

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 Strategic Planning and Management, Grants Management and Oversight		2. OMB Control Number: a. <input type="checkbox"/> b. <input type="checkbox"/> None	
3. Type of information collection: (check one) a. <input checked="" type="checkbox"/> New Collection b. <input 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: Performance Reporting and Management for Competitively-Funded Grants			
8. Agency form number(s): (if applicable) HUD-PRL, HUD-CIRL, HUD-GF			
9. Keywords: Performance Reporting and Management for Competitively-Funded Grants			
10. Abstract: This request is for the clearance of data collection and reporting requirements to enable the U.S. Department of Housing and Urban Development (HUD) Office of Strategic Planning and Management (OSPM), Grants Management and Oversight (GMO), to better manage and assess the effectiveness of its discretionary or competitively-funded grant awards and related programs. A key component of this proposal is to ensure the Department's discretionary grant awards are clearly focused on outcomes and efforts to continually improve these outcomes while ensuring comparability of data through the standardization of data element definitions and data collection requirements. The proposed reporting requirements align with goals and objectives identified in the Notices of Funding Availability used to award the Department's discretionary grants. The eLogic Model recordkeeping method currently in place for the Department's discretionary grant programs provides information on a wide variety of outcomes and includes separate performance reports based on unique data definitions and outcome measures. The proposed data collection and reporting requirements described in this announcement is designed to replace the use of the eLogic Model in assessing performance outcomes reported by discretionary grantees. The current lack of standardization in data collection greatly limits the Department's ability to make the most effective use of grantee data for reporting on the progress of programs to senior Departmental officials, the Administration, Congress and taxpayers. More importantly, the lack of standardized data collection and report preparation procedures imposes an unnecessary burden on grantees with two or more Department-funded grants that seek to coordinate service delivery and integrate management information systems. To address these issues, the Department is using its statutory and regulatory authority to redesign and strengthen its various discretionary grant program performance reports into a single comprehensive system.			
11. Affected public: (mark primary with "P" and all others that apply with "X") a. <input checked="" type="checkbox"/> Individuals or households b. <input checked="" type="checkbox"/> Business or other for-profit c. <input checked="" type="checkbox"/> Not-for-profit institutions e. <input checked="" type="checkbox"/> Farms f. <input checked="" type="checkbox"/> Federal Government g. <input type="checkbox"/> State, Local or Tribal Government		12. Obligation to respond: (mark primary with "P" and all others that apply with "X") a. <input checked="" type="checkbox"/> Voluntary b. <input type="checkbox"/> Required to obtain or retain benefits c. <input checked="" type="checkbox"/> Mandatory	
13. Annual reporting and recordkeeping hour burden: a. Number of respondents 5,000 b. Total annual responses 598,150 Percentage of these responses collected electronically 0 c. Total annual hours requested 107,250 d. Current OMB inventory x e. Difference (+,-) x f. Explanation of difference: 1. Program change: x 2. Adjustment:		14. Annual reporting and recordkeeping cost burden: (in thousands of dollars) a. Total annualized capital/startup costs TBD b. Total annual costs (O&M) TBD c. Total annualized cost requested TBD d. Current OMB inventory x e. Difference x f. Explanation of difference: 1. Program change: x 2. Adjustment:	
15. Purpose of Information collection: (mark primary with "P" and all others that apply with "X") a. <input checked="" type="checkbox"/> Application for benefits b. <input type="checkbox"/> Program evaluation c. <input checked="" type="checkbox"/> General purpose statistics d. <input checked="" type="checkbox"/> Audit e. <input checked="" type="checkbox"/> Program planning or management f. <input checked="" type="checkbox"/> Research g. <input checked="" type="checkbox"/> Regulatory or compliance		16. Frequency of recordkeeping or reporting: (check all that apply) a. <input type="checkbox"/> Recordkeeping b. <input type="checkbox"/> Third party disclosure c. <input checked="" type="checkbox"/> Reporting: 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"/> Bi-annually 8. <input type="checkbox"/> Other (describe)	
17. Statistical methods: Does this information collection employ statistical methods? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		18. Agency contact: (person who can best answer questions regarding the content of this submission) Name: Thaddeus Wincek Phone: 202.402.6617	

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: X	Date:
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Signature of Senior Officer or Designee: Colette Pollard, Departmental Reports Management Officer Office of Investment Strategies, Policy, and Management, Office of the Chief Information Officer	Date:
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