

**Supporting Statement for Paperwork Reduction Act Submissions
“Survey of Lead Hazard Reduction Program Grantees”
(OMB# 2539-New)**

A. Justification

The following text provides information for the U.S. Department of Housing and Urban Development’s (HUD’s) planned survey of its Lead Hazard Reduction Program grantees. The information is organized to respond directly to the 18 itemized subsections of Section A (Justification) of the Supporting Statement for Paperwork Reduction Act Submissions (Supporting Statement). For reviewers interested only in items in the Supporting Statement, please go to HUD’s specific responses to Part A, and to Part B, both below.

This represents a new Information Collection Request (ICR), with Office of Management and Budget (OMB) approval requested for a three-year data collection beginning in the Spring of 2024

Background and General Scope of Work

HUD’s Office of Lead Hazard Control and Healthy Homes (HUD OLHCHH) awards grants to State and local government agencies to identify, reduce and control lead-based paint (LBP) hazards in the paint, dust, and soil of homes (not receiving HUD housing assistance) of low-income families. The grants are authorized by the Residential Lead-Based Paint Hazard Reduction Act of 1992 (“Title X”),¹ section 1011.² Prior to the initiation of the Lead-Based Paint Hazard Control Grant Program in 1993, no large-scale federal effort to control the risks to children from lead poisoning presented by old privately owned low-income housing existed. Congress appropriated funds for that program in 1991, with the requirement that HUD undertake an evaluation of its effort. That evaluation, termed the Evaluation of the HUD Lead-Based Paint Hazard Control Grant Program (“National Evaluation”), was conducted between January 1994 and October 1998. HUD required all 11 grantees from 1993 to participate in the evaluation and an additional three grantees from 1994 agreed to participate, bringing the total to 14. Data from 2,682 dwellings were collected 3, 6 and 12 months following treatment, and at 36 months in a subset of homes. Additional post-treatment data were collected at 2 and 3 years post-treatment in a subset of dwellings from nine grantees. Ultimately, selected data were collected from subsets of homes in the evaluation at approximately 6 and 12 years after treatment.

The National Evaluation demonstrated that post-intervention lead dust (PbD) loadings on floors and window surfaces remained considerably lower than pre-intervention PbD loadings and that interventions were generally successful in reducing children’s blood lead levels (BLLs)^{3,4}. An important caveat is that PbD hazard and clearance standards, as well as the Centers for Disease

¹ Housing and Community Development Act of 1992, P.L. 102-550, Title X, 42 U.S.C., chs. 63 and 63A; <https://uscode.house.gov/browse/prelim@title42/chapter63&edition=prelim> and <https://uscode.house.gov/browse/prelim@title42/chapter63A&edition=prelim>.

² 42 U.S.C. 4852; [https://uscode.house.gov/view.xhtml?req=\(title:42%20section:4852%20edition:prelim\)](https://uscode.house.gov/view.xhtml?req=(title:42%20section:4852%20edition:prelim)).

³ Dixon SL, et al. (2005). Effectiveness of lead-hazard control interventions on dust lead loadings: findings from the evaluation of the HUD Lead-Based Paint Hazard Control Grant Program. *Environmental Research*, 98, 3, 303-14. <https://doi.org/10.1016/j.envres.2005.02.002>.

⁴ Clark S, et al. (2011). Effects of HUD-supported lead hazard control interventions in housing on children’s blood lead. *Environmental Research*, 111, 2, 301-11. <https://doi.org/10.1016/j.envres.2010.11.003>.

Control and Prevention's (CDC's) blood lead reference value (BLRV), were considerably higher than current levels when the interventions studied in the National Evaluation were conducted^{5,6}. The current focus is on keeping children's BLLs as low as possible, which requires keeping exposure to Pb in dust, soil, and drinking water as low as feasible. Lower PbD action levels and BLRV, as well as reductions in dust lead levels in housing⁷ and children's blood lead levels, have rendered some of the findings of the National Evaluation outdated or inapplicable to the current regulatory and guidance environment. HUD is therefore interested in sponsoring a new evaluation of the Lead Hazard Reduction (LHR) Grant Program and the interventions conducted by program grantees.

The initial step in this process (Phase I) is to survey the grantees to collect lead and healthy homes data that: 1) are of immediate programmatic interest, and 2) will assist in the planning for a larger, more detailed follow-up evaluation effort (Phase II). Because the majority of LHR grantees also receive Healthy Homes Supplement funding, the survey will also include the collection of data on how these funds are being used. The Phase 1 survey is the subject of this Information Collection Request.

Study Overview

The survey questionnaire will be sent in electronic form to a designated representative of **all** currently active LHR grantees, as explained below. As of October 2023, there were 186 such grants, in two different grant programs – Lead-Based Paint Hazard Control (LBPHC) and Lead Hazard Reduction Demonstration (LHRD), which differ slightly in their specific requirements for applicant eligibility. Most LHR grantees (approximately 87%) also have Healthy Homes Supplement funds which they use to mitigate health and safety hazards other than lead-based paint hazards in homes in which they are reducing such hazards. The actual number of active grants when the survey is fielded in Fall 2024 may be slightly lower due to the expiration of older grants and, if any, early terminations of grants. However, 2024 grants, which will be awarded near the end of FY 2024, will not be included in the survey since they will be only in start-up at that time, and will have treated very few housing units.

- 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 Evaluation of the HUD Lead Hazard Control Grant Program ("National Evaluation") was conducted between January 1994 and October 1998. HUD required all 11 grantees from 1993 to participate in the evaluation and an additional three grantees from 1994 agreed to participate, bringing the total to 14. Data from 2,682 dwellings were collected before, at, and 3, 6 and 12 months following treatment, and at 3 years in a subset of homes. Additional post-treatment data

⁵ HUD's dust-lead clearance levels are currently 10 µg/ft² on floors and 100 µg/ft² on windowsills and window troughs, compared to 100 µg/ft² on floors, 500 µg/ft² on windowsills and 800 µg/ft² on window troughs when the National Evaluation was conducted.

⁶ CDC's BLRV is currently 3.5 micrograms per deciliter (µg/dL), compared to its former "level of concern" of 10 µg/dL prior to 2012. <https://www.cdc.gov/nceh/lead/data/blood-lead-reference-value.htm>.

⁷ American Healthy Homes Survey II Lead Findings. Report from QuanTech, Inc. to HUD's Office of Lead Hazard Control and Healthy Homes. Available at https://www.hud.gov/sites/dfiles/HH/documents/AHHS_II_Lead_Findings_Report_Final_29oct21.pdf.

were collected at 2 and 3 years post-treatment in a subset of dwellings from nine grantees. Ultimately, selected data were collected from subsets of homes in the evaluation at approximately 6 and 12 years after treatment.

The Evaluation demonstrated that post-intervention PbD loadings on floors and window surfaces remained considerably lower than pre-intervention PbD loadings and that interventions were generally successful in reducing children's blood lead levels (BLLs)¹. In the 3-year follow up (n = 278 homes) geometric mean PbD loadings for floors and windowsills were 78% and 89% lower than baseline levels, respectively. This pattern was also observed in the 6-year follow-up study (n=426 homes), with geometric mean (GM) PbD loadings of 4.8 µg/ft² reported for floors and 73 µg/ft² for sills⁸. The 12-year follow up study focused on the impact of window replacement on PbD levels and found that PbD levels were lower in homes with partial or complete window replacement⁹. GM floor and sill PbD levels were 2.2 µg/ft² and 32 µg/ft², respectively; however, 24% of units had floor-PbD levels > 10 µg/ft² and 28% had sill-PbD levels > 100 µg/ft² (i.e., HUD's *current* risk and clearance action levels for floors and sills, respectively).

HUD's PbD action levels were much higher at the time of the Evaluation than they are now – 100 µg/ft² for floors, 500 µg/ft² for windowsills and 800 µg/ft² for window troughs, compared to current levels of 10, 100 and 100 µg/ft², respectively. As noted above, at the 12-year point, 24% of units had floor dust lead levels above the current action level, as did 28% of units for sill PbD levels. Thus, between 28% and 52% of units had interior PbD hazards by current standards, i.e., on either floors or windowsills. Since partial or complete window replacement is one of the most effective methods of lead hazard control, results for the typical treatment used by LHR grantees are likely worse relative to current standards. For example, the 6-year study had geometric mean floor PbD of 4.8 µg/ft² for all treatment options as noted above, 78% higher than 2.7 µg/ft² for all window replacement groups at 6 years³. Assuming similar variability in floor PbD levels for all treatments as for the window replacement groups (not reported in Ref. 2), approximately 37% of units receiving typical treatment had floor PbD levels above the current standard at 6 years post-intervention with percentages close to 50% from 6 months to 2 years (⁶, Figure 1). The above calculations are necessarily approximate, but they indicate that the LHR treatments studied in the Evaluation were generally not effective in meeting the much more stringent action levels now in force.

The National Evaluation also demonstrated significant reductions in children's BLLs. For the 418 children tested before and one year after LHR intervention, the GM BLL decreased by 23% from 9.4 to 7.2 µg/dL. Similar decreases in the GM BLL, ranging from 22% to 47%, were seen in subgroups with pre-intervention BLL ranges of 6-9, 10-14, 15-19, 20-25 and >25 µg/dL. However, in the group with pre-intervention BLL <6 µg/dL, the GM BLL increased from 3.5 to 3.7 µg/dL. CDC's current BLRV of 3.5 µg/dL is based on the 97.5 percentile of children's BLLs nationwide in the 2015-2108 National Health and Nutrition Examination Survey (NHANES) cycles. That is,

⁸ Wilson J, et al. (2006). Evaluation of HUD-funded lead hazard control treatments at 6 years post-intervention. *Environmental Research*, 102(2), 237-248. <https://doi.org/10.1016/j.envres.2006.04.007>.

⁹ Dixon SL, et al. (2012) Window replacement and residential lead paint hazard control 12 years later, *Environmental Research* 113, 14–20. <https://doi.org/10.1016/j.envres.2012.01.005>.

97.5% of children are currently in the lowest BLL range of the National Evaluation, where no benefit of LHR intervention was seen.

The above analysis of the results of the National Evaluation in light of lower PbD action levels, the lower BLRV and the continuing decrease in children's BLLs, indicate that the results of the National Evaluation are out of date and do not apply under current conditions, showing the need for a new National Evaluation of the LHR Grant Program.

A majority of active LHR grants have substantial Healthy Homes Supplement funding in the range of \$400,000-\$700,000 (compared to lead funding typically in the range of \$2 to 8 million). This Healthy Homes funding is earmarked for the evaluation and mitigation of housing-related health and safety hazards other than lead-based paint hazards, such as slips and falls, fires, carbon monoxide poisoning, excessive hot water temperature, electrical hazards, pests, and mold and moisture problems¹⁰. Since the original National Evaluation did not address hazards other than lead-based paint hazards (the grants were awarded before HUD's healthy homes program began), there is also a need for a new National Evaluation to include the effectiveness of methods to address this much larger range of home health and safety hazards, including their interaction with LHR methods.

The LHR grantee survey that is the subject of the present ICR is needed to collect data to design the new National Evaluation. The survey will collect data on the following topics:

1. Methods for identifying high risk neighborhoods and recruiting households
2. Type and age of housing recruited
3. LHR intervention methods used and average intervention costs
4. Use of partners in program implementation and problems encountered
5. Major barriers to program implementation (e.g., insufficient number of certified contractors, slow or inadequate recruiting)
6. Housing assessment methods for evaluating housing-related health and safety hazards other than LBP hazards
7. Housing-related health and safety hazards that are most frequently identified
8. The most common healthy homes interventions and related costs
9. Success in obtaining other sources of funding to support lead and healthy homes program activities
10. Self-evaluation by LHR grantees (e.g., durability and effectiveness of treatments) and participation in other research efforts
11. Willingness to participate in a new National Evaluation and extent of participation, if willing.

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.

¹⁰ American Healthy Homes Survey II: Additional Environmental Findings. Draft report from QuanTech to OLHCHH under Contract No. DU203NP-15-D-05, Task Order 4, June 26, 2021.

HUD OLHCHH staff and its survey contractor, QuanTech, Inc., will use the data collected in the survey of LHR grantees to design a new National Evaluation of the Lead Hazard Control Grant Program. Aspects of the design that depend on the survey data collected under the topics in Section 1.1 include (numbers in parentheses refer to the items in Section 1.1. above):

- Creating a sampling frame for the National Evaluation considering the extent of grantee willingness to participate (#11)
- Representativeness of the sample of grantees to be selected for the evaluation with respect to location, type, and age of housing and LHR and healthy homes intervention methods (#1, 2, 3, 6, 8)
- Availability of data already collected by grantees or being collected that could be integrated with the National Evaluation (#10)
- Prioritization of housing-related health and safety hazard evaluation efforts (#7)
- Preparation of an Independent Government Cost Estimate for the new National Evaluation (#3, 8, 9)
- Development of evaluation protocols (#4, 5).

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.

The questionnaire will be programmed in LimeSurvey¹¹, a free and open source on-line statistical survey web app written in the PHP programming language and based on a MySQL, SQLite, PostgreSQL or MSSQL database, distributed under the GNU General Public License. As web server-based software, it enables users using a web interface to develop and publish on-line surveys, collect responses, create statistics, and export the resulting data to other applications. The survey will be hosted on the QuanTech website¹². A suitable, easily remembered, URL such as *HUDLHRgranteesurvey.com*¹³ will be assigned to the survey. The assigned URL will be covered under the QuanTech website's Secured Socket Layer (SSL) certificate. (SSL) is a standard security technology for establishing an encrypted link between a server and a client, typically a web server (website) and a browser, or a mail server and a mail client (e.g., Outlook). It will ensure that the assigned URL is safe from cyberattacks and will identify the URL as a safe and secure site to the grantees¹⁴.

¹¹ www.limesurvey.org

¹² www.quantech.com

¹³ The domain *hudlhrgranteesurvey.com* and similar domain names are currently available according to the domain name registrar *register.com*.

¹⁴ Google's Chrome browser flags sites without an SSL certificate as unsafe, making them difficult to visit.

Each grantee will be assigned a unique ID allowing it access to the survey and to track their responses. They will be able to save an unfinished survey and return to it later using their ID. The link to the survey will be released by email. Contractor staff will be available during normal business hours to provide support to the grantees during survey fielding, including for example content questions, browser issues and software problems.

Electronic delivery of the survey, with the features described above, will minimize respondent burden, promote high-quality data by preventing skip-pattern errors and omitted responses, and will minimize the need to contact respondents to clarify their responses.

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.

Similar information available from the first National Evaluation cannot be effectively used or modified for purposes of designing a new evaluation for many reasons:

- The National Evaluation was conducted almost 30 years ago.
- Lead dust action levels have been reduced substantially since the 1990s, rendering the design and many of the conclusions of the National Evaluation out of date.
- Children’s blood lead levels and CDC’s Blood Lead Reference Value have decreased since the 1990s, making the National Evaluation’s conclusions concerning the impact of lead hazard control on blood lead levels inapplicable to current conditions.
- The National Evaluation did not consider healthy homes hazards other than lead. OLHCHH’s focus now includes a broad range of hazards to promote a holistic approach to improving the health and safety of low-income families in their homes.

The LHR grantee survey design was reviewed by the following individuals, to assure lack of duplication with other data sources:

Name	Affiliation
Warren Friedman, Ph.D.	HUD/Office of Lead Hazard Control and Healthy Homes
Eugene Pinzer, MS	HUD/Office of Lead Hazard Control and Healthy Homes
Brenda Reyes, MD, MPH	HUD/Office of Lead Hazard Control and Healthy Homes
David Cox, Ph.D.	QuanTech (HUD’s implementation Contractor)
Gary Dewalt, Ph.D.	QuanTech

5. If the collection of information impacts small businesses or other small entities describe any methods used to minimize burden.

The collection of this information does not directly impact small businesses or small entities.

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.

As detailed in Section 1.2 above, the purpose of this information collection is to gather data needed to inform the design of a new National Evaluation of HUD's Lead Hazard Reduction Grant Programs. If the information is not collected, an efficient and properly targeted design will not be possible:

- The sample of grantees selected for the evaluation may not adequately represent the housing in which the most important LHR and healthy homes interventions are performed.
- The evaluation may duplicate data already being collected by grantees.
- The independent Government Cost Estimate may not properly reflect the actual costs to be experienced.
- The most effective evaluation protocols may not be developed for the evaluation.

The cost to the Government for this information collection is only a small fraction of the cost of a new National Evaluation. As such, collecting and analyzing this information represents a cost-effective approach to optimizing the design of the evaluation. Errors or inadequacies in the design due to the unavailability of the data to be collected in this survey would likely have significant impacts on the quality, and even the cost, of the new evaluation.

7. Explain any special circumstances that would cause an information collection to be conducted 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 study;

This study is designed as a census of virtually all respondents, i.e., all active LHR grantees in the major LHR grant program categories (over 96 percent of LHR grantees).

- requiring the use of a 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

No pledge of confidentiality is included; the information collected contains certain information the release of which to the public is covered by Exemption 6 of the Freedom of Information Act (FOIA)¹⁵. Requests for exempted information collected by this survey would be treated as are other such FOIA requests.

- 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.

No information collected will require respondents to submit proprietary trade secrets or other confidential information.

8. If applicable, provide a copy and identify the date and page number of publication in the Federal Register of the agency's notice, required by 5 CFR 1320.8(d), soliciting comments on the information collection prior to submission to OMB. Summarize public comments received in response to that notice and describe actions taken by the agency in response to these comments. Specifically address comments received on cost and hour burden.

The 60 Day Notice of Proposed Information Collection Federal Register Notice for this information collection, published in volume 89 of the Federal Register, page 17509, on March 11, 2024. No public comments were received.

- Describe efforts to consult with persons outside the agency to obtain their views on the availability of data, frequency of collection, the clarity of instructions and record-keeping, disclosure, or reporting format (if any), and on the data elements to be recorded, disclosed, or reported.

HUD has consulted with the following private sector experts, to ensure that the survey meets federal needs and avoids duplication.

David Cox	QuanTech
Gary Dewalt	QuanTech

- Consultation with representatives of those from whom information is to be obtained or those who must compile records should occur at least once every 3 years - even if the collection of information activity is the same as in prior periods. There may be circumstances that may preclude consultation in a specific situation. These circumstances should be explained.

The Contractor consulted with a group of 7 OLHCHH LHR grantees who agreed to cooperate. The grantees responded to a pilot test version of the survey questionnaire, in both paper and electronic forms. The grantee feedback collected in the pilot included:

- Errors or glitches encountered in the electronic questionnaire.

¹⁵ 5 U.S.C. 552(b)(6) ([https://uscode.house.gov/view.xhtml?req=\(title:5%20section:552%20edition:prelim\)](https://uscode.house.gov/view.xhtml?req=(title:5%20section:552%20edition:prelim))), exempting "personnel and medical files and similar files the disclosure of which would constitute a clearly unwarranted invasion of personal privacy".

- Ambiguous or unclear wording of questions.
- Suggestions for additional questions that would provide useful information for the design of the new National Evaluation.
- Possible additional responses for the picklists of responses.
- The time taken to complete the questionnaire.

This information was used to improve and refine the questionnaire, and to estimate respondent burden.

9. Explain any decision to provide any payment or gift to respondents, other than remuneration of contractors or grantees.

No respondent incentives will be provided.

10. Describe any assurance of confidentiality provided to respondents and the basis for assurance in statute, regulation or agency policy. If the collection requires a system of records notice (SORN) or privacy impact assessment (PIA), those should be cited and described here.

Respondents will not be asked to provide any confidential information. No SORN is required.

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. This justification should include the reasons why the agency considers the questions necessary, the specific uses to be made of the information, the explanation to be given to persons from whom the information is requested, and any steps to be taken to obtain their consent.

There are no questions of a sensitive nature. Questions relate only to the procedures and operations of State and local government agencies under grants funded by the Federal government.

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. Unless directed to do so, agencies should not conduct special surveys to obtain information on which to base hour burden estimates. Consultation with a sample (fewer than 10) of potential respondents is desirable. If the hour burden on respondents is expected to vary widely because of differences in activity, size, or complexity, show the range of estimated hour burden, and explain the reasons for the variance. Generally, estimates should not include burden hours for customary and usual business practices;
- If this request covers more than one form, provide separate hour burden estimates for each form and aggregate the hour burdens in chart below; and

- Provide estimates of annualized cost to respondents for the hour burdens for collections of information, identifying and using appropriate wage rate categories. The cost of contracting out or paying outside parties for information collection activities should not be included here. Instead, this cost should be included in Item 13.

The burden to respondents is the time required for completion of the survey questionnaire, including gathering records and compiling information. The time burden of the questionnaire was estimated based on the responses of 7 grantees who participated in a pilot of the questionnaire.

There is no cost to respondents because these OLHCHH grantees are already funded through grant agreements that include a requirement to cooperate fully with any research or evaluation regarding their grant activities that is sponsored by HUD or another government agency associated with this grant program, and costs to participate in the survey are reimbursable under the grants.

Table 2. Estimated Time and Costs to Respondents							
Information Collection	Number of Respondents	Frequency of Response	Responses Per Annum	Burden Hour Per Response	Annual Burden Hours	Hourly Cost Per Response	Annual Cost
Questionnaire	186	1	186	2.33	433	\$0	\$0

13. Provide an estimate of the total annual cost burden to respondents or recordkeepers resulting from the collection of information. (Do not include the cost of any hour burden already reflected on the burden worksheet shown in Items 12 and 14).

- The cost estimate should be split into two components: (a) a total capital and start-up cost component (annualized over its expected useful life); and (b) a total operation and maintenance purchase of services component. The estimates should take into account costs associated with generating, maintaining, and disclosing or providing the information. Include descriptions of methods used to estimate major cost factors including system and technology acquisition, expected useful life of capital equipment, the discount rate(s) and the time period over which costs will be incurred. Capital and start-up costs include, among other items, preparations for collecting information such as purchasing computers and software; monitoring, sampling, drilling and testing equipment; and record storage facilities;
- If cost estimates are expected to vary widely, agencies should present ranges of cost burdens and explain the reasons for the variance. The cost of purchasing or contracting out information collection services should be a part of this cost burden estimate. In developing cost burden estimates, agencies may consult with a sample of respondents (fewer than 10) utilize the 60-day pre-OMB submission public comment process and use existing economic or regulatory impact analysis associated with the rulemaking containing the information collection, as appropriate.
- Generally, estimates should not include purchases of equipment or services, or portions thereof made: (1) prior to October 1, 1995, (2) to achieve regulatory compliance with requirements not associated with the information collection, (3) for reasons other than to provide information or keep records for the government, or (4) as part of customary and usual business or private practices.

There is no anticipated cost burden to respondents resulting from the collection of information, since the respondents, which are OLHCHH LHR grantees, are required to participate as a condition of their grant award and costs incurred in responding to the survey are reimbursable under the grant. Respondents will not be required to incur (a) capital or start-up costs; or (b) operation and maintenance and purchase of services costs. Respondents will not be asked or required to keep any records generated in responding to this survey.

- 14. Provide estimates of annualized cost to the Federal government. Also, provide a description of the method used to estimate cost, which should include quantification of hours, operational expenses (such as equipment, overhead, printing, and support staff), and any other expense that would not have been incurred without this collection of information. Agencies also may aggregate cost estimates from Items 12, 13, and 14 in a single table.**

The survey will be conducted by HUD’s Contractor, QuanTech. The estimated cost to the Government, for these contracts and for HUD personnel to oversee the Contractor’s work, is \$329,548 over the 18-month period. The annualized cost is \$219,699.

Original TO Design Concepts	\$90,000
Survey Design and Operations (QuanTech)	\$239,548
Total	\$329,548

- 15. Explain the reasons for any program changes or adjustments reported in Items 12 and 14 of the Supporting Statement.**

This is an initial request; there are no changes or adjustments to items 12 or 14.

- 16. For collection of information whose results will be published, outline plans for tabulation and publication. Address any complex analytical techniques that will be used. Provide the time schedule for the entire project, including beginning and ending dates of the collection of information, completion of report, publication dates, and other actions.**

The survey data will be used internally by HUD for the design of a new National Evaluation of HUD’s Lead Hazard Reduction Grant Program. There are no plans to publish the data.

Schedule

Table 1. Project Schedule		
Task Name	Start Date	End Date
OMB Approval of ICR	7/20/2024	9/19/2024
Program electronic questionnaire (pending ICR-based edits)	9/19/2024	10/19/2024
Data Collection	10/20/2024	3/20/2025
Data Analysis	3/20/2025	5/20/2025
Final Survey Report	5/20/2025	6/20/2025
Options for New National Evaluation of LHR Grant program	6/20/2025	9/18/2025

- 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.**

Not applicable; HUD will display the expiration date of OMB approval.

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

HUD is not requesting any exceptions to the certification statement of OMB form 83-I.