

# 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:  <b>U.S. Department of Housing and Urban Development</b>      Public and Indian Housing</p>		<p>2. OMB Control Number:      a. <input type="checkbox"/> 2577- 0279      b. <input type="checkbox"/> None</p>																																		
<p>3. Type of information collection: (check one)</p> <p>a. <input type="checkbox"/> New Collection      b. <input type="checkbox"/> Revision of a currently approved collection      c. <input checked="" type="checkbox"/> Extension of a currently approved collection      d. <input type="checkbox"/> Reinstatement, <b>without change</b>, of previously approved collection for which approval has expired      e. <input type="checkbox"/> Reinstatement, <b>with change</b>, of previously approved collection for which approval has expired      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      b. <input type="checkbox"/> Emergency      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:  <b>Promise Zones</b></p> <p>8. Agency form number(s): (if applicable)</p> <p>9. Keywords:      Housing, Education, Public Safety, Promise Zones, neighborhood revitalization, community revitalization, transformation plan</p> <p>10. Abstract:      The information is required to allow HUD to conduct a competition to designate rural, tribal and urban Promise Zone designations.</p>																																				
<p>11. Affected public: (mark primary with "P" and all others that apply with "X")</p> <p>a. Individuals or households      e. Farms      b. Business or other for-profit      f. Federal Government      c. P Not-for-profit institutions      g. P 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. X Voluntary      b. P Required to obtain or retain benefits      c. Mandatory</p>																																		
<p>13. Annual reporting and recordkeeping hour burden:</p> <table> <tr> <td>a. Number of respondents</td> <td>300</td> </tr> <tr> <td>b. Total annual responses</td> <td>300</td> </tr> <tr> <td colspan="2">Percentage of these responses collected electronically 100%</td> </tr> <tr> <td>c. Total annual hours requested</td> <td>18300</td> </tr> <tr> <td>d. Current OMB inventory</td> <td>3744</td> </tr> <tr> <td>e. Difference (+,-)</td> <td>+14556</td> </tr> <tr> <td colspan="2">f. Explanation of difference:</td> </tr> <tr> <td colspan="2">1. Program change: Increased number of potential applicants</td> </tr> <tr> <td colspan="2">2. Adjustment:</td> </tr> </table>		a. Number of respondents	300	b. Total annual responses	300	Percentage of these responses collected electronically 100%		c. Total annual hours requested	18300	d. Current OMB inventory	3744	e. Difference (+,-)	+14556	f. Explanation of difference:		1. Program change: Increased number of potential applicants		2. Adjustment:		<p>14. Annual reporting and recordkeeping cost burden: (in thousands of dollars)</p> <table> <tr> <td>a. Total annualized capital/startup costs</td> <td>0</td> </tr> <tr> <td>b. Total annual costs (O&amp;M)</td> <td>0</td> </tr> <tr> <td>c. Total annualized cost requested</td> <td>0</td> </tr> <tr> <td>d. Total annual cost requested</td> <td>0</td> </tr> <tr> <td>e. Current OMB inventory</td> <td>0</td> </tr> <tr> <td>f. Explanation of difference:</td> <td></td> </tr> <tr> <td>1. Program change:</td> <td>0</td> </tr> <tr> <td>2. Adjustment:</td> <td>0</td> </tr> </table>	a. Total annualized capital/startup costs	0	b. Total annual costs (O&M)	0	c. Total annualized cost requested	0	d. Total annual cost requested	0	e. Current OMB inventory	0	f. Explanation of difference:		1. Program change:	0	2. Adjustment:	0
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<p>15. Purpose of Information collection: (mark primary with "P" and all others that apply with "X")</p> <p>a. P Application for benefits      e. X Program planning or management      b. X Program evaluation      f. Research      c. General purpose statistics      g. Regulatory or compliance      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      b. <input checked="" type="checkbox"/> Reporting:      1. <input 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"/> Biannually      8. <input type="checkbox"/> Other (describe)</p>																																		
<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)</p> <p>Name: Brooke Bohnet      Phone: (202) 402-6693</p>																																		

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## 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). 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 Valerie Piper, Deputy Assistant Secretary for Economic Development	
Signature of Senior Officer or Designee:  X Colette Pollard, Departmental Reports Management Officer Office of the Chief Information Officer	Date:

# Supporting Statement for Paperwork Reduction Act Submissions

Information Collection:  
Promise Zones

## A. Justification

1. Under the Promise Zones initiative, the federal government will invest and partner with high-poverty urban, rural, and tribal communities to create jobs, increase economic activity, improve educational opportunities, leverage private investment, and reduce violent crime. Additional information about the Promise Zones initiative can be found at [www.hud.gov/promisezones](http://www.hud.gov/promisezones), and questions can be addressed to [promisezones@hud.gov](mailto:promisezones@hud.gov). The selection of communities to be designated as Promise Zones in the second round is being conducted as a demonstration pursuant to section 7(d) of the Department of Housing and Urban Development Act, and following a process meeting the requirements of Section 470(a) of the Housing and Urban-Rural Recovery Act of 1983 (42 U.S.C. 3542).

Eligible applicants interested in obtaining Promise Zone designations will be required to submit applications to HUD. The application covers the information needed from local government entities, or housing authorities, school districts, or nonprofits working with local government entities to determine which applicants should be designated. The information provided demonstrates the applicants' plans to implement the initiative requirements, which includes the capacity of lead applicant and partners. The information will be used by federal agency staff to evaluate threshold requirements and rate and rank applications.

3. **Technology applied to the collection:** This information collection uses MAX.gov to improve data quality and to reduce the public reporting burden.
4. **Duplication of Effort:** There is no duplication of effort. Information collected is unique to each type of collection and does not duplicate any similar information or method. In developing this information collection, HUD and other agencies have built upon the experience with programs in relevant policy areas that are administered by multiple agencies, including the Choice Neighborhoods, Promise Neighborhoods, Byrne Criminal Justice Innovation programs and Rural Development programs. An online mapping tool, adapted from the Choice Neighborhoods program, will be used to assist applicants in gathering demographic, property and other important data for the geography they define as their Promise Zone.
5. **Impact on Small Business and Small Entities:** These information collections have no impact on small businesses or other entities.
6. **Consequence of Less Frequent Collection:** The selection process for designations could not be conducted in a fair and transparent manner if the collection is not conducted.
7. **Special Circumstances for Information Collection:** There are no special circumstances that would cause these information collections to be conducted inappropriately.
8. **Federal Register Notice and Public Comments:**  
HUD published a Notice of Proposed Information Collection for Public Comments in the *Federal Register*, Volume 79; Page10819, on February 26, 2014. The public was given until April 28, 2014, to submit comments on the proposed information collection. HUD received and responded to one comment from Townsend Public Affairs, Inc., 600 Pennsylvania Ave., SE, Suite 207, Washington, DC 20003.
9. **Payment/Gifts to Respondents:** No payments or gifts are provided to respondents for any of these information collections.

**10. Assurances of Confidentiality:** Assurance of confidentiality is neither provided nor needed for any of these information collections.

**11. Questions of a Sensitive Nature:** No sensitive questions are being asked for any of these information collections.

**12. Estimate of Annual Burden Hours for Information Collection:** The chart below outlines the burden associated with the various aspects of the Promise Zones initiative and a breakout of the forms associated with each portion of that burden.

For Promise Zones the burden hours per response total 61 hours. The total burden hours is estimated at 18,300 hours.

Information Collection	Number of Respondents	Frequency of Response	Responses Per Annum	Burden Hour Per Response	Annual Burden Hours	Hourly Cost Per Response	Annual Cost
Optional Notification of Intent to Apply	300	1	1	1	300	\$40	\$12,000
Abstract	300	1	1	3	900	\$40	\$36,000
Qualifying Criteria/ Need Narrative	300	1	1	3	900	\$40	\$36,000
Local leadership support- Documentation	300	1	1	4	1200	\$40	\$48,000
Need - Poverty rate	300	1	1	1	300	\$40	\$12,000
Need - Crime rate	300	1	1	3	900	\$40	\$36,000
Need - Employment rate	300	1	1	1	300	\$40	\$12,000
Need – Vacancy rate	300	1	1	1	300	\$40	\$12,000
Strategy – Community Assets and Neighborhood Position, Mapping	300	1	1	6	1800	\$40	\$72,000
Strategy – Narrative and Template	300	1	1	10	3000	\$40	\$120,000

Strategy – Sustainability and financial feasibility	300	1	1	5	1500	\$40	\$60,000
Capacity – Lead documentation	300	1	1	3	900	\$40	\$36,000
Capacity – Partner documentation	300	1	1	4	1200	\$40	\$48,000
Capacity – Partner Organization Chart	300	1	1	3	900	\$40	\$36,000
Capacity – Local government	300	1	1	3	900	\$40	\$36,000
Capacity – Partnership commitments documentation	300	1	1	10	3000	\$40	\$120,000
<b>Total</b>	<b>300</b>	<b>1</b>	<b>1</b>	<b>61</b>	<b>18300</b>	<b>\$40</b>	<b>\$732,000</b>

**13. Cost Burden of Information Collection:** here are no start-up or additional costs to the respondents other than those reported in Item 12 above in the Burden Cost Column. The GS-14-1 wage was used for most collections, at \$40 per hour.

**14. Annualized Cost to Federal Government:** The development of the information collection instrument has required, in its initial year, approximately three full-time equivalent positions plus substantial part-time engagement from other participating agencies. Review of information collected using this instrument will require at least two weeks of full-time effort by approximately 28 people from several participating agencies. While the development of the information collection instrument and related programmatic materials will be less intensive in future rounds, a much wider range of communities will be eligible to apply, and the increased volume of applications is anticipated to require a consistent level of three full time equivalents at HUD plus part time effort from at least five other agencies. This level of effort is estimated to cost an average of \$794,585 annually.

**15. Changes or Adjustments to OMB Form 83-I:** The number of respondents increased from the first application round due to the increase in communities eligible. In the first round, only previous grantees from 78 neighborhoods or communities were eligible to apply.

**16. Publication of Information Collection Results:** Notification of decisions will be made by letter for the second round selection process. Such notifications and publication are expected to take place within the first four months of calendar year 2015.

After the selection process, HUD may post on-line certain summary and contact information from the applications of communities selected as Promise Zones or Promise Zone finalists (e.g., the Executive Summary, neighborhood map, Lead Applicant contact information, etc.) in order to provide information to interested non-federal organizations and members of the public.

All lead organizations of designated Promise Zones, implementation partner organizations in the Promise Zones strategies, and any federal grantees whose federally funded work contributes to Promise Zone strategies will be required to participate in evaluations of Promise Zones and related federal grant activities that may be conducted. Lead organizations, implementation partners, and federal grantees contributing to Promise Zones must agree to work with evaluators designated by participating federal agencies, as specified in their respective grant agreements, regulations and other requirements. Guidance on evaluation and data points will be forthcoming. For Promise Zone lead organizations and implementing partners, this may include providing access to program personnel and all relevant programmatic and administrative data, as specified by the evaluator(s) under the direction of a federal agency, as legally attainable, during the term of the Promise Zone designation and/or grant agreement.

**17. Expiration Date:** The OMB approval number and date will appear on the HUD-prescribed forms.

**18. Exceptions to Certification Statement:** There are no exceptions to the certification statement identified in item 19.

**B. Collections of Information Employing Statistical Methods:** There are no collections of information that employ statistical methods.