

- 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. 2577-0229 b. None</p>																																		
<p>3. Type of information collection: (check one)</p> <p>a. <input type="checkbox"/> New Collection</p> <p>b. <input checked="" type="checkbox"/> Revision of a currently approved collection</p> <p>c. <input type="checkbox"/> Extension of a currently approved collection</p> <p>d. <input type="checkbox"/> Reinstatement, without change, of previously approved collection for which approval has expired</p> <p>e. <input type="checkbox"/> Reinstatement, with change, of previously approved collection for which approval has expired</p> <p>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</p> <p>b. <input type="checkbox"/> Emergency - Approval requested by</p> <p>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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>6. Requested expiration date: a. <input checked="" type="checkbox"/> Three years from approval date b. <input type="checkbox"/> Other (specify)</p>																																		
<p>7. Title: Application for the Resident Opportunities and Self Sufficiency (ROSS) program</p>																																			
<p>8. Agency form number(s): (if applicable)</p> <p>HUD-52752, HUD-52753, HUD-52754, HUD-52755, HUD-52651, HUD-52768, HUD-52769 HUD-96010, SF-424, HUD-2880, HUD-2990, HUD-2991, SF-LLL, HUD-2993, HUD-2994-A</p>																																			
<p>9. Keywords: Housing, low-income housing, public housing, ROSS, supportive services, self-sufficiency, independent living, funding, grants,</p>																																			
<p>10. Abstract: Application for the ROSS grant program: Service Coordinators Program and Family Self-Sufficiency for Public Housing. Eligible applicants are PHAs, Tribes/TDHEs, Non-Profits and Resident Associations. Information collected will be used to evaluate applications and award grants through the HUD SuperNOFA process.</p>																																			
<p>11. Affected public: (mark primary with "P" and all others that apply with "X")</p> <p>a. Individuals or households e. Farms</p> <p>b. Business or other for-profit f. Federal Government</p> <p>c. <input checked="" type="checkbox"/> 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</p> <p>b. <input checked="" type="checkbox"/> Required to obtain or retain benefits</p> <p>c. Mandatory</p>																																		
<p>13. Annual reporting and recordkeeping hour burden:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">a. Number of respondents</td> <td style="text-align: right;">700</td> </tr> <tr> <td>b. Total annual responses</td> <td style="text-align: right;">700</td> </tr> <tr> <td> Percentage of these responses collected electronically</td> <td style="text-align: right;">100%</td> </tr> <tr> <td>c. Total annual hours requested</td> <td style="text-align: right;">2425</td> </tr> <tr> <td>d. Current OMB inventory</td> <td style="text-align: right;">3,201</td> </tr> <tr> <td>e. Difference (+,-)</td> <td style="text-align: right;">-776</td> </tr> <tr> <td colspan="2">f. Explanation of difference:</td> </tr> <tr> <td> 1. Program change:</td> <td style="text-align: right;">-776</td> </tr> <tr> <td> 2. Adjustment:</td> <td style="text-align: right;">0</td> </tr> </table>	a. Number of respondents	700	b. Total annual responses	700	Percentage of these responses collected electronically	100%	c. Total annual hours requested	2425	d. Current OMB inventory	3,201	e. Difference (+,-)	-776	f. Explanation of difference:		1. Program change:	-776	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 style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">a. Total annualized capital/startup costs</td> <td style="text-align: right;">0</td> </tr> <tr> <td>b. Total annual costs (O&M)</td> <td style="text-align: right;">0</td> </tr> <tr> <td>c. Total annualized cost requested</td> <td style="text-align: right;">0</td> </tr> <tr> <td>d. Current OMB inventory</td> <td style="text-align: right;">0</td> </tr> <tr> <td>e. Difference</td> <td style="text-align: right;">0</td> </tr> <tr> <td colspan="2">f. Explanation of difference:</td> </tr> <tr> <td> 1. Program change:</td> <td></td> </tr> <tr> <td> 2. Adjustment:</td> <td></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:		2. Adjustment:	
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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</p> <p>b. <input checked="" type="checkbox"/> Program evaluation f. Research</p> <p>c. General purpose statistics g. <input checked="" type="checkbox"/> Regulatory or compliance</p> <p>d. Audit</p>	<p>16. Frequency of recordkeeping or reporting: (check all that apply)</p> <p>a. <input type="checkbox"/> Recordkeeping b. <input type="checkbox"/> Third party disclosure</p> <p>c. <input checked="" type="checkbox"/> Reporting:</p> <table style="width: 100%;"> <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 checked="" 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 checked="" 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? <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) Name: Anice Schervish Chenault Phone: 202-402-2341</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 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, Office of Public Housing Investments

Signature of Senior Officer or Designee:

Date:

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

Supporting Statement for Paperwork Reduction Act Submissions

A. Justification

1. Section 538 of the Public Housing Reform Act (Pub. L. 105-276, 112 Stat. 2461, approved October 21, 1998) added a new section 34 to the U.S. Housing Act of 1937 which provides a mandate to link supportive services to help public housing residents achieve economic self-sufficiency. The Resident Opportunities and Self-Sufficiency (ROSS) Program responds to this requirement by providing funding to Public Housing Authorities, Tribes/Tribally Designated Housing Entities, resident organizations, and qualified nonprofit organizations to provide supportive services or services coordination.

Interested parties submit one application for the following grant categories: ROSS-Service Coordinators, and Family Self-Sufficiency for Public Housing.

All applicants to the ROSS program must: describe the needs of their residents and the services and partners available in the community, their past performance in similar programs, their ability to commit match funds, and indicate their expected outputs and outcomes. The ROSS forms help the Department evaluate applicants so that HUD can determine if applicants will meet these programmatic requirements.

The Department is submitting this PRA request in order to help the Department, per OMB's recommendation, better align the Public Housing Family Self-Sufficiency (FSS) program with the Housing Choice Voucher (HCV) FSS program. This request entails simply replacing Form 52767 (ROSS FSS Funding Request) with Form 52651 (HCV FSS Funding Request).

2. The information provided to HUD by the eligible applicants will be reviewed and evaluated by HUD. Using a lottery for qualified candidates, HUD will determine which organizations should receive awards under the ROSS program. The forms will collect information such as the number of Service Coordinators needed, the number of residents to be served, the budget for each Service Coordinator, the needs of the residents to be served, and the service partners and match funds the applicant has in place.
3. All applicants, unless granted a waiver, must submit grant applications electronically to HUD via the www.grants.gov web site. This does not necessarily reduce the reporting burden as the information required for submission is the same as that required when paper applications were submitted. However, the forms used to collect this information have been converted to an electronic format which may make it easier for applicants to use and less burdensome to submit.
4. There is no duplication of information. HUD standard forms used with the SuperNOFA do not ask questions that are specific enough for the program area to evaluate applicants' eligibility, applicants' full capacity, organizational composition, viability of their proposal, and experience of relevant staff. For this reason, forms specific to the ROSS program have been developed. Without the information gathered in these forms, the Department would not be able to fully evaluate applicants' capacity to run an effective program and administer federal funds.
5. The information being collected has no significant impact on small businesses or other small entities. All eligible applicants will submit the same forms, certifications, and assurances.
6. ROSS-specific forms (HUD-52752, HUD-52753, HUD-52754, HUD-52755, HUD-52651, HUD-52768, HUD-52769) are collected on a one-time basis. Less frequent collection is not possible as applicants apply for funding only once a year. This information must be collected to allow HUD to determine qualification

for grant funding. Not collecting this information would make it impossible to assess which organizations should receive funding. These forms allow HUD to get a complete picture of each applicant and are a vital tool the Department uses to ensure that funding is awarded as fairly as possible.

Program-Specific Forms	Required For:
HUD-52752 (Cert. with Indian Hsng. Plan)	Tribes/TDHEs for ROSS and PH FSS
HUD-52753 (Cert. Resid. Board Election)	Resident Associations and Non-Profits supported by RAs for ROSS (these applicants are not eligible for PH FSS)
HUD-52754 (List of Resid. Assoc. Supporting Nonprofit Applicants)	Resident Associations and Non-Profits supported by RAs for ROSS (these applicants are not eligible for PH FSS)
HUD-52755 (Sample Contract Admin. Partnership Agreement)	All Resident Associations and Troubled PHAs for ROSS and PH FSS
HUD-52768 – ROSS SC Application Form	All ROSS SC Applicants
HUD-52769 – ROSS Needs/Partners Form	All ROSS SC Applicants
HUD-52651 (HCV FSS Funding Request Form)	All PH FSS Applicants

7. There are no special circumstances that require the collection to be conducted in a manner which is inconsistent with the guidelines in 5 CFR 1320.
8. This information collection was announced in the *Federal Register*, Volume 76; page 78293 on December 16, 2011. Comments were received and are attached.
9. No payment or gift will be provided to respondents.
10. No assurance of confidentiality is provided.
11. No sensitive questions are being asked.
12. We estimate the information collection requirements of the ROSS NOFA will have the following reporting burden:

Description of Information Collection	Number of Respondents	Responses per Year	Total Annual Responses	Hrs per Response	Total Hours
HUD-52752 (Cert. with Indian Hsng. Plan)	50	1	50	15 min.	12.5
HUD-52753 (Cert. Resid. Board Election)	150	1	150	1	150
HUD-52754 (List of Resid. Assoc. Supporting Nonprofit Applicants)	150	1	150	15 min.	37.5
HUD-52755 (Sample Contract Admin. Partnership Agreement)	100	1	100	Sample (N/A)	N/A
HUD-52768 (ROSS SC Application Form)	400	1	400	1	400
HUD-52769 (ROSS Needs/Partners Form)	400	1	400	4	1600
HUD 52651 (HCV FSS Funding Request Form)	300	1	300	45 min	225
SF-424	700	1	700	1	N/A
SF-424 Supplement, Survey on Ensuring Equal Opportunity for Applicants	700	1	700	.1	N/A
HUD-2880- Applicant Disclosure/ Update Report (2510-0011)	700	1	700	0	N/A
HUD-2991 – Certification of Consistency with Consolidated Plan	700	1	700	0	N/A
SF-LLL-Disclosure of Lobbying Activities	700	1	700	0.17	N/A
HUD 96010 – Logic Model (2535-0114)	700	1	700	0	N/A
Subtotal (Application)	700	1	700	Varies	2425
HUD-1044 – Grant Agreement*	400	1	400	N/A	N/A
Annual Report (Logic Model) (2535-0114)	400	1	400	0	0
Subtotal (Program Reporting/Recordkeeping)	400	3	1150	0	0
Total			0	Varies	2425

The burden hours were estimated by HUD staff who completed a package of forms. Some types of applicants, i.e. nonprofits, have to fill out some forms that other types do not. Fewer forms are required for the FSS program, the burden hours for this program would be .75hours per application, times 300 applications for the forms for a total of 225 hours. For the ROSS SC program, the burden would be between 5 and 6 hours per application (depending on type of applicant), the average is 5.5, times 400 applications for a total of 2400 hours. The sum total average burden hours for both program applications is 2425.

*HUD-1044, Assistance Award/Amendment is completed by HUD staff, signed by the recipient of the grant, and returned to HUD. This form is a certification and HUD ascribes no burden to its use.

- There will be no additional costs to the respondents. Application preparation and submission are part of the regular operation of Housing Authorities, Tribes, nonprofits, and resident organizations.

14. There will be no additional costs to the Federal Government. HUD's Grants Management Center receives, processes, reviews and recommends approval/denial of applications for grant funding.
15. This collection package is revision of a previously approved collection. This revision is necessary as a result of OMB's request to more closely align the Public Housing Family Self-Sufficiency Program (FSS) with the Housing Choice Voucher (HCV) FSS program. For this reason, we are now replacing the old ROSS FSS Form (HUD-52767) with the HCV FSS form (HUD-52651) to use as part of the application package. The burden hours have changed from a total of 3,201 hours to a total of 2425. The burden hours were estimated by HUD staff that completed sample packages of forms.
16. Only the grants awarded and their amounts will be published in the Federal Register as required by the 1989 Reform Act.
17. The OMB approval will be displayed in the grant announcement (SuperNOFA).
18. There are no exceptions to the certification statement identified in item 19 of the SF 83-i.

B. Collection of Information Employing Statistical Methods

This information will not be collected using statistical methods.