

# PAPERWORK REDUCTION ACT SUBMISSION

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1. Agency/Subagency originating request HUD/PD&R	2. OMB control number <span style="float: right;">b. <input checked="" type="checkbox"/> None</span> a. _____ - _____ <span style="float: right;">2528</span> _____
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, without change, of a currently approved collection d. <input type="checkbox"/> Reinstatement, without change, of a previously approved collection for which approval has expired e. <input type="checkbox"/> Reinstatement, with change, of a previously approved collection for which approval has expired f. <input type="checkbox"/> Existing collection in use without an OMB control number	4. Type of review requested (check one) a. <input type="checkbox"/> Regular b. <input checked="" type="checkbox"/> Emergency - Approval requested by: ____/____/____ 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
3a. Public Comments Has the agency received public comments on this information collection? <div style="text-align: center;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                 </div>	6. Requested expiration date a. <input checked="" type="checkbox"/> Three years from approval date <input type="checkbox"/> Other Specify: ____/____/____
7. Title Homelessness Prevention Study	
8. Agency form number(s) (if applicable) N/A	
9. Keywords homeless, housing	
10. Abstract HUD has recently funded a Homelessness Prevention Study, which will support a rigorous process study of the homelessness prevention programs that have been established by communities using the funding awarded under the Homelessness Prevention and Rapid Re-housing Program (HPRP) authorized under ARRA. The study design includes a survey of a nationally-representative sample of HPRP grantees, as well as site visits to 15-18 grantees to collect data on the recently established prevention programs.	
11. Affected public (Mark primary with "P" and all others that apply with "X") a. <input type="checkbox"/> Individuals or households <span style="margin-left: 100px;">d. <input type="checkbox"/> Farms</span> b. <input type="checkbox"/> Business or other for-profit <span style="margin-left: 100px;">e. <input type="checkbox"/> Federal Government</span> c. <input checked="" type="checkbox"/> Not-for-profit institutions <span style="margin-left: 100px;">f. <input type="checkbox"/> State, Local or Tribal Government</span>	12. Obligation to respond (Mark primary with "P" and all others that apply with "X") a. <input checked="" type="checkbox"/> Voluntary b. <input type="checkbox"/> Required to obtain or retain benefits c. <input type="checkbox"/> Mandatory
13. Annual reporting and recordkeeping hour burden a. Number of respondents <u>624</u> b. Total annual responses <u>624</u> 1. Percentage of these responses collected electronically <u>80</u> % c. Total annual hours requested <u>243</u> d. Current OMB inventory <u>0</u> e. Difference <u>243</u> f. Explanation of difference 1. Program change <u>new collection</u> 2. Adjustment _____	14. Annual reporting and recordkeeping cost burden (in thousands of dollars) a. Total annualized capital/startup costs _____ 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. <input type="checkbox"/> Application for benefits <span style="margin-left: 100px;">e. <input type="checkbox"/> Program planning or management</span> b. <input checked="" type="checkbox"/> Program evaluation <span style="margin-left: 100px;">f. <input type="checkbox"/> Research</span> c. <input type="checkbox"/> General purpose statistics <span style="margin-left: 100px;">g. <input type="checkbox"/> Regulatory or compliance</span> d. <input type="checkbox"/> Audit	16. Frequency of recordkeeping or reporting (check all that apply) a. <input type="checkbox"/> Recordkeeping <span style="margin-left: 100px;">b. <input type="checkbox"/> Third party disclosure</span> c. <input checked="" type="checkbox"/> Reporting 1. <input type="checkbox"/> On occasion <span style="margin-left: 20px;">2. <input type="checkbox"/> Weekly</span> <span style="margin-left: 20px;">3. <input type="checkbox"/> Monthly</span> 4. <input type="checkbox"/> Quarterly <span style="margin-left: 20px;">5. <input type="checkbox"/> Semi-annually</span> <span style="margin-left: 20px;">6. <input type="checkbox"/> Annually</span> 7. <input type="checkbox"/> Biennially <span style="margin-left: 20px;">8. <input checked="" type="checkbox"/> Other (describe) <u>once</u></span>
17. Statistical methods Does this information collection employ statistical methods? <div style="text-align: center;"> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                 </div>	18. Agency contact (person who can best answer questions regarding the content of this submission) Name: <u>Anne Fletcher</u> Phone: <u>202-402-4347</u>