

Attachment 3: GenIC Request Template

OMB Control Number 0920-1282

Performance Measures Project

Request for GenIC Approval (for data collection in 20XX, 20XX, 20XX)

Date:

CIO:

PROJECT TITLE:

PURPOSE AND USE OF COLLECTION:

NUMBER AND TITLE OF NOFO:

NUMBER OF PARTICIPATING RECIPIENTS:

ESTIMATED ANNUAL FUNDING:

DESCRIPTION OF NOFO (check all that apply):

☐ Funds all 50 states

☐ Has budget higher than \$10 million per year

☐ Has significant stakeholder interest (e.g. partners, Congress)

Please elaborate:

PERFORMANCE METRICS USED & JUSTIFICATIONS:

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; it is not intended to be used as the principal basis for policy decisions

Name: _____

To assist review, please answer the following questions:

ANNUALIZED BURDEN HOURS:

This table calculates the total estimated burden per year for all recipients.

Type of Respondent	Form Name	No. of Respondents	No. of Responses per Respondent	Avg. Burden Per Response	Total Annualized Burden Hours
Totals					

TOTAL BURDEN HOURS FOR THIS GENIC:

This table specifies the calendar years in which information will be collected and calculates the total burden hours requested over the approved timeframe of the generic.

Data Collection Timeframe (List up to 3 Years)	No. Years Requested	Annualized Burden Hours	Total Burden Hours for this GENIC

See example provided with this template.

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

ADMINISTRATION OF THE INSTRUMENT:

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

☐ Web-based

☐ Email

☐ Postal Mail

☐ Other, Explain

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

Instructions for completing genIC Request for Approval for
Performance Measurements Project*

PROJECT TITLE: Provide the name of the collection that is requested.

PURPOSE AND USE OF COLLECTION: 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.

NUMBER AND TITLE OF NOFO: Provide federal grant or other identifying number and title

NUMBER OF PARTICIPATING RECIPIENTS: Enter number of recipient organizations

DESCRIPTION OF NOFO: Briefly describe the key programmatic activities and the targeted group/groups for this collection.

PERFORMANCE METRICS USED & JUSTIFICATIONS: Describe the changes to the sample forms and justifications for metrics selected

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

COMPLETING THE TABLE: ANNUALIZED RESPONSES AND BURDEN HOURS:

FEDERAL COST: Estimate the annual cost to the Federal government for this collection.

ADMINISTRATION OF THE INSTRUMENT: Identify how the information will be collected. More than one box may be checked.

*Note to applicants- please delete the instructions page upon completion of this template

TABLE COMPLETION INSTRUCTIONS

ANNUALIZED BURDEN HOURS

Type of Respondent	Form Name	No. of Respondents	No. of Responses per Respondent	Avg. Burden Per Response	Total Burden (in Hours)
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; (4) Federal Government or Non-Governmental Organizations. Only one type of respondent can be selected.	Provide the title of the information collection form.	Provide an estimate of the Number of respondents i.e., the number of recipients that will complete the form.	The number of times a respondent will complete the form in one year (1= annual; 2=semi-annual; 4=quarterly; 12-monthly).	Provide an estimate of the amount of time required for a respondent to complete the form one time. If burden can be expressed in whole hours, enter an integer value. Example: Enter "10" to signify "10 hours".	Multiply straight across the row and round to the nearest integer.
Totals					

TOTAL BURDEN HOURS FOR THIS GENIC

Data Collection Timeframe (List up to 3 Years)	No. Years Requested	Annualized Burden Hours	Total Burden Hours for this GENIC
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List (specify) the years in which data will be collected. 20XX, 20XX, 20XX	Enter the number of years (1, 2, or 3).	Enter the Total Annualized Burden Hours from the preceding table	Multiply the Number of Years times the Annualized Burden Hours.
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EXAMPLE TABLE

ANNUALIZED BURDEN HOURS

Type of Respondent	Form Name	No. of Respondents	No. of Responses per Respondent	Avg. Burden Per Response	Total Burden (in Hours)
States	Standard Annual Reporting Form	50	1	25	1,250
States	Quarterly Report	50	4	1	200
Totals					1,450

TOTAL BURDEN HOURS FOR THIS GENIC

Data Collection Timeframe (List up to 3 Years)	No. Years Requested	Annualized Burden Hours	Total Burden Hours for this GENIC
2026,2027	2	1,450	2,900