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 Office of Healthy Homes and Lead Hazard Control	2. OMB Control Number: a. 2539-0008 b. None
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. 7. Title:	4. Type of review requested: (check one) a. Regular b. Emergency - Approval requested by 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 from approval date b. Other (specify)
Healthy Homes and Lead Hazard Control Grant Programs	Data Collection - Progress Reporting
8. Agency form number(s): (if applicable) HUD-96006	
9. Keywords: Housing, Lead-based paint, Hazard Control, Healthy homes	
Healthy Homes Technical Studies Program, Lead Base Paint Ha	nely information on progress of Healthy Homes Demonstration Program, zard Control Program, Lead Hazard Reduction Demonstration Program, Operation Lead Elimination Action Program grant activities. HUD will 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. P Mandatory
13. Annual reporting and recordkeeping hour burden: a. Number of respondents b. Total annual responses Percentage of these responses collected electronically c. Total annual hours 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 a content of the con	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. Current OMB inventory \$0.00 e. Difference 0 f. Explanation of difference: 1. Program change: 0 2. Adjustment: 0
with "X") a. Application for benefits e. X Program planning or manageme b. P Program evaluation f. Research c. General purpose statistics g. X Regulatory or compliance d. Audit	a. Recordkeeping b. Third party disclosure
17. Statistical methods: Does this information collection employ statistical methods? Yes No	A Agency contact: (person who can best answer questions regarding the content of this submission) Name: Michelle Miller Phone: (202) 402-5769

19. Certification for Paperwork Reduction Act Submissions

On behalf of this Federal Agency, 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) appears 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:

- (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 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 Michelle Miller, Director, Program Division, Office of Healthy Homes and Lead Hazard Control		
Signature of Senior Officer or Designee:		Date:
x		
Jon L. Gant Office of Lead Hazard Control, Office of the Director		

ture of Senior Officer or Designee:		Date:	
Gant e of Lead Hazard Control, Office of the Director			

ture of Senior Officer or Designee:		Date:	
Gant e of Lead Hazard Control, Office of the Director			