | 0 | 0 |
| Change due to PRA Violation | 0 | 0 | 0 |

TERMS OF CLEARANCE:

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 | |
| Children's Bureau | 1 | Children's Bureau | | 10/0/10 | |
| Disaster Information | | Information Collection | | | |
| Collection Form | | Form | | | |
| Family Violence | 1 | Family Violence | | 10 / 0 / 10 | |
| Prevention Service | | Prevention Service | | | |
| Program Disaster | | Program Disaster | | | |
| Information Collection | | Information Collection | | | |
| Form | | Form | | | |
| Office of Child Care | 1 | Office of Child Care | | 14/0/7 | |
| Disaster Information | | Disaster Information | | | |
| Collection Form | | Collection Form | | | |
| Office of Head Start | 1 | Office of Head Start | | 20 / 0 / 10 | |
| Disaster Information | | Disaster Information | | | |
| Collection Form | | Collection Form | | | |
| Runaway and | 1 | Runaway and Homeless | | 10 / 0 / 10 | |
| Homeless Youth | | Youth (RHY) Disaster | | | |
| Disaster Information | | Information Collection | | | |
| Collection Form | | Plan | | | |
| Future Program Office | | | | 60 / 0 / 40 | |
| Disaster Information | | | | | |
| Collection Forms | | | | | |
| Total Hours Actually Used for Information Collections Under Currently Approved ICR: | | | d ICR: | 124 | |