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/Subagency Originating Request:
U.S. Department of Housing and Urban Development
Policy Development and Research

2. OMB Control Number:
a. **2528** b.

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 - Approval requested by
- 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:
2009 HUD Partners Surveys

8. Agency form number(s): (if applicable)

9. Keywords:
Housing, HUD partners, customer survey, satisfaction survey, government-partner relationship

10. Abstract:
This is a customer satisfaction survey of HUD's partner-customers. It is a follow-up to surveys done, first, in 2001 (reported as *How's HUD Doing: Agency Performance as Judged by Its Partners)* and, later, in 2005 (reported as *Partner Satisfaction with HUD's Performance: 2005 Survey Results and Trends Since 2001*). It covers six partner groups: local Community Development Departments; Mayors' offices; Public Housing Agencies; Fair Housing Assistance Program Agencies; Fair Housing Initiatives Program organizations; and nonprofit housing organizations. Its purposes are to (a) facilitate improved HUD performance through assessment of partner-customers' satisfaction with HUD's performance, operations and programs; and (2) determine if changes in partner-customer satisfaction have occurred since 2005. The survey replicates the methodology used in 2001 and 2005—a mail survey with telephone follow-up.

11. Affected public: (mark primary with "P" and all others that apply with "X")
- a. Individuals or households
- b. **X** Business or other for-profit
- c. **X** Not-for-profit institutions
- e. Farms
- f. Federal Government
- g. **P** State, Local or Tribal Government

12. Obligation to respond: (mark primary with "P" and all others that apply with "X")
- a. **P** Voluntary
- b. Required to obtain or retain benefits
- c. Mandatory

13. Annual reporting and recordkeeping hour burden:

a. Number of respondents	3111
b. Total annual responses	3111
Percentage of these responses collected electronically	0.0
c. Total annual hours requested	830
d. Current OMB inventory	0
e. Difference (+,-)	0
f. Explanation of difference:	
1. Program change:	0
2. Adjustment:	0

14. Annual reporting and recordkeeping cost burden: (in thousands of dollars)
Do not include costs based on the hours in item 13.

a. Total annualized capital/startup costs	0.0
b. Total annual costs (O&M)	
c. Total annualized cost requested	
d. Current OMB inventory	
e. Difference	
f. Explanation of difference:	
1. Program change:	
2. Adjustment:	

15. Purpose of Information collection: (mark primary with "P" and all others that apply with "X")
- a. Application for benefits
- b. Program evaluation
- c. General purpose statistics
- d. Audit
- e. **P** Program planning or management
- f. Research
- g. Regulatory or compliance

16. Frequency of recordkeeping or reporting: (check all that apply)
- a. ☐ Recordkeeping b. ☐ Third party disclosure
- c. ☒ Reporting:
  - 1. ☐ On occasion 2. ☐ Weekly 3. ☐ Monthly
  - 4. ☐ Quarterly 5. ☐ Semi-annually 6. ☐ Annually
  - 7. ☐ Biennially 8. ☒ Other (describe) See attached.

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: Cheryl A. Levine, Ph.D.
Phone: (202) 402-3928

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:	Date:
X	

Signature of Senior Officer or Designee:	Date:
X Wayne Eddins, Departmental Reports Management Officer, Office of the Chief Information Officer	