**Paperwork Reduction Act Submission**

Please read the instruction before completing this form. For additional forms or assistance in completing this form, 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.

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| --- | --- | --- |
| 1. Agency/Sub agency Originating Request:**U.S. Department of Housing and Urban Development**Office of Public and Indian Housing | 2. OMB Control Number:a. 2577-Newb. **[ ]** None | B  |
| 3. Type of information collection: (check one)1. **[x]** New Collection
2. **[ ]** Revision of a currently approved collection
3. **[ ]** Extension of a currently approved collection
4. **[ ]** Reinstatement, **without change**, of previously approved

 collection for which approval has expired1. **[ ]** Reinstatement, **with change**, of previously approved collection

 for which approval has expired1. **[ ]** 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)1. **[x]** Regular
2. **[ ]** Emergency - Approval requested by
3. **[ ]** Delegated

5. Small entities: Will this information collection have a significant economic impact on a substantial number of small entities? **[ ]** Yes **[x]** No6. Requested expiration date:a. **[x]** Three years from approval date b. **[ ]** Other (specify)       |

7. Title:

OpFund Shortfall Program Financial Reporting and Monitoring

8. Agency form number(s): (if applicable)

HUD-XXXXX(a); HUD-XXXXX(b), HUD-XXXXX(y), HUD-XXXXX(z); HUD-52574

9. Keywords:

Shortfall Program; Financial Monitoring; Budget; Action Plans; Public Housing; Operating Fund

10. Abstract:

In order to better assess the efficacy of the Shortfall funding program and its assistance in improving the financial stability of PHAs that were eligible for Shortfall, more financial data is needed from these PHAs in order to assess the program. This will be done by 1) An action template for the PHA to outline what actions they will take to improve their financial position 2) Budget Resolution Form HUD 52574 3) a mini budget summary form.

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| 11. Affected public: (mark primary with “P” and all others that apply with “X”)a. Individuals or households e. Farmsb. Business or other-for-profit f. Federal Governmentc. Not-for-profit institutions g. State, Local or Tribal Government | 12. Obligation to respond: (mark primary with “P” and all others that apply with “X”)a.  Voluntaryb.  Required to obtain or retain benefitsc.  Mandatory |
| 13. Annual reporting and recordkeeping hour burden:a. Number of respondents 3,300b. Total annual responses 4,274Percentage of these responses collected electronically 100c. Total annual hours requested 537.5d. Current OMB inventory      e. Difference (+, -)      f. Explanation of difference:1. Program change:      2. Adjustment:       | 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 $0.00b. Total annual costs (O&M) $18,737c. Total annualized cost requested $18,737d. Current OMB inventory $0.00e. Difference $0.00f. 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. XApplication for benefits e. XProgram planning or managementb. PProgram evaluation f. XResearchc. General purpose statistics g. XRegulatory or complianced.Audit | 16. Frequency of recordkeeping or reporting: (check all that apply)a. **[x]** Recordkeeping b. **[ ]** Third party disclosure c. **[x]** Reporting:1. **[ ]** On occasion 2. **[ ]** Weekly 3. **[ ]** Monthly4. **[ ]** Quarterly 5. **[ ]** Semi-annually 6. **[x]** Annually7. **[x]** Biannually 8. **[ ]** Other (describe)       |
| 17. Statistical methods: Does this information collection employ statistical methods?**[ ]** Yes **[x]** No | 18. Agency contact: (person who can best answer questions regarding the content of this submission) Name: Anastasia K. CalePhone:       |

**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:

1. It is necessary for the proper performance of agency functions;
2. It avoids unnecessary duplication;
3. It reduces burden on small entities;
4. It uses plain, coherent, and unambiguous terminology that is understandable to respondents;
5. Its implementation will be consistent and compatible with current reporting and recordkeeping practices;
6. It indicates the retention periods for recordkeeping requirements;
7. It informs respondents of the information called for under 5 CFR 1320.8(b)(3):
8. Why the information is being collected;
9. Use of the information;
10. Burden estimate;
11. Nature of response (voluntary, required for a benefit, or mandatory);
12. Nature and extent of confidentiality; and
13. Need to display currently valid OMB control number;
14. It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to collect (see note in item 19 of the instructions);
15. It uses effective and efficient statistical survey methodology; and
16. 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.

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| Signature of Program Official:     X  | Date: |

**Supporting Statement for Paperwork Reduction Act Submissions**

**A. Justification**

**1. Explain the circumstances that make the collection of information necessary. Identify any legal or administrative requirements that necessitate the collection. Attach a copy of the appropriate section of each statute and regulation mandating or authorizing the collection of information.**

The circumstances necessary for this Paperwork Reduction Act Submission came about due to the creation of FMD’s OpFund Shortfall Program. The Shortfall Program has been in operation for two years and was created through annual Appropriations laws providing $25 million set-aside in the Public Housing Fund to assist Public Housing Agencies experiencing or at risk of financial shortfalls. OMB requested that PIH begin to collect enough information from PHAs in order to evaluate the efficacy of the program in improving PHA’s financial situation.

The Code of Federal Regulations (CFR) 990.280 instructs that all PHAs “shall develop and maintain a system of budgeting and account for each project in a manner that allows for analysis of the actual revenues and expenses associated with each property.” CFR 990.285 dictates that “Each PHA shall distribute the project-based budgets and year-end financial statements to the Chairman and to each member of the PHA Board of Commissioners, and to such other state and local public officials as HUD may specify.” This PRA is building upon CFR 990.280 and CFR 990.285 to include the mandatory completion of schedules for Shortfall in the “mini budget” described below. FMD is also requesting collection of an Action Item Template and formalized collection of the Shortfall Program Application and Appeal forms. These are not directly stated in any CFR or statue, they are a construct of the Shortfall Program and HUD’s responsibility to ensure that funds are being used by PHAs to meet the program’s objective of stabilizing PHAs financially. This PRA is being submitted to improve the effectiveness of the program (through monitoring and risk management) which ultimately helps the PHAs reach sustainable financial success.

**2. Indicate how, by whom, and for what purpose the information is to be used. Except for a new collection, indicate the actual use the agency has made of the information received from the current collection.**

FMD will collect data through an online data collection tool. This tool is currently being used to perform data collection for the OpFund program. Because of this, program participants are familiar with the user interface and the tool itself. HUD/PIH/OPH/FMD will be responsible for the management of this data.

The data collected through this PRA will provide adequate reporting to allow for monitoring of the Shortfall Funding Program participants and the use of program funds. From time to time, HUD requests budgeted information from PHAs to assist with monitoring. HUD uses this information to predict risk and take actions to effectively manage it.

**3. Describe whether, and to what extent, the collection of information involves the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses, and the basis for the decision for adopting this means of collection. Also describe any consideration of using information technology to reduce burden (item 13b1 of OMB form 83-i).**

FMD plans to collect this information through a web-based platform. This form is familiar with program participants. It has been operational since January 21, 2021 and is used by program participants data collection elements under CFR 990.

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| **New Forms for Shortfall Program PRA** |
| **No.** | **Form No.** | **Form Name** | **Form Description** |
| 1 | HUD-XXXXX(y) | Mini Shortfall Budget | An annotated budget for Shortfall Program PHAs to more easily update their budget while being a part of the Shortfall Program |
| 2 | HUD-XXXXX(z) | Action Item Template | A template for Shortfall PHAs to explain the strategies and actions they are going to take to improve their Months of Operating Reserve (MOR) |
| 3 | HUD-XXXXX(a) | Shortfall Application  | A form for PHAs applying to the Shortfall Funding Program to complete |
| 4 | HUD-XXXXX(b) | Shortfall Appeal  | A form for PHAs appealing their Shortfall Funding eligibility to complete |

**4. Describe efforts to identify duplication. Show specifically why any similar information already available cannot be used or modified for use for the purposes described in Item 2 above.**

This is a new program without any forms for its operation.

**5. Does the collection of information impact small businesses or other small entities (item 5 of OMB form 83-i)? Describe any methods used to minimize burden.**

Not Applicable.

**6. Describe the consequence to Federal program or policy activities if the collection is not conducted or is conducted less frequently, as well as any technical or legal obstacles to reducing burden.**

The policy objective of the Shortfall Funding Program is to financially stabilize at-risk or insolvent PHAs. HUD requires additional data collection to support its assessment of PHAs’ financial health and their commitment to return to solvency through self-directed actions.

1. **Explain any special circumstances that would cause an information to be collected in a manner:**
* requiring respondents to report information to the agency more than quarterly; Not Applicable.
* requiring respondents to prepare a written response to a collection of information in fewer than 30 days after receipt of it; Not Applicable.
* requiring respondents to submit more than an original and two copies of any document; Not Applicable.
* requiring respondents to retain records other than health, medical, government contract, grant-in-aid, or tax records for more than three years; Not Applicable.
* in connection with a statistical survey, that is not designed to produce valid and reliable results than can be generalized to the universe of the study; Not Applicable.
* requiring the use of statistical data classification that has not been reviewed and approved by OMB; Not Applicable.
* that includes a pledge of confidentiality that is not supported by authority established in statute or regulation, that is not supported by disclosure and data security policies that are consistent with the pledge, or which unnecessarily impedes sharing of data with other agencies for compatible confidential use; or
* requiring respondents to submit proprietary trade secret, or other confidential information unless the agency can demonstrate that it has instituted procedures to protect the information’s confidentiality to the extent permitted by law. Not Applicable.

**8. Identify the date and page number of the *Federal Register* notice (and provide a copy) soliciting comments on the information. Summarize public comments and describe actions taken by the agency in response to these comments. Describe all efforts to consult with persons outside the agency to obtain them.**

HUD published a Notice of Proposed Information Collection for public comments in the Federal Register, Volume 86; Number 178; Page 51911 on September 17, 2021. The public was given until November 16, 2021, to submit comments on the Proposed Information Collection. HUD received no public comments on this Proposed Information Collection.

**9. Explain any decision to provide any payment or gift to respondents, other than re-enumeration of contractors or grantees.**

No payments or gifts to respondents are provided.

**10. Describe any assurance of confidentiality provided to respondents and the basis for assurance in statute, regulation or agency policy.**

No assurance of confidentiality is needed nor are any provided.

**11. Provide additional justification for any questions of a sensitive nature, such as sexual behavior and attitudes, religious beliefs, and other matters that are commonly considered private.**

No sensitive questions are being asked.

**12. Provide estimates of the hour burden of the collection of information. The statement should: \* Indicate the number of respondents, frequency of response, annual hour burden, and an explanation of how the burden was estimated. Read the complete instructions on the form 83i.**

The estimated burden hours for the collection of this data reflect the PHAs’ experience with inputting data into similar forms and the fact that PHAs maintain most of this information as part of their operations. HUD estimates that the annual information collection requirements for the collection for form y is 291 burden hours (30 minutes per response, three responses per year), form z is 194 burden hours (one hour per response, one response per year), form a is 48.5 burden hours (15 minute per response, one response per year). Forms y, z, and a all will affect approximately 194 PHAs (the 194 eligible PHAs was taken by averaging the number of eligible PHAs for the Shortfall Funding Program for FY2020 and FY2021 – the only two years this program has operated thus far). Form b will affect approximately 4 PHAs (this is the average of the number of Appeals submitted in FY2020 with the number of Appeals submitted in FY2021) and amount to four burden hours, at one hour estimated per response. Added to this will be the mandatory for all PHAs HUD form 52574 which takes 10 minutes (.17 hours) to complete – adding an additional 561 annual burden hours to 1,098.5 total burden hours.

The estimated annualized cost to respondents is based on the 2021 general pay schedule for a GS-11, Step 1, rate for Washington-Baltimore-Arlington, DC-MD-WV-PA (an average salary for a financial analyst) that is $34.86 per hour.

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| **Information****Collection** | **Number of****Respondents** | **\*Average Number of Reponses per Respondent** | **Total Annual Responses** | **Burden Hours/Minutes per Response** |  **Total**  **Hours**  | **Hourly Cost** | **Total Annual Cost** |
| HUD-XXXXX (y) (Mini Shortfall Budget) | 194 | 3 | 582 | 0.5 | 291 | $34.86 | **$10,144.26** |
| HUD-XXXXX(z) (Action Item Template) | 194 | 1 | 194 | 1 | 194 | $34.86 | **$6,762.84** |
| HUD-52574 (OMB 2577-0026) | 3,300 | 1 | 3,300 | 0 | 0 | 0 | **0.00** |
| HUD-XXXXX(a) (Shortfall Application) | 194 | 1 | 194 | 0.25 | 48.5 | $34.86 | **$1,690.71** |
| HUD-XXXXX(b) (Shortfall Appeal) | 4 | 1 | 4 | 1 | 4 | $34.86 | **$139.44** |
| **Totals** | 3,300 | varies | 4,274 | 2.75 | 537.5 |   | **$18,737.25** |
| **Totals** | 3,300 | **Total Responses:** 4,274 | **Total Hours:** 537.5 |  |  |

*\*Average Number of Responses per Respondent = Total Annual Responses / Number of Respondents*

**13. Estimate of the annual cost to respondents or recordkeepers (do not include the cost of hour burden shown in Items 12 and 14). Read the complete instructions on the form 83i.**

There will be no additional costs to the respondents.

**14. Estimate annualized costs to the Federal government.**

The estimated annualized cost to the federal government is based on the 2021 general pay schedule for a GS-13, Step 1 rate for Washington-Baltimore-Arlington, DC-MD-WV-PA (an average salary for a management analyst) that is $49.68 per hour. It is estimated that it takes approximately 1 hour to review the submission package from each PHA for the Shortfall Funding Program.

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| **Total Estimated Annual Costs to the Federal Government** |
| **No. of Respondents** | **Burden Hours** | **X** | **Hr. Rate** | = | **Annual Cost** |
| 194 | 194 |  | $49.68 |  | $9,639 |
| 3,300 | 0.17 |  | $49.68 |  | $27,870 |
| **Total** | $37,509 |

**15. Explain any program changes or adjustments reported in items 13 and 14 of the OMB Form 83i.**

No program changes or adjustments.

**16. If the information will be published, outline plans for tabulation and publication.**

The information collection will not be published.

**17. If seeking approval to not display the expiration date for OMB approval of the information collection, explain the reasons that display would be inappropriate.**

HUD is not seeking approval to not display the expiration date of the OMB approval. The OMB number and expiration date will be displayed on a “Disclosure Statement” on each template after OMB approval is received.

**18. Explain each exception to the certification statement identified in item 19.**

There are no exceptions to item 19 of the OMB 83-I.

**B. Collections of Information Employing Statistical Methods**