

**Request for Approval under the “Generic Clearance for Grants Program
Monitoring Activities” (OMB Control Number: 0930-0395)**

TITLE OF INFORMATION COLLECTION:

PURPOSE:

DESCRIPTION OF RESPONDENTS:

TYPE OF COLLECTION: (Check one)

☐ Progress Report Template (Annual)

☐ Site Visit Report Template

☐ Progress Report (Interim)

☐ Grant Closeouts

☐ Other: _____

CERTIFICATION:

I certify the following to be true:

1. The collection is in compliance with HHS regulations.
2. The collection is non-controversial and does not raise issues of concern to other federal agencies.
3. Information gathered is meant primarily for program improvement and accountability, and it is not intended to be used as the principal basis for policy decisions.

Name: _____

To assist review, 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 (SORN) been published? ☐ Yes ☐ No

BURDEN HOURS

Category of Respondents	Number of Respondents	Number of Responses	Total Responses	Hours per Response	Total Hours	Hourly Wage	Total Hour Cost
Total							

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 or other forms of Social Media
- ☐ Telephone
- ☐ In-person
- ☐ Mail
- ☐ Other, Explain

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

