

Request for Approval under the Generic Solution for Solicitation for Competitive Discretionary Funding Opportunity Announcements**Funding Opportunity Announcement Title:**

HUD Program Office/Agency: Select One

Other:

Alignment with Information Collection Package: (Check one)

- ☐ Funding Opportunity for Existing Program.
☐ Funding Opportunity for New Program.

Purpose

Briefly describe the program. Include specific statutes and regulations. Explain the information to be collected to clearly describe to OMB the requirements and burden on the respondents. The description must align with and provided detail on the information included in the parent supporting statement. For example, if the respondent burden table below shows 50 burden hours for project summary, provide additional detail elaborating on what the respondents are required to provide to meet that requirement. For existing programs, the information included here may resemble the information you would have submitted in question number 1 in your existing/previously approved ICR. Also, include and clearly label any exceptions to the activities described in the parent supporting statement. If revising an approved collection, highlight key changes to the collection.

Changes Since Previous Approval**Announcement Dates (Start and End Dates for Applications):****Type of Collection (Federal Award Instrument):** (Check all that apply)

- ☐ Grant
☐ Cooperative agreement
☐ Other:

How will information collected be submitted to the HUD Office/Agency? (Check all that apply)

- ☐ Grants.gov
☐ esnaps.hud.gov
☐ Other:

Does the HUD Office/Agency need to collect information beyond the scope of the supporting statement for the generic ICR? ☐ Yes ☐ No

If yes, will the HUD Office/Agency submit a regular ICR package?

- ☐ Yes ☐ No

How does this collection minimize the burden on small businesses/entities, if applicable?

For existing programs, the information included here may resemble the information in question 5 in your existing/previously approved ICR.

If the collection requires a systems of records notice (SORN) or privacy impact assessment (PIA), those should be cited and described here.

Consult your Privacy Act Officer before responding to this item. The information included here may resemble the information in question 10 in your existing/previously approved ICR.

Sensitive Information:

Is the agency asking any questions of a sensitive nature? If yes, 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. Include the reasons justifying 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.

Consult your Privacy Act Officer and the FHEO before responding to this item. For existing programs, the information included here may resemble the information in question 11 in your existing/previously approved ICR.

☐ Yes ☐ No

If yes, additional information:

Certification:

I certify the information contained in this document to be true and accurate:

☐ Yes ☐ No

Respondent Burden Hours, Formats, and Reporting

Include in the table the collection items and burden amounts associated with responding to a notice of funding opportunity (NOFO) and other pre-award activities. The burden included in this chart must align with the parent supporting statement. If preparing a new form, indicate "new" under the Form Number column. Existing forms number can remain unchanged, but the actual forms need to be updated with the OMB approval number for this generic collection. Also include the burden associated with responding to the rating factors and completing other narratives requested via the NOFO or other pre-award activities.

For existing programs, the information added here may resemble the information you would have submitted in question number 12 in your existing/previously approved ICR. All forms must accompany this Template for submission to OMB for approval. Do not list the required standard forms from the generic support statement; however, please list optional standard forms from the parent supporting statement. For the optional standard forms, do not include burden information, unless the burden is unique to the program.

Brief description of information being collected (project summary, charts, narrative response)	Forms number	Number of Respondents	Number of Responses per respondent	Total Annual Responses	Burden hours per responses

TOTAL					

Federal Burden Hours, Formats, and Reporting

Include in the table the collection items and burden amounts associated with HUD's review of the collected item for NOFOs and other pre-award activities. Include burden associated with reviewing eligibility as well as rating factors. For existing programs, the information added here may resemble the information you would have submitted in question number 14 in your existing/previously approved ICR.

[illegible]