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

TITLE OF INFORMATION COLLECTION:

PURPOSE:

DESCRIPTION OF RESPONDENTS: (e.g., states, grantees, or type of non-profit)

CERTIFICATION:

I certify the following to be true:

1. The collection is in compliance with U.S. Health and Human Services regulations.
2. The collection has been reviewed to impose minimal burden for respondents and to be 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:_____

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

PERSONALLY IDENTIFIABLE INFORMATION:

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

Title of Information Collection	Category of Respondent	# Respondents (Total)	# Responses per Respondent per year	Burden per Response	Annual Burden

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

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.