

**Office of Head Start Tribal Consultations Registration Form****Paperwork Reduction Act Statement:**

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to gather appropriate information to plan Office of Head Start (OHS) Tribal Consultations. Public reporting burden for this collection of information is estimated to average one (1) minute, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This collection of information is voluntary. 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 of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0617 and the expiration date is XX/XX/XXXX. If you have any comments on this collection of information, please contact [AIANHeadStart@acf.hhs.gov](mailto:AIANHeadStart@acf.hhs.gov).

<b>Question Sub-Category</b>	<b>Question Text Options</b>	<b>Response Type or Option Set</b>
Registration Type	-- Registration type	<i>List of registration types: {Federal Employee, Federal Contractor, Tribal Leader, Authorized Designee, Tribal Head Start Staff member, Other/textbox}</i>
Name	-- First Name -- Last Name	<i>Textbox</i>
Role/Title	-- Role/Title	<i>Textbox</i>
Tribal Affiliation	-- Tribal Affiliation	<i>Textbox</i>
Organization	-- Organization/Agency Name	<i>Textbox</i>
City	-- City	<i>Textbox</i>
State	-- State/Territory	<i>List of applicable states/territories</i>
Phone Number	-- Phone Number	<i>Textbox</i>
E-mail	-- E-mail	<i>Textbox</i>
Accommodations	-- Please describe any accommodations that will facilitate your full participation in this event	<i>Textbox</i>
Language	In which language would you like to register? -- Preferred language	<i>Textbox</i>
Oral Testimony	-- Do you intend to provide oral testimony at the event? (Note: In order to provide	<i>Yes/No</i>

	testimony, you must be a Tribal Leader or an Authorized Designee that has submitted a signed letter to {email address/contact information} before {date} to speak on behalf of the Tribe.)	
Written Testimony	-- Do you intend to provide written testimony for the Consultation Report? (Note: Tribes wishing to submit written testimony for the Consultation Report may submit it to ACF prior to the consultation session or within 30 days after the session. When possible, please submit written testimony at least 3 days in advance of the consultation. Written testimony may be submitted to {email address/contact information}.)	Yes/No