Paperwork Reduction Act
Change Worksheet

Agency/Subagency:	OMB Control Number:
U.S. Department of Housing and Urban Development	2506-0212

Enter only items that change	Current Record	New Record**
Agency form number(s):	"Outcomes Survey of Providers of Direct TA" "Outcomes Survey of Recipients of Direct TA provided by third-party organizations"	"Outcomes Survey of Providers of Direct TA" "Outcomes Survey of Recipients of Direct TA provided by third-party organizations"
Annual reporting and keeping hour burden		
Number of respondents	2280	2280
Total annual responses	2508	2508
Percent of these responses collected electronically	100 %	100 %
Total annual hours	627	627
Difference		0
Explanation of difference Program change Adjustment		No change in survey recipient burden
Annual reporting and recordkeeping cost burden (in thousands of dollars)		
Total annualized Capital/Startup costs	0	0
Total annual costs (O&M)	0	0
Total annualized cost requested	0	0
Difference		0
Explanation of difference Program change Adjustment		

Other change: **

The Information Collection with OMB control number 2506-0212 contains 6 surveys, and this 83-c is requesting approval to make changes to only **two** of those surveys:

1. Outcomes Survey of Providers of Direct TA
2. Outcomes Survey of Recipients of Direct TA provided by third-party organizations

The information in this 83-c form (e.g., "Number of respondents") reflects only the 2 surveys that have been edited, not all 6 surveys.

The proposed changes do not impact the level of effort needed to provide responses to the surveys; instead, the changes are to survey language or information auto-populated in the survey. The changes include: (1) adding the OMB control number, (2) adding the form expiration date, (3) changing the name of the main HUD office, (4) eliminating some of the information auto-populated in the surveys, (5) auto-populating a list of additional TA Provider organizations as background, (6) adding a standard email address for questions about the survey, and (7) making minor language changes.

Signature of Senior Official or Designee:	Date:	**For OIRA Use**
X		

** This form cannot be used to extend an expiration date.