Part A. Justification

A1 Circumstances That Make the Collection of Information Necessary

The Housing Choice Voucher (HCV) program is the federal government's largest low-income housing assistance program. As of 2010, the Housing Choice Voucher program serves more than 2 million households, at a total subsidy cost of $18.2 billion per year. The HCV program is administered federally by the U.S. Department of Housing and Urban Development and locally by approximately 2,400 local, state, and regional housing agencies, known collectively as public housing agencies (PHAs). Funding for the HCV program is provided entirely by the federal government. The funding that PHAs receive includes the housing subsidy itself, plus administrative fees to cover the costs of running the program.

When the voucher program was first implemented in the 1970s, the system for reimbursing PHAs for the costs of program administration was loosely based on empirical evidence. Over time, however, the system for estimating and allocating fees has become more complex and—in some ways—more arbitrary, as HUD and Congress have tried to balance fairness with cost savings, while trying to avoid large year-to-year swings in funding for PHA staffs. The *Housing Choice Voucher Program Administrative Fee Study* is designed to evaluate the amount of funding needed to administer the voucher program based on direct measurement of the work actually performed by voucher administrators. The study will measure and identify the tasks performed by PHA staff to meet program requirements, to assist voucher holders in finding and renting suitable housing in a timely way, and to ensure that a broad range of affordable rental housing throughout the community is available to voucher families. The study will identify the costs involved in each task, including salaries, benefits, and overhead. Ultimately, the findings of the study will be used to inform the development of a new formula for allocating HCV program administrative fees.

The study is proceeding in phases. The first phase, for which data collection is currently underway, is a ***reconnaissance phase*** focused on identifying candidate sites for a national study of program administrative costs, understanding the tasks commonly performed by PHA staff to administer the program, collecting data on variations in program administration and local cost drivers, and evaluating different methods of measuring staff time spent on voucher program administration.[1] The main data collection activity for the first phase of the study is site visits to a sample of 59 PHAs believed to operate high-performing HCV programs.[2] The main product of the reconnaissance phase is a research design for the full national study, including a sampling plan, data collection instruments, and an analysis plan.

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[1] OMB approval for the first phase of the study was received on March 18, 2011 (OMB control number 2528-0267).

[2] The original study sample for the reconnaissance phase had 60 PHAs, and we recruited 60 PHAs for participation. In early August 2011, one of the 60 withdrew from the study before we had completed the site visit. Because this agency withdrew at the end of the data collection period, we were not able to replace it.

The next phase of the study, for which OMB approval is currently being sought, is a ***pretest phase*** to test the data collection methodology for the full national study. The pretest will involve collecting data on the costs of HCV program administration from four PHAs that operate high performing HCV programs of different sizes and in different parts of the country. Data collection will include measuring the staff time spent on the program using random moment sampling and collection and validation of data on overhead costs and other costs related to program administration that cannot be captured in terms of staff time.

The final phase of the study is the ***full national study***, for which separate OMB approval will be sought following the pretest. The full national study will involve collection of data on the costs of HCV program administration from a national sample of up to 55 high performing and efficient PHAs using the data collection methods tested in the pretest. The results of the national study will be used to develop a new administrative fee formula for the HCV program.

The reason for limiting the study sample to PHAs with high-performing HCV programs is that the goal of the full national study will be to provide cost information to inform the development of a new administrative fee formula for the HCV program, and HUD wants to model administrative costs only at those HCV programs that are high performers. (The study is ***not*** intended to provide guidance on how standard and low performing agencies could improve performance. If that was the study goal, the sample would require looking at lower performing programs as well.)

A2 How and by Whom the Data Will Be Used

A2.1 Project Overview

The purpose of the pretest is to test the methodology developed under the current reconnaissance phase for the national HCV administrative fee study. The results of the pretest will be used to refine the data collection approach for the national study. The pretest will evaluate the feasibility and accuracy of the following data collection and analysis activities:

1) Collecting data on the time that HCV program staff spend administering the program via random moment sampling.
2) Collecting data on "transaction counts" and salaries and benefits needed to translate estimates of staff time per activity into a dollar costs.
3) Collecting information on overhead costs and other program-related costs not linked to staff time.
4) Combining data on staff, overhead, and other program costs into estimates of the total cost per activity per household per year.

Collecting Data on Staff Time Spent Administering the Program

One of the goals of the reconnaissance phase of the study was to identify the most cost effective methods for measuring the time that PHA staff spend on the different tasks and sub-tasks involved in administering the HCV program. Random moment sampling (RMS) was identified as the most cost effective method given the study goals and data collection requirements. In RMS, staff use a smart

phone to document what they are working on at different points of time during the day and these "moments" are aggregated to provide overall estimates of the amount of time spent on tasks and sub-tasks.

The results of our reconnaissance suggest that most PHA staff prefer using RMS and find it less burdensome over time than staff timesheets. (The third time measurement method tested during the reconnaissance phase, direct observation, was found to be prohibitively expensive and not appropriate for the type of work involved in HCV program administration.) Staff appear to report their time at the sub-task level more accurately via RMS, where they are presented with successive screens showing menus of tasks and sub-tasks, than via traditional timesheets. This is particularly true for staff that serve several different functions at the agency and are frequently "multi-tasking."

We plan to measure the staff time spent administering the HCV program over a period of two months, approximately 40 working days. A two-month data collection period increases the likelihood that rare events will be captured through the RMS method.

Collecting Data on "Transaction Counts" and Staff Salaries and Benefits

In order to estimate the cost of each activity, we need to know the number of times the activity is completed so that we can estimate time per activity per year. We will use available administrative data from HUD and the PHA, as well as interviews with PHA staff, to determine the number of times each activity occurs per recipient per year (e.g., the number of annual recertifications per year, the number of move-in inspections per year).

In addition to collecting information on transaction counts, we will also ask each PHA for a salary roster that includes fringe benefit costs so that we can calculate the labor cost in dollar terms for the time each individual staff spends on the program.

Collecting Data on Overhead and Other Program Costs Not Related to Staff Time

In addition to the direct labor and other expenses associated with administering the voucher program, there are also indirect costs that need to be allocated to the HCV program. Indirect costs can be costs for staff that perform activities for the agency as a whole such as the executive director and the finance director that are to be allocated across all or several programs. A PHA's indirect costs can be shown using one of three different models approved by HUD: fee-for-service, allocated overhead, and allocated overhead without distinguishing direct costs versus indirect cost. For each PHA in the pretest, we will identify the model in use and interview the overhead staff so that we can conduct an accurate allocation of these costs to the HCV program.

Although labor is the largest component of administrative costs, agencies also pay for other costs such as office rent, insurance, IT equipment and licenses, office supplies, and contracts for items such as payroll and inspections. As part of the pretest, we will work with the PHAs to estimate the full value of these other direct costs for the HCV program.

Combining Data on Staff, Overhead, and Other Program Costs

We will use the data collected on staff time per HCV activity and the number of times activity is performed over the course of a year to calculate a total time spent per task per voucher recipient (or applicant) per year. We will test different methods of allocating the overhead and other direct costs to the different activities to arrive at a total cost per activity. We will explore how the four pretest sites vary in their cost structures and use that to refine the methodology for estimating per unit costs for the full study.

A2.2 Purpose of the Data Collection

We are requesting OMB approval for three main data collection activities that will occur at each of the four pretest sites:

1) Collection of administrative and financial data.
2) Interviews with PHA staff.
3) Measurement of PHA staff time via random moment sampling (RMS).

The purpose of each data collection activity is described below.

Collection of Administrative and Financial Data
We will ask each PHA in the study to provide us with a detailed budget for the HCV program, monthly financial statements, and a salary roster. We will also ask for any documentation the PHA can draw from its system of record for HCV program administration regarding the number of times activities and tasks are performed over the course of a year. We will use the interviews with PHA staff to review and supplement the administrative and financial data provided by the PHA.

Interviews with PHA Staff
We will conduct interviews with PHA staff at the start of data collection to collect additional information on transaction counts and to understand how staff functions are organized in preparation for the time measurement data collection. We will also interview staff at the start of data collection about overhead costs and other direct costs and how these are allocated to the HCV program. Approximately halfway through the two-month time measurement data collection period, we will meet with PHA staff to get feedback on the pretest and ensure that staff are continuing to follow the data collection protocol. Finally, once the time measurement data collection period is over, we will interview staff to understand how the data collection process could be improved. We plan to conduct most of the PHA interviews in person, but some interviews will take place by telephone. Appendix A provides the topic guide for the PHA interviews.

Measurement of PHA Staff Time per Activity
All PHA staff who work on the HCV program will be asked to record the time they spend on HCV program tasks and sub-tasks over a two month period (approximately 40 working days) using RMS. Each staff using will be given a smart phone for the two-month period and will be asked to respond to multiple messages from the phone during that time. The messages guide the staff person through a succession of screens in order to identify the specific task the person was working on at a particular point in time. If a person does not respond to the message, the phone will send periodic reminder messages. It takes a person less than a minute to complete his/her response to the RMS message.

Appendix B describes the screen flow for RMS and which categories PHA staff will use to record their time. Appendix C provides more detail on what sub-tasks are embedded in the activities that staff will report on using RMS. The material in Appendix C will be provided to staff as a “cheat sheet” to use as they participate in RMS. Staff will receive thorough training in the RMS screens and

questions and how to operate the device. Staff from the research team will monitor RMS responses in real time and work with PHAs and individual staff as needed to ensure a high rate of participation over the full two-month period.

A2.3 Who Will Use the Information

HUD will use the findings from the pretests to refine the design for the national study of administrative fees in the HCV program. The results of the national study will be used to develop a new formula for allocating administrative fees in the HCV program. (The information collected through the study will not be used to provide guidance on how agencies could improve HCV program performance.)

A2.4 Instrument Item-by-Item Justification

Exhibit A-1 describes the target respondents, content, and reason for inclusion for each data collection activity that involves individuals: interviews with PHA staff and time measurement via RMS. Copies of the data collection instruments are provided as Appendices.

Exhibit A-1. Item-by-Item Justification of Data Collection Instruments

Data Collection Activity	Data Collection Instrument(s)	Respondents, Content, and Reason for Inclusion
Interviews with PHA Staff	**Topic Guide for PHA Staff (Appendix A)**	**Respondents:** Different HCV program staff as needed to answer the questions, including the HCV director, program line staff, and staff from the PHA's finance department. The specific individuals to be interviewed will be determined in consultation with each PHA **Content**: • Voucher allocations and FSS program • HCV program staffing • Transaction counts • Program costs and overhead costs • Debrief on RMS data collection **Reason**: It is necessary for estimating program costs to have accurate and up-to-date information on the number of vouchers awarded and under lease, including special program vouchers, as well as the number of participants in the PHA's FSS program. We also need to know the volume of program activities (transaction counts) to make the estimates of time per activity accurate for year-long period. We also need to collect information on program costs and overhead costs from the PHA in order to account for the full cost of voucher administration. Information on the share of overhead costs used by the HCV program is not readily available in PHA financial and administrative data and therefore must be obtained through a combination of document review and interviews with PHA finance staff. Finally, we will collect information on the impact of recent cuts to the HCV administrative fee in order to understand how program costs have changed over time. This information could be used to inform the overall cost estimates produced for each PHA.

Data Collection Activity	Data Collection Instrument(s)	Respondents, Content, and Reason for Inclusion
Time Measurement via RMS	**RMS Screen Flow (Appendix B)** **Activities Captured in RMS (Appendix C)**	**Respondents:** Most PHA staff involved in HCV program administration. **Content**: • Staff respond to brief surveys via smart phone device several times a day. Staff click through touch screens to provide information about what activity they are working on at specific points in time during the work day. Activities will be described on the smart phone screens as well as through a cheat sheet that will be provided to all participating staff (Appendix C). Staff will complete the random moment surveys over a two-month (40-day) period. **Reason**: Time measurement via RMS will be used to develop estimates, for each PHA in the pretest, of the staff time spent on each HCV program activity (and for different types of vouchers and households). The pretest will be used to evaluate the feasibility of this method for the full study involving up to 55 PHAs.

A3 Use of Improved Technologies

Among the data collection activities for which OMB clearance is being sought, RMS will make use of improved technologies. RMS data collection will be done through a specially designed smart phone application provided to PHA staff by the study team. The smart phone methodology for random moment sampling has several advantages, including:

- The ability to be carried around with PHA staff at all times.
- An embedded GPS chip that allows a location marker to be appended to each response.
- The ability to for the research team to monitor the responses of PHA staff in real time, helping to ensure completeness and accuracy.

Interviews with PHA staff will be conducted in person and with minimal use of technology.

A4 Efforts to Avoid Duplication

The four pretest sites will be selected from among the 59 sites visited during the reconnaissance phase of the study and will make use of data collected during that phase. The pretest sites will not be part of the full national study.

A5 Involvement of Small Entities

One or two of the pretest sites could be a small nonprofit organization or small unit of government. We will work closely with the staff of any small agencies in the pretest to make sure that the data collection is done most efficiently and with the least burden on staff. We have a representative from a small PHA on the study's Expert and Industry Technical Review Group who has reviewed the data collection approach and instruments.

A6 Consequences of Less Frequent Data Collection

The site visits (and associated data collection) will only be completed once for the pretest phase of the study. Additional data collection for the full national study will be the subject of a second request for OMB clearance.

A7 Special Circumstances

The proposed data collection activities are consistent with the guidelines set forth in 5 CFR 1320.6 (Controlling Paperwork Burden on the Public—General Information Collection Guidelines). There are no special circumstances that require deviation from these guidelines.

A8 Consultations Outside the Agency

We conducted preliminary tests of the RMS at 4 of the 59 PHAs in the reconnaissance phase of the study and tested the overhead cost data collection methodology at 6 of the 59 PHAs. In addition, the

data collection materials were reviewed in November 2011 by the Expert and Industry Technical Review Group (EITRG) created for the study. The EITRG consists of PHA staff, housing researchers, housing industry representatives, and time measurement experts. The Expert and Industry Technical Review Group will also review the results of the pretests and the draft and final research designs for the full national study.

In accordance with the Paperwork Reduction Act of 1995, the Department of Housing and Urban Development published a 60-Day *Notice of Proposed Information Collection for Public Comment; Housing Choice Voucher Program Administrative Fee Study Pretest* on June 16, 2011. The Department also provided to OMB a notice for publication in the Federal Register announcing the 30-day notice for public comment on the proposed data collection.

A9 Payments to Respondents

Recent research has argued that direct measurement through observation or surveys such as random moment sampling (RMS) is a very important element of cost analysis given the limitations of administrative data.[3] But direct measurement has not been used extensively for policy analysis outside the health care field. The data collection proposed for this study is highly innovative for housing research, and if executed effectively, could be an important contribution to the field.

It is critical to compensate PHAs financially for their participation in the study in order for the data collection to be effective. The purpose of the compensation would be to offset the costs incurred by the PHA from devoting staff time and resources to assembling financial and other administrative data for the study team, responding to interview questions, and (most important) reporting multiple times a day on their work activities for a full two months via Random Moment Sampling. Given the length of the data collection period and the repeated interruptions to the work of PHA staff that RMS entails, it is important that the PHA leadership and HCV program managers incorporate the study requirements into their staff's workload rather than the study becoming a source of conflict. The time measurement data collected will not be meaningful unless all HCV staff at a PHA (or the sample of staff for larger programs) participate in RMS consistently (answering all 10-15 notifications per day) and over the full data collection period (40 days).

One reason that compensating agencies is important is that the amount of funding that PHAs receive from HUD for operating the HCV program has been effectively cut by approximately 25 percent since the study started due to administrative fee proration. We learned during the reconnaissance phase that some agencies have laid off staff, some have opted not to fill staff vacancies, and some have consolidated office space. These cost reduction measures have resulted in higher caseloads for line staff and more stressful working conditions. Because many agencies now say they are understaffed, asking senior HCV staff to spend a few days collecting financial information for the study and being interviewed by the study team, and asking frontline program staff to spend up to 15 minutes per day for 40 days (a total of 10 hours per staff person over the course of the study) responding to RMS (in addition to the time needed to be trained) constitutes a substantial imposition and one that will require the PHA to make up the time elsewhere. Without compensation, PHAs are less likely to be willing to participate in a study at this time.

[3] Smith, Mark W. and Paul G. Barnett, "Direct Measurement of Health Care Costs," *Medical Care Research and Review*, Vol. 60 No. 3 (Supplement to September 2003), 74S-91S.

The importance of compensating agencies for their participation in the study has been an underlying theme in the meetings of the Expert and Industry Technical Review Group (EITRG) created for the study, although whether PHAs ought to be compensated has not been a major topic of discussion since HUD and the research team always presented the study as including payments for the participating PHAs. Instead, the discussion has focused on the amount of compensation for different sized agencies and how the compensation should be allocated. Throughout the study, however, the EITRG has consistently indicated that it would not be fair or efficient to expect PHAs to commit the substantial staff time necessary for this study without compensation.

For the first phase of the study, which required a much lower level of effort by participating PHAs than what is currently being proposed for the pretest and full study, HUD and the research team chose not to compensate agencies for participation. [4] We received feedback from the EITRG that this was "inefficient in the extreme" and would substantially hurt our recruitment efforts. The National Association of Housing and Redevelopment Officials (NAHRO) conducted an informal survey of its members about participating in the first phase of the study without compensation and found the following: "In reviewing the entirety of the first phase of the study process, other than through the method of direct observation by Abt, most PHAs stated that even though they meet the criteria for the study they would likely choose not to participate." Indeed, we found we had to contact a total of 90 agencies to get 59 to agree to be part of the study, and that was by promising compensation for the next phase (which was part of the approved OMB package for the reconnaissance phase).

In order to ensure that the overall study has validity, we need to ensure a high participation rate among the high-performing PHAs we contact. Also, because of the extensive screening process required for eligibility in the study—which involves on-site data collection by the study team—it would be highly costly to the study in terms of time and money to have agencies validated in the reconnaissance phase of the study refuse to participate in the main study. Based on the EITRG input and our experience recruiting agencies for the reconnaissance phase, we do not expect to achieve a high rate of participation among in the study without compensation.

We propose to compensate agencies in two parts. First, all agencies in the study would receive $2,800 to offset the costs associated with assembling financial and other HCV administrative data and for participating in three sets of interviews with the study team. Second, all agencies participating in the study would receive a payment equivalent to $300 times the number of staff participating in the RMS data collection. Participating in RMS data collection involves participating in an hour and a half of training, responding to 10-15 RMS "surveys" per day (up to 15 minutes per day) for 40 days, and debriefing with the study team for an hour at the end of the data collection period.

As shown in Exhibits A-2 and A-3, our proposed level of compensation is equivalent to approximately $40 per hour for the time spent by the supervisory staff who will be assembling financial data and being interviewed and approximately $25 for the time spent by the line staff involved in random moment sampling. This amount would not fully cover the cost of the staff's time, which would be higher than $40 or $25 including benefits, and is consistent with how studies

[4] The reconnaissance phase consisted of one 2-day site "reconnaissance" visit for all 59 participating PHAs, plus 5 days of on-site time measurement (the "beta test") for 4 of the 59 PHAs.

routinely compensate survey respondents. Most surveys require 30 to 45 minutes of respondent time to complete and respondents are typically provided with compensation of approximately $20 - $25.[5]

Exhibit A-2. Activities Required of All Participating Agencies (Per PHA)

Activity	Number of staff	Time per Activity	Total Time/PHA	Cost per PHA @$40hr.
Time spent preparing for assembling financial data, information on program staffing, and otherwise preparing for the interviews.	3 per agency. Some agencies will need to pay fee accountants for part of this work.	8 hrs. of work per staff, or more if fewer staff participate.	24 hrs.	$960
Time spent meeting / speaking with study team staff	2 per agency.	24 hrs. of work per staff. There are three separate data collection efforts over the two-month period, either three site visits or two site visits plus phone interviews.	48 hrs.	$1,920
Total "cost" per agency				**$2,880**
Proposed compensation per agency				*$2,800*

Exhibit A-3. Activities Required of All Staff Participating in RMS (Per Staff)

Activity	Time per Response	Number of Responses	Total Time per Staff	Cost per Staff @$25/hr.
Training for PHA staff	1.5 hrs.	Once at start of data collection	1.5 hrs.	$38
Time measurement	1 min.	10-15 "surveys" per day for 40 days = 600 minutes	10 hrs.	$250
Debriefing	1 hr.	Once at end of data collection	1 hr.	$25
Total "cost" per staff				**$313**
Proposed compensation per staff				*$300*

The structure of the compensation reflects feedback received from the EITRG that the original proposal of a single payment would not be fair given the different level of burden on different size agencies. In particular, the EITRG suggested that the compensation amount should in part reflect the

[5] Household survey efforts typically pay respondents $20-$25 for completing a 30-45 minute survey online or by phone, which translates to $40-$50 per hour of the respondent's time. Examples of recently-approved household surveys include the CDBG Disaster Assistance Study survey ($25 for 45 minutes) and the Housing Counseling Outcomes Study survey ($20 for 30 minutes).

number of staff participating in RMS, which will vary substantially from agency to agency. The level of compensation was based on available resources as well as EITRG feedback indicating that compensation of $10,000 would be too low for the larger agencies in the study.

We do not think the proposed compensation amounts are so large as to place undue pressure on agencies to participate in the study, as it likely would not fully cover the staff costs associated with study participation (as discussed above). At the same time, providing a meaningful level of compensation will be important for securing PHA participation in the study and ensuring adherence to the data collection protocols over a two-month period. To quote from one member of the EITGR: "The numbers you are suggesting seem eminently reasonable to me. Helping you with the study is not a part of any of their job descriptions, so they are displacing other work to help out." Payments to public agencies to offset the costs of study participation are not unprecedented, but usually take the form of grants. For example, for the recent Effects of Housing Vouchers on Welfare Families study, HUD entered into grant agreements with the participating PHAs and made payments to them of approximately $35,000 to $40,000 to offset administrative burden of participating in the evaluation. Compensating PHAs in the form of grants would not be cost-effective for this study because of the number of PHAs involved (4 in the pretest and up to 60 in the main study) and the expense to the contract of administering these individual grants.

Compensation for completing ongoing tracking-type information such as the RMS is also common. For example, The Volpe National Transportation Systems Center (Volpe Center) and our subcontractor on this study, Resource Systems Group, Inc. (RSG) are conducting the 2010-2012 Traveler Behavior Study in support of the U.S. Department of Transportation (USDOT) Federal Highway Administration (FHWA). The study is being administered as a "before" and "after" two-day travel diary in Seattle, Washington and Atlanta, Georgia where road pricing is being implemented on SR-520 and I-85. The purpose of the study is to measure changes in traveler behavior in the corridors from before the implementation to after the implementation of road pricing strategies in each city. The compensation structure for the Traveler Behavior Study is a flat rate for all participating households. Each participating household receives a $15 Amazon.com gift certificate for completing the "before" two-day travel diary, is entered into a raffle for an iPad for participating in the panel maintenance activities, and receives a $30 Amazon.com gift certificate for completing the "after" two-day travel diary. The time participation required equates to two hours per person over the entire study period, so the compensation is equivalent to about $23 per hour or $281 for 12.5 hours (the burden for PHA staff participating in RMS).

In addition to providing feedback on the amount and form of the compensation, the EITRG also recommended that the compensation (the per-staff amount as well as the fixed amount) be provided to the agency and not to individual agency staff. We are proposing to make two payments to participating agencies: one payment of $2,800 at the start of data collection and a second payment equal to $300 per staff at the completion of the two-month time measurement period. The payments will come from the Abt Associates research team and would be provided as unrestricted funds in order to offer maximum flexibility to participating agencies in how the funds can be used.

A10 Arrangements and Assurances Regarding Confidentiality

HUD's contractor, Abt Associates, takes seriously the responsibility to protect the subjects they interview. Abt Associates' Institutional Review Board (IRB) conducted an informal review of the project in December 2010 and determined that the project does not require further review by the IRB because it does not meet the definition of research under the federal human subject regulations. The purpose of the project is to develop an administrative fee formula, rather than to create generalized knowledge.

Participating PHAs will be notified that the information collected will be used for this study only and not for any other purpose. They will be told (through the advance letter, telephone script, and introductory language for the PHA interviews) that none of the information they provide to the research team during any phase of the study will harm or count against their agency in any HUD performance assessment or funding decisions. In addition, the introductory letter and telephone script will include additional language stating that the information collected through RMS will not be shared with any other staff (including supervisors) at the PHA.

A11 Sensitive Questions

The data collection instruments prepared for this study do not contain any sensitive questions, although detailed financial information will be collected. Interviewers will be trained to be sensitive to respondents' concerns and to remind respondents that none of the information they provide to the research team during any phase of the study will harm or count against their agency in any HUD performance assessment or funding decisions.

A12 Estimate of Annualized Burden Hours

Exhibit A-4 provides information on the estimated time necessary to complete the data collection for the pretest phase of the HCV Administrative Fee Study. Total burden for data collection for the study is estimated at 1,188 hours.

Exhibit A-4. Respondent Burden

	A	B	C	D	E	F	G
Data Collection Activity	Number of Respondents	Average Burden per Respondent (Minutes)	Total Burden (Minutes) (A*B)	Number of Responses per Respondent	Total Respondent Burden (Minutes) (C*D)	Total Burden per Respondent (Minutes) (B*D)	Total Respondent Burden (Hours) (E/60)
PHA staff preparation for site visits	12 (3 staff per site, 4 sites)	480	5,670	1	5,670	480	96
Interviews with PHA staff	8 (2 staff per site, 4 sites)	1,440	11,520	1	11,520	1,440	192

Data Collection Activity	A Number of Respondents	B Average Burden per Respondent (Minutes)	C Total Burden (Minutes) (A*B)	D Number of Responses per Respondent	E Total Respondent Burden (Minutes) (C*D)	F Total Burden per Respondent (Minutes) (B*D)	G Total Respondent Burden (Hours) (E/60)
Training for PHA staff on time measurement	72 (18 staff per site, 4 sites)	90	6,480	1	6,480	90	108
Time Measurement through RMS	72 (18 staff per site, 4 sites)	15	1,080	40	43,200	600	720
Debriefing with PHA staff	72 (18 staff per site, 4 sites)	60	4,320	1	4,320	60	72
Total							**1,188**

A13 Estimated Record Keeping and Reporting Cost Burden on Respondents

There is no cost to respondents other than the time required to prepare for the interviews, complete the interviews, and participate in the time measurement activities.

A14 Estimated Cost to the Federal Government

The total contract amount for the reconnaissance phase of the study is $3,080,974. Of this total, approximately $518,664 will be used for the data collection activities described in this request.

A15 Reasons for Changes in Burden

This submission to OMB is a new request for approval; there is no change in burden.

A16 Tabulation Plan, Statistical Analysis, and Study Schedule

A16.1 Tabulation Plan and Statistical Analysis

We will use the information collected through the time measurement and PHA interviews to produce, for each PHA, an estimate of the total staff time per HCV program activity for regular HCV vouchers and select special programs. We will also estimate the total cost of that staff time taking into account salaries, benefits, overhead costs, and other direct costs. We will use the transaction count information to estimate the cost per voucher (or applicant) per year. Except in the case of a very large PHA, all staff associated with the voucher program will complete RMS data collection, so at that stage there is no sampling.

Given that RMS uses a sampling approach to collect data on staff time per activity, statistical analysis will be required to create estimates of staff time per activity based on RMS. Over the course of the data collection period, the RMS team will monitor the number of observations obtained for each activity relative to the number of times the activity occurs per voucher and per year to determine, as data collection goes on, whether staff need to be contacted more or less frequently. The goal will be to arrive at estimates of staff time per activity that are accurate at the 95 percent confidence level. The number of staff contacts will vary depending on the number of staff at each PHA and the presumed frequency of each activity. An important goal of the pretest is to determine the appropriate balance between collecting sufficient observations to generate robust estimates of staff time and overburdening staff, which would reduce the quality of the information provided.

We will also collect qualitative information through PHA interviews on staff reactions to the data collection approach and aspects of the research protocol that they found particularly challenging. We will not analyze this information statistically but will tabulate the interview findings to determine how to refine the data collection approach for the full study.

A16.2 Study Schedule

Under the current study schedule, the pretest will be conducted over a three-month period. Assuming OMB approval, data collection will take place between January and March 2012.

A17 Expiration Date Display Exemption

All data collection instruments will prominently display the expiration date for OMB approval.

A18 Exceptions to Certification

This submission describing data collection requests no exceptions to the Certificate for Paperwork Reduction Act (5 CFR 1320.9).