

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/Sub agency Originating Request: U.S. Department of Housing and Urban Development Office of Healthy Homes and Lead Hazard Control</p>	<p>2. OMB Control Number: a. 2539-0015 b. <input type="checkbox"/> 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 Healthy Homes and Lead Hazard Control Grant Programs and Quality Assurance Plans</p>																																			
<p>8. Agency form number(s): (if applicable) SF 424, SF 424 Suppl., HUD 424 CBW, 27061, 27300, 2880, 2990, 2991, 2993, 2994, 96008, 96010, 96011, 96012, 96013, 96014, 96015, SF-LLL</p>																																			
<p>9. Keywords: Housing, Quality Assurance, Research, Evaluation, Lead-Based Paint, Hazard Control, Healthy Homes</p>																																			
<p>10. Abstract: This information collection is required in conjunction with the issuance of Notice of Funding Availability for Healthy Homes and Lead Hazard Control Programs that are authorized under Title X of the Housing and Community Development Act of 1992, Pub. L. 102-550, Section 1011, and other legislation. The quality Assurance Plan is obtained after the award of grants.</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. <input checked="" type="checkbox"/> Business or other for-profit f. Federal Government</p> <p>c. <input checked="" type="checkbox"/> Not-for-profit institutions g. <input type="checkbox"/> 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. <input checked="" type="checkbox"/> 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: 70%;">a. Number of respondents</td> <td style="text-align: right;">250</td> </tr> <tr> <td>b. Total annual responses</td> <td style="text-align: right;">330</td> </tr> <tr> <td> Percentage of these responses collected electronically</td> <td style="text-align: right;">95%</td> </tr> <tr> <td>c. Total annual hours requested</td> <td style="text-align: right;">21760</td> </tr> <tr> <td>d. Current OMB inventory</td> <td style="text-align: right;">21280</td> </tr> <tr> <td>e. Difference (+,-)</td> <td style="text-align: right;">+480</td> </tr> <tr> <td>f. Explanation of difference:</td> <td></td> </tr> <tr> <td> 1. Program change:</td> <td style="text-align: right;">+480</td> </tr> <tr> <td> 2. Adjustment:</td> <td></td> </tr> </table>	a. Number of respondents	250	b. Total annual responses	330	Percentage of these responses collected electronically	95%	c. Total annual hours requested	21760	d. Current OMB inventory	21280	e. Difference (+,-)	+480	f. Explanation of difference:		1. Program change:	+480	2. Adjustment:		<p>14. Annual reporting and recordkeeping cost burden: (in thousands of dollars)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">a. Total annualized capital/startup costs</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>b. Total annual costs (O&M)</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>c. Total annualized cost requested</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>d. Current OMB inventory</td> <td style="text-align: right;">\$0.00</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 style="text-align: right;">0</td> </tr> <tr> <td> 2. Adjustment:</td> <td style="text-align: right;">0</td> </tr> </table>	a. Total annualized capital/startup costs	\$0.00	b. Total annual costs (O&M)	\$0.00	c. Total annualized cost requested	\$0.00	d. Current OMB inventory	\$0.00	e. Difference	0	f. Explanation of difference:		1. Program change:	0	2. Adjustment:	0
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<p>15. Purpose of Information collection: (mark primary with "P" and all others that apply with "X")</p> <p>a. Application for benefits e. <input checked="" type="checkbox"/> Program planning or management</p> <p>b. <input checked="" type="checkbox"/> Program evaluation f. Research</p> <p>c. General purpose statistics g. <input checked="" type="checkbox"/> 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> <table style="width: 100%;"> <tr> <td>1. <input checked="" type="checkbox"/> On occasion</td> <td>2. <input type="checkbox"/> Weekly</td> <td>3. <input type="checkbox"/> Monthly</td> </tr> <tr> <td>4. <input type="checkbox"/> Quarterly</td> <td>5. <input type="checkbox"/> Semi-annually</td> <td>6. <input type="checkbox"/> Annually</td> </tr> <tr> <td>7. <input type="checkbox"/> Biannually</td> <td>8. <input checked="" type="checkbox"/> Other (describe) One time</td> <td></td> </tr> </table>	1. <input checked="" type="checkbox"/> On occasion	2. <input type="checkbox"/> Weekly	3. <input type="checkbox"/> Monthly	4. <input type="checkbox"/> Quarterly	5. <input type="checkbox"/> Semi-annually	6. <input type="checkbox"/> Annually	7. <input type="checkbox"/> Biannually	8. <input checked="" type="checkbox"/> Other (describe) One time																										
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<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: Jonnette Hawkins Phone: (202) 402-7593</p>																																		