

# 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>                  Office of Business Transformation, Grants Management and Oversight Division</p>	<p>2. OMB Control Number:                  a. <b>2501-0034</b>      b. <input type="checkbox"/> None</p>																																		
<p>3. Type of information collection: (check one)</p> <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> New Collection</li> <li>b. <input checked="" type="checkbox"/> Revision of a currently approved collection</li> <li>c. <input type="checkbox"/> Extension of a currently approved collection</li> <li>d. <input type="checkbox"/> Reinstatement, <b>without change</b>, of previously approved collection for which approval has expired</li> <li>e. <input type="checkbox"/> Reinstatement, <b>with change</b>, of previously approved collection for which approval has expired</li> <li>f. <input type="checkbox"/> Existing collection in use without an OMB control number</li> </ul> <p>For b-f, note item A2 of Supporting Statement instructions.</p>	<p>4. Type of review requested: (check one)</p> <ul style="list-style-type: none"> <li>a. <input checked="" type="checkbox"/> Regular</li> <li>b. <input type="checkbox"/> Emergency - Approval requested by</li> <li>c. <input type="checkbox"/> Delegated</li> </ul> <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: Standards for Success Reporting</p>																																			
<p>8. Agency form number(s): (if applicable)                  HUD-PRL</p>																																			
<p>9. Keywords:                  Standards for Success Reporting</p>																																			
<p>10. Abstract:                  This request is for the continued clearance of data collection and reporting requirements to enable the U.S. Department of Housing and Urban Development (HUD) Office of Business Transformation (OBT) to better assess the effectiveness of discretionary-funded programs included in this information collection request (ICR). The discretionary-funded programs included in this ICR are the Multifamily Housing Service Coordinator Grant Program, the Multifamily Housing Budget-Based Service Coordinator Program, and the Resident Opportunity and Self Sufficiency Service Coordinator Grant Program (ROSS).                  This proposed collection, titled Standards for Success, has three key tenets which vastly improve data collection and reporting for participating programs. First is the standardization of data collection and reporting requirements across programs which increases data comparability and utilization. Second is the ability to report on measurable outcomes and aligning them with higher-level agency objectives. And third is the collection of record-level data, instead of aggregate data. Collecting de-identified data at the level of the service recipient allows for more meaningful analysis, improved management, and the ability to demonstrate the progress and achievements of the funding recipients and the programs. Standards for Success accepts data submission by direct data input through the HUD-funded GrantSolutions online data collection and reporting tool (OLDC) and by data file upload, accommodating file formats in Microsoft Excel or Extensible Markup Language (XML).</p>																																			
<p>11. Affected public: (mark primary with "P" and all others that apply with "X")</p> <ul style="list-style-type: none"> <li>a. <input checked="" type="checkbox"/> Individuals or households</li> <li>b. <input checked="" type="checkbox"/> Business or other for-profit</li> <li>c. <input checked="" type="checkbox"/> Not-for-profit institutions</li> <li>e. <input checked="" type="checkbox"/> Farms</li> <li>f. <input checked="" type="checkbox"/> Federal Government</li> <li>g. <input checked="" type="checkbox"/> State, Local or Tribal Government</li> </ul>	<p>12. Obligation to respond: (mark primary with "P" and all others that apply with "X")</p> <ul style="list-style-type: none"> <li>a. <input checked="" type="checkbox"/> Voluntary</li> <li>b. <input checked="" type="checkbox"/> Required to obtain or retain benefits</li> <li>c. <input checked="" type="checkbox"/> Mandatory</li> </ul>																																		
<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;">4,821</td> </tr> <tr> <td>b. Total annual responses</td> <td style="text-align: right;">501,384</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;">167,128</td> </tr> <tr> <td>d. Current OMB inventory</td> <td style="text-align: right;">x</td> </tr> <tr> <td>e. Difference (+,-)</td> <td style="text-align: right;">x</td> </tr> <tr> <td>f. Explanation of difference:</td> <td></td> </tr> <tr> <td>    1. Program change:</td> <td style="text-align: right;">x</td> </tr> <tr> <td>    2. Adjustment:</td> <td></td> </tr> </table>	a. Number of respondents	4,821	b. Total annual responses	501,384	Percentage of these responses collected electronically	100	c. Total annual hours requested	167,128	d. Current OMB inventory	x	e. Difference (+,-)	x	f. Explanation of difference:		1. Program change:	x	2. Adjustment:		<p>14. Annual reporting and recordkeeping cost burden: (in thousands of dollars)</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;">N/A</td> </tr> <tr> <td>b. Total annual costs (O&amp;M)</td> <td style="text-align: right;">N/A</td> </tr> <tr> <td>c. Total annualized cost requested</td> <td style="text-align: right;">N/A</td> </tr> <tr> <td>d. Current OMB inventory</td> <td style="text-align: right;">x</td> </tr> <tr> <td>e. Difference</td> <td style="text-align: right;">x</td> </tr> <tr> <td>f. Explanation of difference:</td> <td></td> </tr> <tr> <td>    1. Program change:</td> <td style="text-align: right;">x</td> </tr> <tr> <td>    2. Adjustment:</td> <td></td> </tr> </table>	a. Total annualized capital/startup costs	N/A	b. Total annual costs (O&M)	N/A	c. Total annualized cost requested	N/A	d. Current OMB inventory	x	e. Difference	x	f. Explanation of difference:		1. Program change:	x	2. Adjustment:	
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<p>15. Purpose of Information collection: (mark primary with "P" and all others that apply with "X")</p> <ul style="list-style-type: none"> <li>a. <input checked="" type="checkbox"/> Application for benefits</li> <li>b. <input checked="" type="checkbox"/> Program evaluation</li> <li>c. <input checked="" type="checkbox"/> General purpose statistics</li> <li>d. <input checked="" type="checkbox"/> Audit</li> <li>e. <input checked="" type="checkbox"/> Program planning or management</li> <li>f. <input checked="" type="checkbox"/> Research</li> <li>g. <input checked="" type="checkbox"/> Regulatory or compliance</li> </ul>	<p>16. Frequency of recordkeeping or reporting: (check all that apply)</p> <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Recordkeeping</li> <li>b. <input type="checkbox"/> Third party disclosure</li> <li>c. <input checked="" type="checkbox"/> Reporting:                         <table style="width: 100%; border-collapse: collapse;"> <tr> <td>1. <input 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"/> Bi-annually</td> <td>8. <input type="checkbox"/> Other (describe)</td> <td></td> </tr> </table> </li> </ul>	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"/> Bi-annually	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: Thaddeus Wincek                  Phone: 212-542-7375</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 be 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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