

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.

1. Agency/Subagency Originating Request: U.S. Department of Housing and Urban Development Office of Community Planning and Development, Office of HIV/AIDS Housing		2. OMB Control Number: a. 2506-0133 b. None	
3. Type of information collection: (check one) a. <input type="checkbox"/> New Collection b. <input checked="" type="checkbox"/> Revision of a currently approved collection c. <input type="checkbox"/> Extension of a currently approved collection d. <input type="checkbox"/> Reinstatement, without change , of previously approved collection for which approval has expired e. <input type="checkbox"/> Reinstatement, with change , of previously approved collection for which approval has expired f. <input type="checkbox"/> Existing collection in use without an OMB control number For b-f, note item A2 of Supporting Statement instructions.		4. Type of review requested: (check one) a. <input checked="" type="checkbox"/> Regular b. <input type="checkbox"/> Emergency - Approval requested by c. <input type="checkbox"/> Delegated 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 6. Requested expiration date: a. <input checked="" type="checkbox"/> Three years from approval date b. <input type="checkbox"/> Other (specify)	
7. Title: Housing Opportunities for Persons with AIDS (HOPWA) Program: HOPWA Competitive and Renewal of Permanent Supportive Housing Project Budget Summary; Annual Progress Report (APR); and Consolidated Annual Performance and Evaluation Report (CAPER).			
8. Agency form number(s): (if applicable) HUD-40110-B, HUD-4110-C, and HUD-40110-D			
9. Keywords: Housing, AIDS, HIV Infection, Homelessness, and Grants Management			
10. Abstract: The competitive application Project Budget Summary is used by HOPWA competitive grants applicants to identify funding requests by eligible activity and to show how these resources will be used over the three grant period - this form also includes the accompanying program certifications. HOPWA formula and competitive grantees are required to submit annual performance reports that enables an assessment of grantee progress towards implementing the HOPWA housing stability annual performance outcome measure while measuring project success against planned and actual accomplishments.			
11. Affected public: (mark primary with "P" and all others that apply with "X") a. Individuals or households e. Farms b. Business or other for-profit f. Federal Government c. <input checked="" type="checkbox"/> XP State, Local or Tribal Government Not-for-profit institutions g. <input checked="" type="checkbox"/> P		12. Obligation to respond: (mark primary with "P" and all others that apply with "X") a. Voluntary b. <input checked="" type="checkbox"/> P Required to obtain or retain benefits c. Mandatory	
13. Annual reporting and recordkeeping hour burden: a. Number of respondents 247 b. Total annual responses 247 Percentage of these responses collected electronically 66% c. Total annual hours requested 30,203±66 d. Current OMB inventory 30,946±193 e. Difference (+,-) -743±2,973 f. Explanation of difference: 1. Program change: 2. Adjustment: -743		14. Annual reporting and recordkeeping cost burden: (in thousands of dollars) Do not include costs based on the hours in item 13. 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 \$0.00 f. Explanation of difference: 1. Program change: 2. Adjustment:	
15. Purpose of Information collection: (mark primary with "P" and all others that apply with "X") a. <input checked="" type="checkbox"/> P Application for benefits e. <input checked="" type="checkbox"/> X Program planning or management b. <input checked="" type="checkbox"/> XP Program evaluation f. <input checked="" type="checkbox"/> X Research c. General purpose statistics g. <input checked="" type="checkbox"/> X Regulatory or compliance d. Audit		16. Frequency of recordkeeping or reporting: (check all that apply) a. <input checked="" type="checkbox"/> X Recordkeeping b. <input type="checkbox"/> Third party disclosure c. <input checked="" type="checkbox"/> X 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"/> X Annually 7. <input type="checkbox"/> Biennially 8. <input type="checkbox"/> Other (describe)	
17. Statistical methods: Does this information collection employ statistical methods? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> X No		18. Agency contact: (person who can best answer questions regarding the content of this submission) Name: David Vos, Director, Office of HIV/AIDS Housing Phone: 202.708.1934	

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:

X

Date:

Signature of Senior Officer or Designee:

X
Lillian Deitzer, Departmental Reports Management Officer,
Office of the Chief Information Officer

Date:
