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.

Agency/Subagency Originating Request:	2. OMB Control Number:	
U.S. Department of Housing and Urban Development	a. b. 🔀 None	
Community Planning and Development		
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. 7. Title: Continuum of Care Homeless Assistance Grant Application –T	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 form approval date b. Other (specify)	
8. Agency form number(s): (if applicable) HUD-40090-3a, HUD-40090-3b		
9. Keywords: Housing, Grant management, Homeless, Supportive Housing Program, Shelter Plus Care Program and Section 8 Single Room Occupancy for Rehabilitation of Moderate Dwelling		
10. Abstract: Technical submission for applicants awarded conditional fun Assistance Competition to ensure that technical requirements	ding for new projects during the Continuum of Care Homeles are met prior to execution of grant agreement.	
11. Affected public: (mark primary with "P" and all others that apply with "X") a. Individuals or households b. Business or other for-profit c. P Not-for-profit institutions g. P 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 	
a. Number of respondents 500 b. Total annual responses 500 Percentage of these responses collected electronically 100% c. Total annual hours requested 4,520 d. Current OMB inventory 0 e. Difference (+,-) 4,520 f. Explanation of difference: 1. Program change: New collection so nothing previously on file. 2. Adjustment:	14. Annual reporting and recordkeeping 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: 2. Adjustment:	
Description: The property of the property	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. Biennually 8. Other (describe)	
Does this information collection employ statistical methods? Yes No Name	y contact: (person who can best answer questions regarding the content of this sion) : Ann Oliva 2: 202-402-4497	

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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;

Signature of Program Official:

- (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.

Date:

x	
Signature of Senior Officer or Designee:	Date:
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X	
Wayne Eddins, Departmental Paperwork Reduction Act Officer, Office of the Chief Information Officer	

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