

Paperwork Reduction Act Submission

Please read the instruction before completing this form. For additional forms or assistance in completing this forms, contact your agency's Paperwork Reduction Officer. Send two copies of this form, the collection instrument to be reviewed, the Supporting Statement, and any additional documentation to: Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 Seventeenth St. NW, Washington, DC 20503.

<p>1. Agency/Subagency Originating Request: U.S. Department of Housing and Urban Development Office of Public and Indian Housing</p>	<p>2. OMB Control Number: a. 2577-0191 b. None</p>																																		
<p>3. Type of information collection: (check one)</p> <p>a. <input type="checkbox"/> New Collection</p> <p>b. <input checked="" type="checkbox"/> Revision of a currently approved collection</p> <p>c. <input type="checkbox"/> Extension of a currently approved collection</p> <p>d. <input type="checkbox"/> Reinstatement, without change, of previously approved collection for which approval has expired</p> <p>e. <input type="checkbox"/> Reinstatement, with change, of previously approved collection for which approval has expired</p> <p>f. <input type="checkbox"/> Existing collection in use without an OMB control number</p> <p>For b-f, note item A2 of Supporting Statement instructions.</p>	<p>4. Type of review requested: (check one)</p> <p>a. <input checked="" type="checkbox"/> Regular</p> <p>b. <input type="checkbox"/> Emergency - Approval requested by</p> <p>c. <input type="checkbox"/> Delegated</p> <p>5. Small entities: Will this information collection have a significant economic impact on a substantial number of small entities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>6. Requested expiration date: a. <input checked="" type="checkbox"/> Three years from approval date b. <input type="checkbox"/> Other (specify)</p>																																		
<p>7. Title: Application for the Community Development Block Grant Program for Indian Tribes and Alaska Native Villages (ICDBG)</p>																																			
<p>8. Agency form number(s): (if applicable) Standard Form 424 SF424 Sup, SF269, SF 272, & HUD Grant forms 2880, 2993,2994-A, 90610, 4123, and 4125</p>																																			
<p>9. Keywords: Housing, Grant programs, Indians, Community development</p>																																			
<p>10. Abstract: Application for funding of Indian and Alaska Native Community Development Block Grants for the development of decent housing, environment, and economic opportunities for low and moderate-income persons.</p>																																			
<p>11. Affected public: (mark primary with "P" and all others that apply with "X")</p> <p>a. Individuals or households e. Farms</p> <p>b. Business or other for-profit f. Federal Government</p> <p>c. Not-for-profit institutions g. P State, Local or Tribal Government</p>	<p>12. Obligation to respond: (mark primary with "P" and all others that apply with "X")</p> <p>a. Voluntary</p> <p>b. P Required to obtain or retain benefits</p> <p>c. Mandatory</p>																																		
<p>13. Annual reporting and recordkeeping hour burden:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">a. Number of respondents</td> <td style="text-align: right;">225</td> </tr> <tr> <td>b. Total annual responses</td> <td style="text-align: right;">1,125</td> </tr> <tr> <td> Percentage of these responses collected electronically</td> <td style="text-align: right;">0</td> </tr> <tr> <td>c. Total annual hours requested</td> <td style="text-align: right;">9,325</td> </tr> <tr> <td>d. Current OMB inventory</td> <td style="text-align: right;">9,325</td> </tr> <tr> <td>e. Difference (+,-)</td> <td style="text-align: right;">0</td> </tr> <tr> <td>f. Explanation of difference:</td> <td></td> </tr> <tr> <td> 1. Program change:</td> <td></td> </tr> <tr> <td> 2. Adjustment:</td> <td style="text-align: right;">0</td> </tr> </table>	a. Number of respondents	225	b. Total annual responses	1,125	Percentage of these responses collected electronically	0	c. Total annual hours requested	9,325	d. Current OMB inventory	9,325	e. Difference (+,-)	0	f. Explanation of difference:		1. Program change:		2. Adjustment:	0	<p>14. Annual reporting and recordkeeping cost burden: (in thousands of dollars) Do not include costs based on the hours in item 13.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">a. Total annualized capital/startup costs</td> <td style="text-align: right;">0</td> </tr> <tr> <td>b. Total annual costs (O&M)</td> <td style="text-align: right;">0</td> </tr> <tr> <td>c. Total annualized cost requested</td> <td style="text-align: right;">0</td> </tr> <tr> <td>d. Current OMB inventory</td> <td style="text-align: right;">0</td> </tr> <tr> <td>e. Difference</td> <td style="text-align: right;">0</td> </tr> <tr> <td>f. Explanation of difference:</td> <td></td> </tr> <tr> <td> 1. Program change:</td> <td></td> </tr> <tr> <td> 2. Adjustment:</td> <td></td> </tr> </table>	a. Total annualized capital/startup costs	0	b. Total annual costs (O&M)	0	c. Total annualized cost requested	0	d. Current OMB inventory	0	e. Difference	0	f. Explanation of difference:		1. Program change:		2. Adjustment:	
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<p>15. Purpose of Information collection: (mark primary with "P" and all others that apply with "X")</p> <p>a. P Application for benefits e. Program planning or management</p> <p>b. Program evaluation f. Research</p> <p>c. General purpose statistics g. X Regulatory or compliance</p> <p>d. Audit</p>	<p>16. Frequency of recordkeeping or reporting: (check all that apply)</p> <p>a. <input type="checkbox"/> Recordkeeping b. <input type="checkbox"/> Third party disclosure</p> <p>c. <input checked="" type="checkbox"/> Reporting:</p> <p> 1. <input checked="" type="checkbox"/> On occasion 2. <input type="checkbox"/> Weekly 3. <input checked="" type="checkbox"/> Monthly</p> <p> 4. <input checked="" type="checkbox"/> Quarterly 5. <input type="checkbox"/> Semi-annually 6. <input checked="" type="checkbox"/> Annually</p> <p> 7. <input type="checkbox"/> Biennially 8. <input type="checkbox"/> Other (describe)</p>																																		
<p>17. Statistical methods: Does this information collection employ statistical methods? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>18. Agency contact: (person who can best answer questions regarding the content of this submission) Name: Deborah Lalancette Phone: (303) 675-1625</p>																																		

19. Certification for Paperwork Reduction Act Submissions

On behalf of the U.S. Department of Housing and Urban Development, I certify that the collection of information encompassed by this request complies with 5 CFR 1320.9.

Note: The text of 5 CFR 1320.9, and the related provisions of 5 CFR 1320/8(b)(3), appear at the end of the instructions. The certification is to be made with reference to those regulatory provisions as set forth in the instructions.

The following is a summary of the topics, regarding the proposed collections of information that the certification covers:

- (a) It is necessary for the proper performance of agency functions;
- (b) It avoids unnecessary duplication;
- (c) It reduces burden on small entities;
- (d) It uses plain, coherent, and unambiguous terminology that is understandable to respondents;
- (e) Its implementation will be consistent and compatible with current reporting and recordkeeping practices;
- (f) It indicates the retention periods for recordkeeping requirements;
- (g) It informs respondents of the information called for under 5 CFR 1320.8(b)(3):
 - (i) Why the information is being collected;
 - (ii) Use of the information;
 - (iii) Burden estimate;
 - (iv) Nature of response (voluntary, required for a benefit, or mandatory);
 - (v) Nature and extent of confidentiality; and
 - (vi) Need to display currently valid OMB control number;
- (h) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to collected (see note in item 19 of the instructions);
- (i) It uses effective and efficient statistical survey methodology; and
- (j) It makes appropriate use of information technology.

If you are unable to certify compliance with any of these provisions, identify the item below and explain the reason in item 18 of the Supporting Statement.

Signature of Program Official:

X

Date:

Signature of Senior Officer or Designee:

X
Wayne Eddins, Departmental Reports Management Officer,
Office of the Chief Information Officer

Date:

Supporting Statement for Information Collection: Application for Indian Community Development Block Grant (ICDBG) Programs Grant Assistance

A. Justification.

1. The ICDBG program regulations can be found in 24 CFR Part 1003. The ICDBG Grant Program for Indian tribes and Alaska Native villages requires eligible applicants to submit information to enable HUD to select the best projects for funding during annual competitions. Additionally, the requirements are essential for HUD in monitoring grants to ensure that grantees are making proper use of Federal dollars.

Attached are copies of applicable HUD regulations (24 CFR 1003) and the Notice of Funding Availability (NOFA).

Eligible applicants are invited to submit grant applications through a NOFA, which is published in the Federal Register. The following HUD forms contain the information collection:

SF-424, Application for Federal Assistance. The use of this form is required.

SF-424 SUPP, Supplement Survey on Ensuring Equal Opportunity for Applicants

HUD-2880, Applicant/Recipient Disclosure/Update Report. Applicant provides information in accordance with Section 102 of the HUD Reform Act. The use of this form is required.

HUD-2993, Acknowledgment of Application Receipt. (Only for applicants granted a waiver of the electronic submission requirements and who are submitting a paper application).

HUD-4123, Cost Summary. It enables the applicant to provide cost information for each separate project including specific activity costs, administration planning, technical assistance and total HUD share. The use of this form is required.

HUD-4125, Implementation Schedule. It enables the applicant to present a time schedule for the execution and completion of major project tasks. The use of this form is required.

2. HUD uses the information to determine whether applications meet minimum screening eligibility requirements and application submission requirements. They provide general information about the project and are preliminary to the review of the applicant's response to the criteria for rating the application. HUD needs this information for grantee selection.
3. All federal agencies are required to implement Public Law 106-107, stream lining of grants. HUD has implemented Public Law 106-107, and as of fiscal year 2005 has required all grants be submitted electronically through the Grants.gov system. All ICDBG applications are submitted through the grants.gov website unless a waiver of this requirement has been granted to the recipient.
4. There is no duplication of project information.
5. The collection of information does not impact small businesses or other small entities.
6. The information is collected at the time of grant application and is required to identify the applicant, describe the project, and comply with requirements of law or regulation.

7. There are no special circumstances that require the collection of information to be conducted as required by this item.
8. A *Federal Register* Notice was published on June 20, 2006 on Page 35442 for this information collection, which allowed the public a 60-day comment period. No public comments were received.
9. No payment or gifts will be provided to respondents.
10. There is no assurance of confidentiality. This information is available under the Freedom of Information Act.
11. There are no questions of a sensitive nature included in the information collection.
12. Estimate of the total number of hours needed to prepare the information collection including estimated number of respondents, frequency of response, and estimated hours of response: 225 respondents based on the Department's prior competition experience for this program, once each time the applicant decides to compete, an average of 40 hours per application, for a total reporting burden of 9,325 hours. The estimated burden hours are based on field office experience.

Estimated Number of Respondents, Responses, and Burden Hours Per Annum

	Respondents	Frequency of Response	Total Responses	Burden Hours	Total Hours
Grant Application (includes SF-424, SF 424 Sup, HUD-2880, HUD- 2993 HUD 2994-A) and additional HUD forms – HUD-4123, HUD-4125	225	1	225	40	9,000
LOCCS Payment Vouchers	50	12	600	0.25	150
Federal Cash Transaction Report, SF-272	50	4	200	0.25	50
Financial Status Reports, SF-269	50	1	50	0.50	25
Final Status and Evaluation Report, narrative	50	1	50	2	100
Total	225		1,125		9,325

Estimates of Annualized Cost to Respondents

	# Hours	Cost Per Hour*	Total Cost
Grant Application	9,000	\$18.00	\$162,000
LOCCS Vouchers	150	\$18.00	\$2,700
SF-272	50	\$18.00	\$900
SF-269	25	\$18.00	\$450
Final Status and Evaluation Report	100	\$18.00	\$1,800
Total	9,325	\$18.00	\$167,850.00

*The hourly cost is based on an average annual salary of \$37,000.

13. HUD does not expect the applicant will incur any additional cost resulting from collection of the information.
14. The review of the application information will not constitute an additional staff burden. This is a routine servicing and technical assistance function already being performed.
15. Two of the previous grant forms have been eliminated in an effort to streamline the application requirements. The deleted forms are HUD-50070, Drug Free Workplace Certification, HUD-4126, and Certifications. Additionally, the HUD-2993, Acknowledgment of Application Receipt, is only required if

a grantee has received a waiver of the electronic submission requirements. The number of respondents and burden hours have not changed from the previous submission.

16.

17. The 1989 Reform Act requires that all funding awards be published in the Federal Register.

18. The OMB approval number and the expiration date will be shown on all the HUD forms.

19. There are no exceptions to the certification statement, item 19 of OMB Form 83-I.

B. Collections of Information Employing Statistical Methods.

The information collection will not use statistical methods.