

# 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: <b>U.S. Department of Housing and Urban Development</b> Office of Special Needs Assistance Programs, Office of Community Planning and Development		2. OMB Control Number: a. <input type="checkbox"/> None b. <input type="checkbox"/> None	
3. Type of information collection: (check one) a. <input checked="" type="checkbox"/> New Collection b. <input type="checkbox"/> Revision of a currently approved collection c. <input type="checkbox"/> Extension of a currently approved collection d. <input type="checkbox"/> Reinstatement, <b>without change</b> , of previously approved collection for which approval has expired e. <input type="checkbox"/> Reinstatement, <b>with change</b> , of previously approved collection for which approval has expired f. <input type="checkbox"/> 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. <input type="checkbox"/> Regular b. <input checked="" type="checkbox"/> Emergency - Approval requested by <b>May 15,2009</b> c. <input type="checkbox"/> Delegated 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 6. Requested expiration date: a. <input type="checkbox"/> Three years from approval date    b. <input checked="" type="checkbox"/> Other (specify) <span style="margin-left: 150px;"><b>Six Months</b></span>	
7. Title: <b>Homelessness Prevention and Rapid Re-Housing Program (HPRP) Quarterly Performance Report and Supplement to first Report</b>			
8. Agency form number(s): (if applicable)  <b>None</b>			
9. Keywords: <b>Housing, Quarterly Progress Report, Homelessness Prevention, Rapid Re-Housing</b>			
10. Abstract: This emergency request addresses the data collection requirements of the Quarterly Performance Reports for the Homelessness Prevention and Rapid Re-Housing Program. It also includes a special request for a supplement to the initial Quarterly Report. A separate Request for Data Collection will be submitted at a later date for the HPRP Annual Performance Report.			
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. <input checked="" type="checkbox"/> Not-for-profit institutions    g. <input checked="" type="checkbox"/> State, Local or Tribal Government		12. Obligation to respond: (mark primary with "P" and all others that apply with "X") a. Voluntary b. Required to obtain or retain benefits c. <input checked="" type="checkbox"/> Mandatory	
13. Annual reporting and recordkeeping hour burden: a. Number of respondents <span style="float: right;">540</span> b. Total annual responses <span style="float: right;">2160</span> Percentage of these responses collected electronically <span style="float: right;">100%</span> c. Total annual hours requested <span style="float: right;">113,652</span> d. Current OMB inventory <span style="float: right;">0</span> e. Difference (+,-) <span style="float: right;">113,652</span> f. Explanation of difference: 1. Program change: <span style="float: right;">1113,652</span> 2. Adjustment: <span style="float: right;">0</span>		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 <span style="float: right;">0</span> 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    e. <input type="checkbox"/> Program planning or management b. <input checked="" type="checkbox"/> Program evaluation    f. Research c. General purpose statistics    g. <input checked="" type="checkbox"/> Regulatory or compliance d. Audit		16. Frequency of recordkeeping or reporting: (check all that apply) a. <input type="checkbox"/> Recordkeeping    b. <input type="checkbox"/> Third party disclosure c. <input checked="" type="checkbox"/> Reporting: 1. <input type="checkbox"/> on occasion.    2. <input type="checkbox"/> Weekly    3. <input type="checkbox"/> Monthly 4. <input checked="" type="checkbox"/> Quarterly    5. <input type="checkbox"/> Semi-annually    6. <input checked="" type="checkbox"/> Annually 7. <input type="checkbox"/> Biennially    8. <input type="checkbox"/> Other (describe) <b>once</b>	
17. Statistical methods: Does this information collection employ statistical methods? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		18. Age Name: Phone:	

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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;
  - (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.

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Signature of Program Official:

X

Date:

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Signature of Senior Officer or Designee:

X  
Lillian Deitzer, Departmental Paperwork Reduction Act Officer,  
Office of the Chief Information Officer

Date: