

**Request for Approval under the clearance of the “Generic for ACF Program  
Office Monitoring Activities” Office of Management and Budget (OMB)  
Control Number: 0970-0558**

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**TITLE OF INFORMATION COLLECTION:** Office of Refugee Resettlement Refugee Microenterprise Development Case File Requirements

**PURPOSE:** The Administration for Children and Families (ACF) Office of Refugee Resettlement (ORR) conducts monitoring of Refugee Microenterprise Development (MED) programs at least once per five-year program period. In preparation for monitoring, ORR requests that recipients complete a standard pre-monitoring questionnaire that provides information of program activities, budget, outcomes, and internal controls. Information provided via this questionnaire helps ORR program staff assess program implementation and results prior to the monitoring to target questions and discussions to areas of greatest need.

This information collection aligns with the overarching generic for monitoring activities, which specifically states that the information collected will allow ACF to:

- Monitor compliance with federal practice, guidelines, and requirements
- Have flexible and responsive oversight of federal funds
- Provide support as needed

The proposed uses of the data also align with the overarching generic, which specifies that program offices will use information collected under this generic clearance to monitor funding recipient activities, including assessing progress towards meeting Notice of Funding Opportunity (NOFO) objectives and confirmation of compliance with grant requirements.

**DESCRIPTION OF RESPONDENTS:** (e.g., states, grantees, or type of non-profit): ORR MED Program grant recipients

**CERTIFICATION:**

I certify the following to be true:

1. The collection follows U.S. Health and Human Services regulations.
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. Information gathered will not be used for the purpose of substantially informing influential policy decisions.

Name: Ashley Davis-Barham, Senior Functional Analyst

To assist OMB review of your request, please provide answers to the following questions:

**PERSONALLY IDENTIFIABLE INFORMATION:**

1. Is personally identifiable information (PII) collected? [ X ] Yes [ ] No

Information collected by the recipient may include names and salary information for recipient staff.

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 been published?  Yes  No

**BURDEN HOURS**

<b>Category of Respondent</b>	<b>No. of Respondents</b>	<b>No. of Responses per Respondent per year</b>	<b>Burden per Response (hours)</b>	<b>Annual Burden (hours)</b>
MED Grant Recipients	15	1	5	75

**FEDERAL COST:** The estimated annual cost to the Federal Government is \$0.

**TYPE OF COLLECTION:**

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

- Web-based
- E-mail
- Paper mail
- Other, Explain

**Please make sure to submit all instruments, instructions, and scripts with the request.**