

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. 2577-0259 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: Family Unification Program</p>																																			
<p>8. Agency form number(s): (if applicable) SF424, SF LLL, HUD-96011, HUD-2993, HUD-96010, HUD 50058, HUD 52515, HUD 2880, HUD 2991, HUD 2990</p>																																			
<p>9. Keywords: Housing, low-income housing, housing choice voucher, section 8, Family Unification Program, FUP, PCWA, Public Child Welfare Agency</p>																																			
<p>10. Abstract: Application for the Family Unification Program: makes Housing Choice Vouchers available to eligible families to promote family reunification. Youths 18 to 21 who left foster care at age 16 or older are also eligible to receive assistance under the program for a maximum of 18 months. Eligible applicants are Public Housing Agencies, who must work with a Public Child Welfare Agency to identify and assist FUP voucher recipients. 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. 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;">265</td> </tr> <tr> <td>b. Total annual responses</td> <td style="text-align: right;">265</td> </tr> <tr> <td> Percentage of these responses collected electronically</td> <td style="text-align: right;">95%</td> </tr> <tr> <td>c. Total annual hours requested</td> <td style="text-align: right;">6,636</td> </tr> <tr> <td>d. Current OMB inventory</td> <td style="text-align: right;">6,258</td> </tr> <tr> <td>e. Difference (+,-)</td> <td style="text-align: right;">+378</td> </tr> <tr> <td>f. Explanation of difference:</td> <td></td> </tr> <tr> <td> 1. Program change:</td> <td style="text-align: right;">+0</td> </tr> <tr> <td> 2. Adjustment:</td> <td style="text-align: right;">+378</td> </tr> </table>	a. Number of respondents	265	b. Total annual responses	265	Percentage of these responses collected electronically	95%	c. Total annual hours requested	6,636	d. Current OMB inventory	6,258	e. Difference (+,-)	+378	f. Explanation of difference:		1. Program change:	+0	2. Adjustment:	+378	<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;">\$0.00</td> </tr> <tr> <td>b. Total annual costs (O&M)</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>c. Total annualized cost requested</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>d. Current OMB inventory</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>e. Difference</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>f. Explanation of difference:</td> <td></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	\$0.00	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:	
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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 checked="" type="checkbox"/> Recordkeeping b. <input type="checkbox"/> Third party disclosure</p> <p>c. <input checked="" type="checkbox"/> Reporting:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">1. <input checked="" type="checkbox"/> On occasion</td> <td style="width: 33%;">2. <input type="checkbox"/> Weekly</td> <td style="width: 33%;">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 checked="" type="checkbox"/> Other (describe) one-time application</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 checked="" type="checkbox"/> Other (describe) one-time application																										
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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: Caroline Crouse Phone: 202-402-4595</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
Milan Ozdinec, Deputy Assistant Secretary

Signature of Senior Officer or Designee:

Date:

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

Supporting Statement for Paperwork Reduction Act Submissions
Supporting Statement for Paperwork Reduction Act Submissions
Information Collection: Family Unification Program

A. Justification

1. Congress periodically appropriates funds to the Department of Housing and Urban Development to competitively fund new vouchers to be used to promote the unification of families for whom the lack of adequate housing is a primary factor in the imminent placement of a family's child, or children, in out-of-home care; or the delay in the discharge of the child, or children, to the family from out-of-home care. Youths at least 18 years old and not more than 21 years old (have not reached their 22nd birthday) who left foster care at age 16 or older and who do not have adequate housing are also eligible to receive housing assistance under FUP. This PRA covers applications for these funds, including the selection criteria for awarding FUP vouchers and specific requirements that will apply to selected applicants.

The Family Unification Program will employ a comprehensive approach to assisting at-risk families centered on providing adequate housing and supportive services in partnership between Public Housing Agencies (PHAs) and Public Child Welfare Agencies (PCWAs). The program aims to unify families for whom the lack of adequate housing threatens to place children in out-of-home care or delays the discharge of children to the family from out-of-home care by providing Housing Choice Vouchers to allow families to obtain adequate housing in the neighborhoods of their choice.

2. Eligible applicants interested in obtaining FUP funds will be required to submit applications to HUD, as explained in the FUP NOFA. The information collection covers the information needed from applicants to determine which applicants should be funded and program reporting and recordkeeping requirements. The information provided demonstrates the applicant plans to implement the program requirements, and includes related applicant history. The application will include such information as an MOU between the PHA and PCWA, narrative statements related to the program rating criteria, and other statements ensuring that the applicants meet HUD requirements. The information will be used by HUD staff to evaluate threshold requirements, rate and rank FUP voucher applications, and measure performance.

After the award of FUP vouchers, PHAs are expected to comply with reporting requirements for the HCV program, covered in PRA 2577-0169. PHAs are also expected to inform HUD, not more than annually, if their baseline of FUP vouchers has changed.

3. **Technology applied to the collection:** This information collection is automated in order to improve data quality and to reduce the public reporting burden. Since FY 2005, the Department has required applications prepared in response to NOFAs to be submitted electronically via Grants.gov. Submission of baseline adjustments may be done via electronic mail.

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.

5. **Impact on Small Business and Small Entities:**

These information collections have no significant impact on small businesses or other entities.

6. Consequence of Less Frequent Collection:

The Federal statutory mandate would not be met if the collection is not conducted. The information collection is necessary so that any available current year funds, per the appropriations act, may be awarded timely to successful applicants for the FUP program.

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 80; No. 25; page 6739, on February 6, 2015. No comments were received.

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 hours associated with the various aspects of the Family Unification Program NOFA and also includes the post-award submission of the Logic Model approved under another OMB approval to capture information associated with implementation of Area Wide Housing Opportunities sub-categories associated with HUD policy priorities.

Costs to the respondents to complete these information collections for the application process are indicated below.

Burden hours per application response are estimated at 18.02 hours and per post-award reporting and recordkeeping at 10.5 hours. Burden hours are estimated for 265 applicant respondents submitting NOFA applications and 242 applicants receiving funding and maintaining records and reporting on program implementation for a total burden of 6,188.45. Forms such as the SF 424 are not duplicative information. These forms, while authorized under different OMB Control Numbers, are submitted as part of the FUP application process and used specific to the applications' content.

Description of Information Collection	Number of Respondents	Frequency of Response	Responses per Annum	Burden Hour Per Response	Annual Burden Hours	Hourly Cost per Response	Annual Cost
SF424 (0348-0043) Application for Federal Assistance	265	Annual	1	1	265	\$35.00	\$9,275
SF LLL (0348-0046) Lobbying Form	10	Annual	1	1	10	\$35.00	\$350

HUD-96011 (2535-0118) 3rd Party Documentation Facsimile Transmittal	265	Annual	1	1	265	\$35.00	\$9,275
HUD -2993 Acknowledgement of Application Receipt (2577-0259)	13	Annual	1	1	13	\$35.00	\$455
Logic Model-HUD-96010 (2535-0114)	265	Annual	1	1	0	\$35.00	\$0
PCWA Statement of Need (maximum of 5 pages)	265	Annual	1	2	596	\$35.00	\$20,860
Memorandum of Understanding between PHA and PCWA	265	Annual	1	6	1590	\$35.00	\$55,650
Rating Criteria 1: Area-Wide Housing Opportunities. Narratives (up to 20 pages). Logic Model (HUD-96010)	265	Annual	1	3	795	\$35.00	\$27,825
Rating Criteria 2: PCWA Commitments. Narratives (up to 10 pages). Other Documentation	265	Annual	1	1	331	\$35.00	\$11,585
Rating Criteria 3: Self-Sufficiency Programs. Narrative: (up to 6 pages) Documentation: Excerpt from Administrative Plan or policies manual for FSS program operations Certification: FUP recipients enrolled in FSS	265	Annual	1	1	133	\$35.00	\$4,655
Rating Criteria 4: Local Coordination Letter of Support	265	Annual	1	1	265	\$35.00	\$9,275
PCWA Contractor Documentation	265	Annual	1	1	265	\$35.00	\$9,275
HUD2990, Certification of Consistency with the RC/EZ/EC-IIs Strategic Plan	265	Annual	1	1	0	\$35.00	\$0
Funding Application HUD-52515 (2577-0169). Includes leasing schedule	265	Annual	1	1	265	\$35.00	\$9,275
Affirmatively Furthering Fair Housing Statement (addendum)	265	Annual	1	1	265	\$35.00	\$9,275
HUD2880, Applicant/Recipient Disclosure/Update Report (2510-0011)	265	Annual	1	1	0	\$35.00	\$0

HUD2991, Certification of Consistency with the Consolidated Plan	265	Annual	1	1	0	\$35.00	\$0
Subtotal (Application)	265	Annual	1	25	5058	35	\$177,030
Family Report HUD-50058 (2577-0083)	242	Annual	75	1	363	\$35.00	\$12,705
Baseline adjustment	10	Annual	1	1	5	\$35.00	\$175
Program and Accounting Recordkeeping	242	Annual	1	5	1210	\$35.00	\$42,350
Subtotal (Reporting/ Recordkeeping)				11	1578	35	55230
Total	265	Annual	1	36	6636	\$35.00	\$232,260

The estimate of the total annual cost burden to respondents/recordkeepers resulting from the collection of this information is: 6,636 burden hours x \$35.00 = \$232,260; assuming a Manager's hourly rate at the GS-13/Step 1 level.

13. Cost Burden of Information Collection:

There are no start-up or additional costs to the respondents other than those reported in Item 12 above in the Burden Cost Column.

14. Annualized Cost to Federal Government:

Estimated annualized cost to the Federal Government for this collection:

	No. of Respondents	Hrs. per Response	Annual Hours	Cost Per Hour	Annual Cost to Federal Gov't
Receipt and processing of NOFA applications	265	5	1325	\$35.00*	\$46,375
Reviewing reports	242	1	242	\$35.00	\$8,470
Reviewing baselines	10	2	20	\$35.00	\$700
Reviewing records	242	1	242	\$35.00	\$8,470
Total Cost					\$64,015

*Represents GS-13/Step 1 Program Analyst or Housing Program Specialist hourly rate.

15. Changes or Adjustments to OMB Form 83-I:

The change in total burden hours is attributable to an adjustment in the estimation of the number of PHAs requesting adjustments to their baseline and an adjustment of the time/effort needed to adjust the form HUD 50058 for FUP specific information.

16. Publication of Information Collection Results:

Information collection results will not be published.

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.