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: U.S. Department of Housing and Urban Development	2. OMB Control Number: a. 2506-0184 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. 	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: 180 days)	
7. Title: Community Development Block Grant Recovery (CDBG-R) Pr	ogram	
8. Agency form number(s): (if applicable) None		
9. Keywords: Community Development Block Grant, American Recovery and Reinvestment Act of 2009		
	ceived that was expended or obligated, estimate of the number tunds, certifications of activities/plans and other items. This porting requirements for the CDBG-R program. 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	
13. Annual reporting and recordkeeping hour burden: a. Number of respondents b. Total annual responses	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:	
Purpose of Information collection: (mark primary with "P" and all others that apply with "X") a. P Application for benefits e. Program planning or management b. Program evaluation f. Research c. General purpose statistics g. x Requiatory or compliance d. Audit	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 Nam	ncy contact: (person who can best answer questions regarding the content of this nission) ne: Gloria Coates ne: 202-708-1577	

OMB 83-I 10/95

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:

Χ

- (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 Copies Offices or Decignation	Doto
Signature of Senior Officer or Designee:	Date:

OMB-83-I 10/95