

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.

1. Agency/Sub-agency Originating Request: U.S. Department of Housing and Urban Development Office of Fair Housing and Equal Opportunity		2. OMB Control Number: a. 2529-0033 b. ☐ None	
3. Type of information collection: (check one) a. ☐ New Collection b. ☒ Revision of a currently approved collection c. ☐ Extension of a currently approved collection d. ☐ Reinstatement, without change , of previously approved collection for which approval has expired e. ☐ Reinstatement, with change , of previously approved collection for which approval has expired f. ☐ Existing collection in use without an OMB control number For b-f, note item A2 of Supporting Statement instructions.		4. Type of review requested: (check one) a. ☒ Regular b. ☐ Emergency – c. ☐ Delegated 5. Small entities: Will this information collection have a significant economic impact on a substantial number of small entities? ☐ Yes ☐ No 6. Requested expiration date: a. ☐ Three years from approval date b. ☐ Other (specify)	
7. Title: Fair Housing Initiatives Program			
8. Agency form number(s): (if applicable) Forms HUD 904-A, 904-B and 904-C, SF-424, SF-424 Supplement, SF-269A, SF LLL, HUD-2880, HUD 2990, HUD 2991, HUD 2993, HUD-424CB, HUD-424CBW, HUD2994-A, HUD-27300, HUD-96010, HUD-27061, and HUD-96011.			
9. Keywords: Housing, Fair Housing			
10. Abstract: This information is required by the grant application to assist the Department in selecting the highest ranked applicants to receive funds under the Fair Housing Initiatives Program and carry out fair housing enforcement and/or education and outreach activities under the following initiatives; Private Enforcement, Education and Outreach, and Fair Housing Organizations. The information collected from quarterly and final progress reports and enforcement logs will enable the Department to evaluate the performance of agencies that receive funding and determine the impact of the program on preventing and eliminating discriminatory housing practices.			
11. Affected public: (mark primary with "P" and all others that apply with "X") a. Individuals or households e. Farms b. Business or other for-profit f. Federal Government c. p Not-for-profit institutions g. x State, Local or Tribal Government		12. Obligation to respond: (mark primary with "P" and all others that apply with "X") a. Voluntary b. p Required to obtain or retain benefits c. Mandatory	
13. Annual reporting and record-keeping hour burden: a. Number of respondents 400 b. Total annual responses 1262 c. Total annual hours requested 48,444 d. Current OMB inventory 48,472 e. Difference (+,-) -28 Explanation of difference: 1. Program change: -28 2. Adjustment:		14. Annual reporting and record-keeping cost burden: (in thousands of dollars) a. Total annualized capital/startup costs \$ 0.00 b. Total annual costs (O&M) \$ 0.00 c. Total annualized cost requested \$ 0.00 d. Total annual cost requested \$ 0.00 e. Current OMB inventory \$ 0.00 f. Explanation of difference: 1. Program change: 0 2. Adjustment: 0	
15. Purpose of Information collection: (mark primary with "P" and all others that apply with "X") a. p Application for benefits e. x Program planning or management b. Program evaluation f. Research c. x General purpose statistics g. x Regulatory or compliance d. Audit		16. Frequency of record-keeping or reporting: (check all that apply) a. ☐ Record-keeping b. ☐ Third party disclosure c. ☐ Reporting: 1. ☒ On occasion 2. ☐ Weekly 3. ☐ Monthly 4. ☒ Quarterly 5. ☒ Semi-annually 6. ☒ Annually 7. ☐ Biannually 8. ☐ Other (describe) as required by application and award documents	
17. Statistical methods: Does this information collection employ statistical methods? ☐ Yes ☐ No		18. Agency contact: (person who can best answer questions regarding the content of this submission) Name: Myron Newry Phone: 202-708-0800 x 7095	

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 record-keeping practices;
- (f) It indicates the retention periods for record-keeping 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:	Date:
X	

Signature of Senior Officer or Designee:	Date:
X Lillian L. Deitzer, Departmental Reports Management Officer, Office of the Chief Information Officer	