

Paperwork Reduction Act Change Worksheet

Agency/Subagency: U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB Control Number: 2577-0264
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Enter only items that change	Current Record	New Record**
Agency form number(s): HUD Form 50075.1 – Annual Statement		Add HUD Form 50075.1
Annual reporting and keeping hour burden		
Number of respondents	5,500	5,500
Total annual responses	22,000	25,530
Percent of these responses collected electronically	100 %	100 %
Total annual hours	90,222	114,932
Difference		24,710
Explanation of difference Program change Adjustment		24,710
Annual reporting and recordkeeping cost burden (in thousands of dollars)		
Total annualized Capital/Startup costs	0	
Total annual costs (O&M)	0	
Total annualized cost requested	\$3,511,440.24	\$4,473,153.44
Difference		\$961,713.20
Explanation of difference Program change Adjustment		\$961,713.20

Other change: **

The Public Housing Capital Fund (PHCF) Program is transforming HUD Form 50075.1 into an electronic format and collecting this information through the Recovery Act Management Performance System (RAMPS). The RAMPS is where Recovery Act recipients are reporting their Public Housing core activity data. Currently, HUD Form 50075.1 is paper-based and the data obtained is unable to be aggregated. Upon change request approval, recipients will be required to complete HUD Form 50075.1 online through RAMPS. To the greatest extent possible, all data in HUD form 50075.1 will be pre-populated to minimize data entry and streamline recipient efforts. Through incorporating HUD Form 50075.1, HUD will be able to aggregate Recovery Act recipient data to report the estimated project costs versus the actual dollars obligated and expended on specific Capital Fund work activities to Congress and the public as required by the Recovery Act. The information collected from HUD Form 50075.1 will demonstrate the actual return on investment for Recovery Act Public Housing funds. **This change will only be applied to Recovery Act grants.**

Signature of Senior Official or Designee:	Date:	For OIRA Use
X Colette Pollard, Departmental Reports Management Officer, OCIO		

** This form cannot be used to extend an expiration date.

