

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/Subagency Originating Request: U.S. Department of Housing and Urban Development Office of Public and Indian Housing</p>		<p>2. OMB Control Number: a. 2577-0046 b. None</p>																																		
<p>3. Type of information collection: (check one)</p> <p>a. <input type="checkbox"/> New Collection b. <input type="checkbox"/> Revision of a currently approved collection c. <input checked="" type="checkbox"/> Extension of a currently approved collection d. <input type="checkbox"/> Reinstatement, without change, of previously approved collection for which approval has expired e. <input type="checkbox"/> Reinstatement, with change, of previously approved collection for which approval has expired 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 b. <input type="checkbox"/> Emergency - Approval requested by 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?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>6. Requested expiration date:</p> <p>a. <input checked="" type="checkbox"/> Three years from approval date b. <input type="checkbox"/> Other (specify)</p>																																		
<p>7. Title: Requirement for Contractors to provide Certificates of Insurance for Capital Program Projects</p>																																				
<p>8. Agency form number(s): (if applicable) None</p>																																				
<p>9. Keywords: Housing, public housing, contractor, insurance</p>																																				
<p>10. Abstract: Public Housing Agencies must obtain certificates of insurance from contractors and subcontractors before beginning work under either the development of a new low-income public housing project or the modernization of an existing project. The certificates of insurance provide evidence that worker's compensation and general liability, automobile liability insurance are in force before any construction work is started.</p>																																				
<p>11. Affected public: (mark primary with "P" and all others that apply with "X")</p> <p>a. Individuals or households e. Farms b. <input checked="" type="checkbox"/> Business or other for-profit f. Federal Government c. Not-for-profit institutions g. <input checked="" 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 b. <input checked="" type="checkbox"/> Required to obtain or retain benefits c. Mandatory</p>																																		
<p>13. Annual reporting and recordkeeping hour burden:</p> <table> <tr> <td>a. Number of respondents</td> <td>3,000</td> </tr> <tr> <td>b. Total annual responses</td> <td>12,800</td> </tr> <tr> <td> Percentage of these responses collected electronically</td> <td>0</td> </tr> <tr> <td>c. Total annual hours requested</td> <td>6,000</td> </tr> <tr> <td>d. Current OMB inventory</td> <td>6,000</td> </tr> <tr> <td>e. Difference (+,-)</td> <td>0</td> </tr> <tr> <td>f. Explanation of difference:</td> <td></td> </tr> <tr> <td> 1. Program change:</td> <td>0</td> </tr> <tr> <td> 2. Adjustment:</td> <td>0</td> </tr> </table>		a. Number of respondents	3,000	b. Total annual responses	12,800	Percentage of these responses collected electronically	0	c. Total annual hours requested	6,000	d. Current OMB inventory	6,000	e. Difference (+,-)	0	f. Explanation of difference:		1. Program change:	0	2. Adjustment:	0	<p>14. Annual reporting and recordkeeping cost burden: (in thousands of dollars) Do not include costs based on the hours in item 13.</p> <table> <tr> <td>a. Total annualized capital/startup costs</td> <td>0</td> </tr> <tr> <td>b. Total annual costs (O&M)</td> <td>0</td> </tr> <tr> <td>c. Total annualized cost requested</td> <td>0</td> </tr> <tr> <td>d. Current OMB inventory</td> <td>0</td> </tr> <tr> <td>e. Difference</td> <td>0</td> </tr> <tr> <td>f. Explanation of difference:</td> <td></td> </tr> <tr> <td> 1. Program change:</td> <td>0</td> </tr> <tr> <td> 2. Adjustment:</td> <td>0</td> </tr> </table>	a. Total annualized capital/startup costs	0	b. Total annual costs (O&M)	0	c. Total annualized cost requested	0	d. Current OMB inventory	0	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. <input checked="" type="checkbox"/> Application for benefits e. Program planning or management b. Program evaluation f. Research c. General purpose statistics g. <input checked="" type="checkbox"/> Regulatory or compliance d. Audit</p>		<p>16. Frequency of recordkeeping or reporting: (check all that apply)</p> <p>a. <input checked="" type="checkbox"/> Recordkeeping b. <input type="checkbox"/> Third party disclosure c. <input checked="" type="checkbox"/> Reporting:</p> <table> <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"/> Biennially</td> <td>8. <input type="checkbox"/> Other (describe)</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"/> Biennially	8. <input type="checkbox"/> Other (describe)																										
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<p>17. Statistical methods: Does this information collection employ statistical methods?</p> <p><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)</p> <p>Name: Tom Shelton Phone: (202) 402-4799</p>																																		

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 be 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
Dominique Blom, Deputy Assistant Secretary

Signature of Senior Officer or Designee:

Date:

X
Colette Pollard, Departmental Reports Management Officer,
Office of the Chief Information Officer

Supporting Statement for Paperwork Reduction Act Submissions

A. Justification

1. Section 4(a) of the Housing Act of 1937 states that the Secretary may make loans of commitments to make loans to Public Housing Agencies (PHAs), to finance or refinance the development, acquisition, or operation of low-income housing projects by such agencies. As stipulated in the Consolidated Annual Contributions Contract (Sec. 13) between a Housing Authority and the Department, HUD requires PHAs be insured against financial loss. PHAs must obtain certificates of insurance from contractors and subcontractors before beginning work under either the development of a new low-income housing project or the modernization of an existing project. The certificates of insurance not only provide evidence that worker's compensation and general liability, automobile liability insurance, is in force before any construction work is started, but they protect the PHAs from liability of loss.
2. The PHAs require certificates of insurance to ensure that the required insurance is in force before any construction work is started. Participating contractors must be insured and must provide the insurance certificates to the PHAs to protect the PHA from any potential liability in the interest of HUD and taxpayers.
3. Since construction companies only provide a certificate of insurance to the PHAs automation of this process is not practicable.
4. All existing information was examined and no duplication was found.
5. This collection of information does not significantly impact small businesses or entities.
6. The certificates of insurance are required as a business transaction between the PHA and contractor before construction of a public housing project. Federal program requirements would not be met if the collection is not conducted, or is conducted less frequently.
7. There are no special circumstances that require the collection to be conducted in a manner inconsistent with the guidelines at 5 CFR 1320.6.
8. HUD published a *Federal Register* Notice, Volume 75, page 76479, on December 8, 2010, which gave the public 60-day comment period on this information collection proposal. No comments were received.
9. No payments or gifts to respondents are provided.
10. This information is collected under the regulatory requirements and is kept by PHAs to assure that the contractors have the required insurance before the contract work is started. The information remains with the PHAs and is not given out to the public.
11. There are no questions of a sensitive nature.
12. We estimate that the information collection requirements will have the following reporting burden:

Potential Respondents	Est. Avg. Freq. of Response	Est. Annual Response Time (Hrs.)	Burden (Hrs.)
Reporting Burden: 3,200	4	0.3	3,600
Recordkeeping Burden: 3,200	4	0.2	2,400
Total Burden:			6,000

Estimated annualized cost to respondents
Burden: 6,000 hrs. @ \$25.00/hr. = \$150,000
13. There are no additional costs to the respondents.
14. There will be no additional costs to the Federal Government.

15. This is an extension of a currently approved collection. There are no changes in burden hours.
16. The information collection will not be published.
17. The Department is not requesting to not display the OMB number and expiration date.
18. There are no exceptions to the certification identified in Item 19 of the OMB 83-i.

B. Collections of Information Employing Statistical Methods

This information collection will not be used for statistical purposes.