suspected or determined to fail and thereby present a risk to health due to the Year 2000 or other date problems.

Information on the MedWatch program, including procedures for reporting problems with medical devices, may be received by calling the MedWatch Office, 1–800–FDA–1088, or can be found on the WWW at the FDA web site, http://www.fda.gov/medwatch.

[FR Doc. 98–16736 Filed 6–23–98; 8:45 am]

BILLING CODE 4160–01–C

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[Document Identifier: HCFA–320]

Agency Information Collection Activities: Submission for OMB Review; Comment Request

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Health Care Financing Administration (HCFA), Department of Health and Human Services, has submitted to the Office of Management and Budget (OMB) the following proposal for the collection of information. Interested persons are invited to send comments regarding the burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) the necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Type of Information Collection Request: Reinstatement, with change, of a previously approved collection for which approval has expired; *Title of Information Collection:* Corrective Action Plan (Medicaid Eligibility Quality Control) and Supporting Regulations 42 CFR 431.; *Form No.:* HCFA–320; *Use:* Medicaid eligibility quality control (MEQC) is a State-administered system designed to improve the management of the Medicaid program. States are required to submit a corrective action plan annually. The plan must detail the initiatives the State will implement in order to reduce the type of errors occurring in the Medicaid eligibility determination process. *Frequency:* Annually; *Affected Public:* State, Local or Tribal Government; *Number of Respondents:* 21; *Total Annual Responses:* 21; *Total Annual Hours:* 8,400.

To obtain copies of the supporting statement for the proposed paperwork collections referenced above, E-mail your request, including your address and phone number, to Paperwork@hcfa.gov, or call the Reports Clearance Office on (410) 786–1326. Written comments and recommendations for the proposed information collections must be mailed within 30 days of this notice directly to the OMB Desk Officer designated at the following address: OMB Human Resources and Housing Branch, Attention: Allison Eydt, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: June 16, 1998.

John P. Burke III,

HCFA Reports Clearance Officer, HCFA, Office of Information Services, Information Technology Investment Management Group, Division of HCFA Enterprise Standards.

[FR Doc. 98–16794 Filed 6–23–98; 8:45 am]

BILLING CODE 4120–03–P

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR 4352–N–03]

Notice of Proposed Information Collection: Comment Request

AGENCY: Office of the Assistant Secretary for Public and Indian Housing, HUD.

ACTION: Notice.

SUMMARY: The proposed information collection requirement described below will be submitted to the Office of Management and Budget (OMB) for review, as required by the Paperwork Reduction Act. The Department is soliciting public comments on the subject proposal.

DATES: *Comments due date:* August 24, 1998.

ADDRESSES: Interested persons are invited to submit comments regarding this proposal. Comments should refer to the proposal by name and/or OMB Control Number and should be sent to: Mildred M. Hamman, Reports Liaison Officer, Department of Housing and Urban Development, 451 Seventh Street, SW, Room 4238, Washington, DC 20410.

FOR FURTHER INFORMATION CONTACT: Mildred M. Hamman, (202) 708–3642, extension 4128, for copies of other available documents. (This is not a toll-free number).

SUPPLEMENTARY INFORMATION: The Department will submit the proposed information collection to OMB for review, as required by the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35, as amended).

This Notice is soliciting comments from members of the public and affecting agencies concerning the proposed collection of information to: (1) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility; (2) Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information; (3) Enhance the quality, utility, and clarity of the information to be collected; and (4) Minimize the burden of the collection of information on those who are to respond; including through the use of appropriate automated collection techniques or other forms of information technology, e.g., permitting electronic submission of responses.

This notice also lists the following information:

Title of Proposal: Comprehensive Grant Program (CGP) Reporting Requirements.

OMB Control Number if applicable: 2577–0157.

Description of the need for the information and proposed use: Public Housing Agencies (PHAs) with 250

units or more of public housing will submit information to HUD to approve the PHAs annual Comprehensive Plan submission, to reserve its formula share of the national allocation for the CCP, certify resident consultation by the local government, to certify PHA's compliance with statutory and regulatory requirements by the governing body of the PHA, and to monitor performance of the projected activities of the CGP funds. PHAs submit this information to obtain a benefit for the Federal Government.

Agency forms, if applicable: Forms HUD–52832, HUD–52833, HUD–52834, HUD–52835, HUD–52836, HUD–52837, HUD–52840.

Members of affected public: State, Local Government.

Estimation of the total number of hours needed to prepare the information collection including number of respondents, frequency of response, and hours of response: 832 respondents, average 68 hours (7 forms one-time a year), total reporting burden 56,576 hours.

Status of the proposed information collection: Extension.

Authority: The Paperwork Reduction Act of 1995, 44 U.S.C. Chapter 35, as amended.

Dated: June 16, 1998.

Deborah Vincent,

General Deputy Assistant Secretary for Public and Indian Housing.

BILLING CODE 4210–33–M

Executive Summary of Preliminary Estimated Costs

Physical and Management Needs
Comprehensive Grant Program (CGP)

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0157 (exp. 7/31/98)

HA Name	Federal Fiscal Year

Development Number/ Name	Total Current Units	Total Preliminary Estimated Hard Cost	Per Unit Hard Cost	Long-Term Viability (Y/N)	Percentage of Vacant Units

Total Preliminary Estimated Hard Cost for Physical Needs	$
Total Preliminary Estimated Cost for HA -Wide Management Needs	$
Total Preliminary Estimated Cost for HA-Wide Nondwelling Structures and Equipment	$
Total Preliminary Estimated Cost for HA-Wide Administration	$
Total Preliminary Estimated Cost for HA-Wide Other	$
Grand Total of HA Needs	$
Signature of Executive Director	Date

Page ___ of ___

form **HUD-52831** (10/96)
ref Handbook 7485.3

Public reporting burden for this collection of information is estimated to average 10 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

This collection of information requires that each eligible applicant submit comprehensive plan information to HUD every six years in order to receive its annual formula grant. This information will be used by HUD to determine whether the comprehensive plan/annual submission meets statutory and regulatory requirements for the annual formula grant. Responses to the collection are required by Section 14(e)(1) of the U.S. Housing Act of 1937, as amended. The information requested does not lend itself to confidentiality.

Instructions for Preparation of Form HUD-52831, Executive Summary of Preliminary Estimated Costs for Physical and Management Needs

Report Submission: Prepare one form HUD-52831 for the entire Housing Authority (HA) and submit to HUD as part of the submission of the original Comprehensive Plan in the first year of participation in the CGP and every sixth year when a complete revision of the Comprehensive Plan is required. Use as many pages of this form as necessary to cover all developments within the HA's inventory.

Heading Instructions:

HA Name. Enter the HA name.

Federal Fiscal Year. Enter the FFY in which the Comprehensive Plan is being submitted.

Column Instructions:

Development Number/Name. Enter the State abbreviation, the HA number and the development number, which may be abbreviated as VA 36-1. Also enter the development name, if any.

Total Current Units. For each development, enter the total number of current units as identified in the ACC.

Total Preliminary Estimated Hard Cost. For each development, enter the Total Preliminary Estimated Hard Cost for Needed Physical Improvements from form HUD-52832, Physical Needs Assessment.

Per Unit Hard Cost. For each development, enter the Per Unit Hard Cost from form HUD-52832, Physical Needs Assessment.

Long-Term Viability. For each development, enter Yes or No as to whether the development has long-term physical and social viability from form HUD-52832, Physical Needs Assessment.

Percentage of Vacant Units. For each development, enter the percentage of vacant units from form HUD-52832, Physical Needs Assessment.

Total Preliminary Estimated Hard Cost for Physical Needs. Enter the total for all amounts entered in the column, Total Preminary Estimated Hard Cost.

Total Preliminary Estimated Cost for HA-Wide Management Needs. Enter the total preliminary estimated HA-wide cost from form HUD-52833, Management Needs Assessment.

Total Preliminary Estimated Cost for HA-Wide Nondwelling Structures and Equipment. Enter the total preliminary estimated cost for HA-wide nondwelling structures and equipment that are currently needed and will be needed within the next five years from form HUD-52832, Physical Needs Assessment.

Total Preminary Estimated Cost for HA-Wide Administration. Enter the total preminary estimated cost for HA-wide administration (Development Account 1410) that is currently needed and will be needed within the next five years.

Total Preminary Estimated Cost for HA-Wide Other. Enter the total preliminary estimated cost for HA-wide other costs (Development Accounts 1411, 1415, 1430, 1440, 1490, 1495) that are currently needed and will be needed within the next five years.

Grand Total of HA Needs. Enter the sum of preliminary estimated costs for Physical Needs, HA-Wide Management Needs, HA-Wide Nondwelling Structures and Equipment, HA-Wide Administration and HA-Wide Other.

Physical Needs Assessment

Comprehensive Grant Program (CGP)

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577--0157 (exp. 7/31/98)

HA Name		☐ Original ☐ Revision Number _____
Development Number	Development Name	DOFA Date or Construction Date _____

Development Type:		Occupancy Type:		Structure Type:		Number of Buildings	Number of Vacant Units
Rental	☐	Family	☐	Detached/Semi-Detached	☐		
Turnkey III - Vacant	☐	Elderly	☐	Row	☐	Current Bedroom Distribution 0 ____ 1 ____ 2 ____	%
Turnkey III - Occupied	☐	Mixed	☐	Walk-Up	☐	3 ____ 4 ____ 5 ____	Total Current Units
Mutual Help	☐			Elevator	☐	5+____	
Section 23, Bond Financed	☐						

General Description of Needed Physical Improvements	Urgency of Need (1-5)

Total Preliminary Estimated Hard Cost for Needed Physical Improvements	$	
Per Unit Hard Cost	$	
Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost	Yes ☐	No ☐
Development Has Long-Term Physical and Social Viability	Yes ☐	No ☐
Date Assessment Prepared		

Source(s) of Information:

Page ___ of ___

form **HUD-52832** (10/96)
ref Handbook 7485.3

Public reporting burden for this collection of information is estimated to average 252 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

This collection of information requires that each eligible applicant submit comprehensive plan information to HUD every six years in order to receive its annual formula grant. This information will be used by HUD to determine whether the comprehensive plan/annual submission meets statutory and regulatory requirements for the annual formula grant. Responses to the collection are required by Section 14(e)(1)(A) and (C) of the U.S. Housing Act of 1937, as amended. The information requested does not lend itself to confidentiality.

Instructions for Preparation of Form HUD-52832—Physical Needs Assessment

Report Submission: Prepare a separate form HUD-52832 for each development in the HA's inventory, which is eligible for Comprehensive Grant Program (CGP) funding, for all HA-wide nondwelling needs, e.g., maintenance equipment, and for any development needs. Submit these forms to HUD as part of the submission of the original Comprehensive Plan in the first year of participation in the CGP and every sixth year when a complete revision of the physical needs assessment is required. On an as-needed basis, submit a revised form where physical needs have significantly changed since the last needs assessment and the HA wishes to include these needs in the Five-Year Action Plan. Developments which are contiguous and treated as one development for management purposes may be grouped together on a single form.

Heading Instructions:

HA Name. Enter the HA name.

Original or Revision Number. Self Explanatory. Every sixth year a new original is prepared.

Development Number. Enter an 11-digit alpha numeric code as follows: two-digit State code (alpha); two-digit Field Office code (numeric); P for Public Housing or B for Indian Housing; three-digit HA number (numeric); and three-digit development number (numeric). For example, VA05PO36001. In lieu of a development number, enter "HA-wide" for physical needs that are HA-wide in nature.

DOFA Date. Enter the Date of Full Availability (DOFA).

Construction Date. For acquired developments enter the actual date of construction or for scattered sites, the average date of construction of all buildings. **Note:** When the construction date is provided, this date will be used in lieu of the DOFA, subject to a 50-year cap.

General Characteristics. Check the appropriate box that describes the type of development, the type of occupancy, and the type of structure. CGP funds may be used to provide for modernization activities in Turnkey III units that are vacant or non-homebuyer occupied, or to provide for limited activities in homeowner-occupied units as long as the work is completed prior to conveyance.

If Turnkey III - Vacant is checked, indicate the number of vacant or non-homebuyer-occupied units planned for substantial rehabilitation next to the box and circle "V". By so doing, the HA indicates that: (1) the proposed modernization will result in bringing the identified units into full compliance with the homeownership objectives under the Turnkey III Program; and (2) the HA has homebuyers who both are eligible for homeownership, in accordance with the requirements of 24 CFR Part 904 for PHAs or 24 CFR Part 950, Subpart G, for IHAs, and have demonstrated their intent to be placed into the Turnkey III units proposed to be substantially rehabilitated.

If Turnkey III - Occupied is checked, indicate the number of Turnkey III units which are paid off, where work will be performed to meet statutory or regulatory requirements next to the box and circle "O".

Number of Buildings. Enter the number of buildings containing dwelling units.

Current Bedroom Distribution. Enter the current number of units for each bedroom size.

Vacant Units. Enter the number of vacant units as of the date this form is prepared and the percentage of vacant units to the total number of units in the development.

Total Current Units. Enter the number of units in this development under ACC.

Column Instructions:

General Description of Needed Physical Improvements. Enter a general description of all unfunded physical improvements that must be undertaken to bring the development (dwelling and nondwelling structures, dwelling and nondwelling equipment, and site) up to a level at least equal to the modernization and energy conservation standards and to comply with other program requirements. Also, include any replacements of equipment, systems and structural elements that will be needed, assuming routine and timely maintenance, within the next five years. Enter only physical improvements that are eligible for CGP funding. Do not enter any physical improvements already funded by CIAP or other sources which the HA plans to complete. However, enter physical improvements currently funded under CIAP where the HA plans to reprogram CIAP funds for other work under the CGP.

On a separate form, include any unfunded physical improvement needs for HA-wide nondwelling structures and equipment. Also, include any replacements/rehabilitation of nondwelling structures and equipment that will be needed, assuming routine and timely maintenance, within the next five years.

Describe the proposed improvements in broad categories, such as kitchens, bathrooms, roofs, electrical systems, heating systems, landscaping, nondwelling structures, lead-based paint abatement, physical accessibility, maintenance facility, computer hardware, etc. Include all broad categories of needed work without regard to the availability and/or source of funds.

If there are no current needs and the HA does not anticipate any replacement needs within the next five years, enter a statement to that effect in this section. Such a statement does not preclude the HA from amending the needs assessment at any time within the five-year period if unforeseen needs arise or from identifying new needs which have occurred when the needs assessment is revised every sixth year.

Urgency of Need. For each broad category of work identified under the General Description of Needed Physical Improvements, enter a number that corresponds to the urgency of the need on a HA-wide basis, with "1" reflecting the most urgent need and "5" reflecting the least urgent need. Assign a "1" to activities required to correct emergency conditions and to meet statutory or other legally mandated requirements, such as physical accessibility.

Total Preliminary Estimated Hard Cost for Needed Physical Improvements. Enter the total preliminary estimated hard cost for the broad work categories listed in the General Description of Needed Physical Improvements; excluding any management improvements, administration, architectural/engineering fees, relocation or other soft costs.

Per Unit Hard Cost. Divide the Total Preliminary Estimated Hard Cost for Needed Physical Improvements by the total number of current units in the development and enter the per unit hard cost.

Physical Improvements Will Result in Structural/System Soundness at a Reasonable Cost. Check Yes or No. For cost reasonableness, the preliminary estimate of hard costs for work proposed at the development shall be 90 percent or less of Total Development Cost (TDC).

Development Has Long-Term Physical and Social Viability. Check Yes or No as to whether the HA has determined that the development has long-term physical and social viability. **Note:** If No is checked, attach the viability analysis and an explanation of what actions are proposed regarding the nonviable development.

Date Assessment Prepared. Self-explanatory.

Source(s) of Information. Identify the source(s) of information used to develop the General Description of Needed Physical Improvements. Retain such information in HA files (1) as supporting documentation for the needs assessment, (2) for post-review by HUD, or (3) for submission to HUD upon request.

Management Needs Assessment

Comprehensive Grant Program (CGP)

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577--0157 (exp. 7/31/98)

HA Name	☐ Original ☐ Revision Number _____	
General Description of Management Needs	Urgency of Need (1- 5)	Preliminary Estimated HA-Wide Cost
Total Preliminary Estimated HA-Wide Cost		$
Date Assessment Prepared		

Source(s) of Information

form **HUD-52833** (10/96)
ref Handbook 7485.3

Public reporting burden for this collection of information is estimated to average 110 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

This collection of information requires that each eligible applicant submit comprehensive plan information to HUD every six years in order to receive its annual formula grant. This information will be used by HUD to determine whether the comprehensive plan/annual submission meets statutory and regulatory requirements for the annual formula grant. Responses to the collection are required by Section 14(e)(1)(B) of the U.S. Housing Act of 1937, as amended. The information requested does not lend itself to confidentiality.

Instructions for Preparation of Form HUD-52833, Management Needs Assessment

Report Submission: Prepare one form HUD-52833 for the entire HA and submit to HUD as part of the submission of the original Comprehensive Plan in the first year of participation in the Comprehensive Grant Program (CGP) and every sixth year when a complete revision of the management needs assessment is required. On an as-needed basis, submit a revised form whenever management needs have significantly changed since the last needs assessment and the HA wishes to include those needs in the Five-Year Action Plan.

Heading Instructions:

HA Name. Enter the HA Name.

Original or Revision Number. Self-explanatory. Every sixth year a new original is prepared.

Column Instructions:

General Description of Management Needs. Enter a general description of all unfunded and no cost improvements needed to upgrade the management and operation of the HA and of each viable development so that decent, safe and sanitary living conditions will be provided. Enter only management improvements that are eligible for CGP funding, including any management needs anticipated over the next five years.

Do not enter any management improvements already funded by CIAP or other sources which the HA plans to complete. However, enter management improvements currently funded under CIAP where the HA plans to reprogram CIAP funds for other work under the CGP.

Identify all current needs related to the mandatory areas set forth in the CGP Guidebook 7485.3, as revised. To the extent that any of these needs are addressed in an existing document, cross-reference that document. For PHAs, an existing document includes a Memorandum of Agreement (MOA) developed in accordance with the provisions of the Public Housing Management Assessment Program (PHMAP) or an Improvement Plan (IP). For example, "improve rent collection, see MOA." If a particular work category is targeted to a specific development, enter the development number in parentheses.

In addition, at the HA's option, include other management and operations needs identified through a self-assessment or identified under the PHMAP for PHAs, but not set forth in an MOA or IP.

Describe the needs in broad categories, such as rent collection, preventive maintenance, security, etc. Enter all broad categories of needs without regard to the availability and/or source of funds.

If there are no current needs and the HA does not anticipate any management needs within the next five years, enter a statement to that effect in this section. Such a statement does not preclude the HA from amending the needs assessment at any time within the five-year period if unforeseen needs arise or from identifying new needs which have occurred when the needs assessment is revised every sixth year.

Urgency of Need. For each broad category of need identified under the General Description of Management Needs, enter a number that corresponds to the relative urgency of the need, with "1" reflecting the most urgent need and "5" reflecting the least urgent need.

Preliminary Estimated HA-Wide Cost. Enter the preliminary estimated HA-wide cost for each broad category of need described in the General Description of Management Needs.

Total Preliminary Estimated HA-Wide Cost. Enter the total preliminary estimated cost for the broad categories listed in the General Description on Management Needs.

Date Assessment Prepared. Self-explanatory.

Source(s) of Information. Identify the source(s) of information used to develop the General Description of Management Needs. Retain such information in HA files (1) as supporting documentation for the needs assessment, (2) for post-review by HUD, or (3) for submission to HUD upon request.

Five-Year Action Plan
Part I: Summary
Comprehensive Grant Program (CGP)

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577--0157 (exp. 7/31/98)

HA Name:

Locality: (City/County & State)

☐ Original ☐ Revision No: _____

A. Development Number/Name	Work Stmt. for Year 1 FFY:_____	Work Statement for Year 2 FFY:_____	Work Statement for Year 3 FFY:_____	Work Statement for Year 4 FFY:_____	Work Statement for Year 5 FFY:_____
	See Annual Statement				
B. Physical Improvements Subtotal					
C. Management Improvements					
D. HA-Wide Nondwelling Structures and Equipment					
E. Administration					
F. Other					
G. Operations					
H. Demolition					
I. Replacement Reserve					
J. Mod Used for Development					
K. Total CGP Funds					
L. Total Non-CGP Funds					
M. Grand Total					

Signature of Executive Director & Date:

Signature of Public Housing Director & Date:

Page ___ of ___

form **HUD-52834** (10/96)
ref Handbook 7485.3

Five-Year Action Plan
Part I: Summary (Continuation)
Comprehensive Grant Program (CGP)

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577--0157 (exp. 7/31/98)

A. Development Number/Name	Work Stmt. for Year 1 FFY:_____	Work Statement for Year 2 FFY:_____	Work Statement for Year 3 FFY:_____	Work Statement for Year 4 FFY:_____	Work Statement for Year 5 FFY:_____
	See Annual Statement				

Page ___ of ___

form **HUD-52834** (10/96)
ref Handbook 7485.3

Five-Year Action Plan
Part II: Supporting Pages
Physical Needs Work Statement(s)
Comprehensive Grant Program (CGP)

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577--0157 (exp. 7/31/98)

Work Statement for Year 1 FFY:____	Work Statement for Year ____ FFY:_____			Work Statement for Year ____ FFY:_____		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement						
	Subtotal of Estimated Cost			Subtotal of Estimated Cost		

Page ___ of ___

form **HUD-52834** (10/96)
ref Handbook 7485.3

Five-Year Action Plan
Part III: Supporting Pages
Management Needs Work Statement(s)
Comprehensive Grant Program (CGP)

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577--0157 (exp. 7/31/98)

Work Statement for Year 1 FFY:_____	Work Statement for Year ____ FFY:_____			Work Statement for Year ____ FFY:_____		
	General Description of Major Work Categories	Quantity	Estimated Cost	General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement						
	Subtotal of Estimated Cost			Subtotal of Estimated Cost		

Page ___ of ___

form **HUD-52834** (10/96)
ref Handbook 7485.3

Public reporting burden for this collection of information is estimated to average 40 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

This collection of information requires that each eligible applicant submit information to HUD in order to receive its annual formula grant. This information will be used by HUD to determine whether the annual submission meets statutory and regulatory requirements for the annual formula grant. Responses to the collection are required by Section 14(e)(1)(D) of the U.S. Housing Act of 1937, as amended. The information requested does not lend itself to confidentiality.

Instructions for Preparation of Form HUD-52834, Five-Year Action Plan

Report Submission: Prepare one form HUD-52834 for the entire HA and submit to HUD as part of the submission of the original Comprehensive Plan in the first year of participation in the Comprehensive Grant Program (CGP). Thereafter, submit annually an updated form to eliminate the previous year and to add a new fifth year so that the form always covers the present five-year period beginning with the current year. Use as many pages of this form as necessary to cover all proposed work.

Part I: Summary

Heading Instructions:

HA Name. Enter the HA name.

Locality (City/County & State). Enter the City/County and State where the HA Central Office is located.

Original/Revision No. Self-explanatory.

Year 1. Enter the current FFY.

Years 2 through 5. Enter each successive FFY.

A. Development Number/Name. Enter the abbreviated number (e.g. VA 36-1) and name, if any, of each development that will be allocated funding for physical improvements during the five-year period covered by this Action Plan.

Work Statement(s) Years 2 through 5

For each development entered in A., enter the estimated amount of CGP funds to be allocated for physical improvements (development accounts 1450 through 1475) during each year of years 2 through 5.

B. Physical Improvements Subtotal. Enter the estimated subtotal amount of CGP funds to be allocated for physical improvements during each year of years 2 through 5.

C. Management Improvements. Enter the estimated amount of CGP funds to be allocated for management improvements, including those that are HA-wide and/or development-specific, (development account 1408) during each year of years 2 through 5. **Note:** The estimated amount may not exceed 20% of the annual grant, except where approved by HUD or the PHA is both an overall high performer and a Mod-high performer under the PHMAP.

D. HA-Wide Nondwelling Structures and Equipment. Enter the estimated amount of CGP funds to be allocated for HA-wide nondwelling structures and equipment during each year of years 2 through 5.

E. Administration. Enter the estimated amount of CGP funds to be allocated for administration costs (development account 1410) during each year of years 2 through 5. **Note**: The estimated amount may not exceed 10% of the annual grant, excluding certain costs, except where approved by HUD.

F. Other. Enter the estimated amount of CGP funds to be allocated for other costs (development accounts 1411, 1415, 1430, 1440, 1495,) and for contingencies (development account 1502) for each year of years 2 through 5.

G. Operations. Enter the estimated amount of CGP Funds to be allocated to operations (may not exceed 10% of line K) for each year of years 2 through 5.

H. Demolition. Enter the estimated amount of CGP funds to be used for demolition activities (development account 1485) for each year of years 2 through 5.

I. Replacement Reserve. Enter the estimated amount of CGP funds to be allocated to the replacement reserve (development account 1490) in accordance with the requirements of Handbook 7485.3, for each year of years 2 through 5.

J. Mod Used for Development. Enter the estimated amount of CGP funds to be used for development activities (development account 1498) for each year of years 2 through 5.

K. Total CGP Funds. Enter the total amount of CGP funds that is estimated for each year of years 2 through 5. This is the sum of B through J and should equal the amount of the current year annual grant.

L. Total Non-CGP Funds. Enter the estimated amount of non-CGP funds (e.g., Community Development Block Grant funds, CIAP funds being reprogrammed for use under the CGP, etc.) to be allocated in support of the CGP for each year of years 2 through 5.

M. Grand Total. Enter the total of K and L.

Note: Enter all estimates as current cost; not trended for inflation.

Part II: Supporting Pages—Physical Needs Work Statement(s)

FFY:

Work Statement for Year 1. Enter the current FFY.

Work Statements for Years 2 through 5. Enter each successive FFY.

Development Number/Name.

Enter the abbreviated development number (e.g., VA 36-1) and name, if any, of each development which will be funded in each year of years 2 through 5 or enter "HA-wide."

General Description of Major Work Categories. For each development entered, list the major work categories for which CGP funding, including non-CGP funds, will be allocated in each year of years 2 through 5. The work categories should be described in broad terms, such as kitchens, bathrooms, electrical, site, etc. A work category may encompass various components; e.g., the major work category of kitchens may include ranges, refrigerators, cabinets, floors, range hoods, etc.

For "HA-Wide," list HA-wide non-dwelling structures and equipment that will be funded.

Quantity. Enter the quantity of the major work category to be undertaken as a percentage or whole number, e.g., 50 percent of the units, 125 units, etc.

Estimated Cost. For each major work category or HA-wide nondwelling structures and equipment listed, enter the estimated hard cost that will be allocated in each year of years 2 through 5. Mark with an asterisk the estimated cost of each work item that will be funded with non-CGP funds, including reprogrammed CIAP funds. Enter the subtotal of estimated costs for each year of years 2 through 5 that will be funded with CGP funds, excluding asterisked items. This subtotal should be reflected on line B in Part 1: Summary for each year of years 2 through 5.

Part III: Supporting Pages—Management Needs Work Statement(s)

FFY:

Work Statement for Year 1. Enter the current FFY.

Work Statements for Years 2 through 5. Enter each successive FFY.

General Description of Major Work Categories. In each year of years 2 through 5, enter the major work categories for which CGP funding, including non-CGP funds, will be allocated as well as those work categories that are no cost items. This includes work identified through the Public Housing Management Assessment Program (PHMAP) for PHAs, or through audits, HUD monitoring reviews, or HA self-assessments. The work categories should be described in sufficient detail for HUD to make a determination of eligibility. For example, training activities must describe how they relate to identified physical or management improvements, e.g., staff training to improve PHMAP scores on rent collection. If a particular work category is targeted to a specific development, e.g., conduct study to determine the feasibility of resident management, enter the development number in parenthesis.

Quantity. Where appropriate, enter the quantity of the major work category to be undertaken as a percentage or whole number, e.g., train 50 residents, train 10 percent of the staff, etc.

Estimated Cost. For each major work category entered, enter the estimated cost that will be allocated in each year of years 2 through 5 Mark with an asterisk the estimated cost of each work item that will be funded with non-CGP funds, including reprogrammed CIAP funds. Enter the subtotal for each year of years 2 through 5 that will be funded with CGP funds, excluding asterisked items. This subtotal should be reflected on line C in Part I: Summary for each year of Years 2 through 5.

Local Government Statement
Comprehensive Grant Program (CGP)

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577--0157 (exp. 7/31/98)

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

This collection of information requires that each eligible applicant submit information to HUD in order to receive its annual formula grant. This information will be used by HUD to determine whether the annual submission meets statutory and regulatory requirements for the annual formula grant. Responses to the collection are required by Section 14(e)(1)(E) of the U.S. Housing Act of 1937, as amended. The information requested does not lend itself to confidentiality.

As Chief Executive Officer of the unit of general local government known as _____,

_____

in which the (name of Public Housing Agency (PHA)) _____

_____ operates,

I certify to the following:

1. The HA developed the Comprehensive Plan/Annual Statement in consultation with local government officials/Indian tribal officials and with residents of the developments covered by the Comprehensive Plan/Annual Statement, in accordance with the requirements of the Comprehensive Grant Program;

2. For PHAs, the Comprehensive Plan/Annual Statement is consistent with the unit of general local government's assessment of its low-income housing needs (as evidenced by its Consolidated Plan under 24 CFR Part 91, if applicable), and that the unit of general local government will cooperate in providing resident programs and services; and

3. The HA's proposed drug and crime elimination activities are coordinated with and supportive of local strategies and neighborhood improvement programs, if applicable. Under the Cooperation Agreement, the local government is providing public services and facilities of the same character and to the same extent to Public housing as are furnished to other dwellings and residents of the locality. Where additional on-duty police are being funded under the Comprehensive Grant Program, such police will only provide additional security and protective services over and above those for which the local government is contractually obligated to provide under the Cooperation Agreement.

Note: The Comprehensive Plan includes the Action Plan.

Name of Chief Executive Officer:	Signature of Chief Executive Officer and Date:

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

form **HUD-52835** (10/96)
ref Handbook 7485.3

HA Board Resolution Approving Comprehensive Plan or Annual Statement

Comprehensive Grant Program (CGP)

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577--0157 (exp. 7/31/98)

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

This collection of information requires that, as a condition to receive a CGP grant, each Housing Authority (HA) certify that it has complied or will comply with statutory, regulatory and other HUD requirements. This information is essential to determine HA compliance, or intent to comply, with CGP requirements. Responses to the collection are required by regulation. The information requested does not lend itself to confidentiality.

Acting on behalf of the Board of Commissioners of the below-named Housing Authority (HA), as its Chairman, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the Board's approval of (check one or more as applicable):

☐ Comprehensive Plan Submitted on _____

☐ Action Plan / Annual Statement Submitted on _____

☐ Amendments to Comprehensive Plan Submitted on _____

☐ Amendments to Action Plan / Annual Statement Submitted on _____

I certify on behalf of the: (HA Name) _____ that:

1. The HA will comply with all policies, procedures, and requirements prescribed by HUD for modernization, including implementation of the modernization in a timely, efficient, and economical manner;

2. The HA has established controls to ensure that any activity funded by the CGP is not also funded by any other HUD program, thereby preventing duplicate funding of any activity;

3. The HA will not provide to any development more assistance under the CGP than is necessary to provide affordable housing, after taking into account other government assistance provided;

4. The proposed physical work will meet the modernization and energy conservation standards under 24 CFR 968.115 or 24 CFR 950.610;

5. The proposed activities, obligations and expenditures in the Annual Statement are consistent with the proposed or approved Comprehensive Plan of the HA;

6. The HA will comply with applicable nondiscrimination and equal opportunity requirements under 24 CFR 5.105(a) or 24 CFR 950.115;

7. The HA will take approbriate affirmative action to award modernization contracts to minority and women's business enterprises under 24 CFR 5.105(a) or 24 CFR 950.115(e); or the IHA will, to the greatest extent feasible, give preference to the award of modernization contracts to Indian organizations and Indian-owned economic enterprises under 24 CFR 950.175;

8. The HA has provided HUD or the responsible entity with any documentation that the Department needs to carry out its review under the National Environmental Policy Act (NEPA) and other related authorities in accordance with 24 CFR 968.110(c), (d) and (m) or 24 CFR 950.120(a), (b), and (h), and will not obligate, in any manner, the expenditure of CGP funds, or otherwise undertake the activities identified in its Comprehensive Plan/Annual Statement, until the HA receives written notification from HUD indicating that the Department has complied with its responsibilities under NEPA and other related authorities;

9. The HA will comply with the wage rate requirements under 24 CFR 968.110(e) and (f) or 24 CFR 950.120(c) and (d);

10. The HA will comply with the relocation assistance and real property acquisition requirements under 24 CFR 968.108 or 24 CFR 950.117;

11. The HA will comply with the requirements for physical accessibility under 24 CFR 968.110(a) or 24 CFR 950.115(d);

12. The HA will comply with the requirements for access to records and audits under 24 CFR 968.145 or 24 CFR 950.120(e);

13. The HA will comply with the uniform administrative requirements under 24 CFR 968.135 or 24 CFR 950.120(f);

14. The HA will comply with lead-based paint testing and abatement requirements under 24 CFR 968.110(k) or 24 CFR 950.120(g);

15. The HA has complied with the requirements governing local/tribal government and resident participation in accordance with 24 CFR 968.315(b) and (c), 968.325(d) and 968.330 or 24 CFR 950.652(b) and (c), 950.656(d) and 950.658, and has given full consideration to the priorities and concerns of local/tribal government and residents, including any comments which were ultimately not adopted, in preparing the Comprehensive Plan/Annual Statement and any amendments thereto;

16. The HA will comply with the special requirements of 24 CFR 968.102 or 24 CFR 950.602 with respect to a Turnkey III development; and

17. The PHA will comply with the special requirements of 24 CFR 968.101(b)(3) with respect to a Section 23 leased housing bond-financed development.

18. The modernization work will promote housing that is modest in design and cost, but still blends in with the surrounding community.

Attested By: Board Chairman's Name:	(Seal)
Board Chairman's Signature & Date: X	

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

form **HUD-52836** (10/96)
ref Handbook 7485.3

Annual Statement / Performance and Evaluation Report
Comprehensive Grant Program (CGP) **Part I: Summary**

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0157 (exp. 7/31/98)

HA Name:	Comprehensive Grant Number:	FFY of Grant Approval:

☐ Original Annual Statement ☐ Reserve for Disasters/Emergencies ☐ Revised Annual Statement/Revision Number _____
☐ Performance and Evaluation Report for Program Year Ending _____ ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost [2]	
		Original	Revised [1]	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations (May not exceed 10% of line 19)				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1495.1 Relocation Costs				
17	1498 Mod Used for Development				
18	1502 Contingency (may not exceed 8% of line 19)				
19	**Amount of Annual Grant (Sum of lines 2-18)**				
20	Amount of line 19 Related to LBP Activities				
21	Amount of line 19 Related to Section 504 Compliance				
22	Amount of line 19 Related to Security				
23	Amount of line 19 Related to Energy Conservation Measures				

Signature of Executive Director & Date:	Signature of Public Housing Director & Date:
X	X

[1] To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
[2] To be completed for the Performance and Evaluation Report .

Page ___ of ___

form **HUD-52837** (10/96)
ref Handbook 7485.3

Annual Statement / Performance and Evaluation Report
Comprehensive Grant Program (CGP) **Part II: Supporting Pages**

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0157 (exp..7/31/98).

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work [2]
				Original	Revised [1]	Funds Obligated [2]	Funds Expended [2]	

Signature of Executive Director & Date:

X

Signature of Public Housing Director & Date:

X

[1] To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
[2] To be completed for the Performance and Evaluation Report .

Page ___ of ___

form **HUD-52837** (10/96)
ref Handbook 7485.3

Annual Statement / Performance and Evaluation Report
Comprehensive Grant Program (CGP) **Part III: Implementation Schedule**

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0157 (exp. 7/31/98)

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates [2]
	Original	Revised [1]	Actual [2]	Original	Revised [1]	Actual [2]	

Signature of Executive Director & Date:

X

Signature of Public Housing Director & Date:

X

[1] To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
[2] To be completed for the Performance and Evaluation Report .

Page ___ of ___

form **HUD-52837** (10/96)
ref Handbook 7485.3

Public reporting burden for this collection of information is estimated to average 75 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collecton displays a valid OMB control number.

This collection of information requires that each eligible applicant submit information to HUD in order to receive its annual formula grant. This information will be used by HUD to determine whether the annual submission meets statutory and regulatory requirements for the annual formula grant and during implementation. Responses to the collection are required by Section 14(e)(3) and (4) of the U.S. Housing Act of 1937, as amended. The information requested does not lend itself to confidentiality.

Instructions for Preparation of Form HUD-52837, Annual Statement/Performance and Evaluation Report

Report Submission For the Annual Statement

Prepare a separate Form HUD-52837 (Parts I, II and III) for each annual formula grant, describing the activities which are planned to be undertaken with the current year's Comprehensive Grant Program (CGP) funds. Submit this form to HUD as part of each annual submission. On an as-needed basis, submit a revised form when prior HUD approval is required to amend the Annual Statement. When submitting a complete Form HUD-52837 (Parts I, II and III), only Part I shall be signed and dated. For revisions affecting individual pages, only the pages affected shall be signed, dated and submitted to HUD.

Prepare a separate Form HUD-52837 (Parts I, II and III) for each funding request from the $75 million reserve for natural and other disasters and emergencies.

Prepare a separate Form HUD-52837 (Parts I, II and III) for each emergency funding request under the annual formula grant where there is no approved Comprehensive Plan.

Report Submission For the Performance and Evaluation Report

At the end of the program year (6/30), complete the sections of Parts I, II and III as noted in footnotes 1 and 2 on a copy of the original or revised Annual Statement and mark the box, Performance and Evaluation Report for Program Year Ending _____. Submit the form(s) to HUD, together with the narrative report on resident and local/tribal government participation and other required items, by 9/30. Continue reporting at the end of each program year, until the program is completed or all funds are expended.

Revisions to the Annual Statement which do not require prior HUD approval, (e.g. expenditures for emergency work, revisions resulting from the HA's application of fungibility) shall be reported in the Performance and Evaluation Report. Revisions requiring prior HUD approval shall be submitted in a revised Annual Statement, on an as-needed basis, prior to submission of the Performance and Evaluation Report.

Upon completion or termination of the activities funded in a specific grant year, complete the sections of Parts I, II and III as noted in footnotes 1 and 2 on a copy of the original or revised Annual Statement and mark the box, Final Performance and Evaluation Report. Submit a Final Performance and Evaluation Report as soon as the program is completed or all funds are expended.

Part I: Summary

Heading Instructions

HA Name. Enter the HA name.

Comprehensive Grant Number. Enter the unique Comprehensive Grant number designated for the annual grant. This number is a 13-digit alpha numeric code as follows: two-digit State code (alpha); two-digit Field Office code (numeric); P for Public Housing; three-digit HA number; three-digit Grant number; and two-digit Federal Fiscal Year identifier. The first Comprehensive Grant approved under the CGP shall be 701; e.g., VA05P03670193. The second Comprehensive Grant approved under the CGP shall be 702; e.g., VA05P03670294. Any funding from the $75 million reserve for natural and other disasters and emergencies shall be given a separate Comprehensive Grant number. Grant Numbers shall be sequential, e.g., the annual formula grant is funded first and numbered VA05P03670395; a grant from the $75 million reserve is funded next in the same FFY and numbered VA05P03670495.

FFY of Grant Approval. Enter the FFY in which the grant is being approved/was approved.

Type of Submission. Check the appropriate box and indicate whether the submission is the Original Annual Statement for the annual formula grant, the $75 million Reserve for Disasters and Emergencies, the Revised Annual Statement (and revision number), the Performance and Evaluation Report for Program Year Ending (enter date, e.g., 6/30/96), or the Final Performance and Evaluation Report.

Original Total Estimated Cost

Line 1. Enter the Original Total Estimated Cost for all work that will be undertaken from non-CGP funds, including CIAP funds being reprogrammed for CGP purposes. Enter zero if no work will be undertaken from non-CGP funds.

Lines 2 through 18. For each line, enter the Original Total Estimated Cost, for all work that will be undertaken from the annual formula grant or the $75 million reserve. Enter zero if no work will be undertaken in a particular development account. The sum total of lines 2 through 18 must equal the amount of the annual grant on line 19.

Note: Line 2 may not exceed 10 percent of line 19.
Line 3 may not exceed 20 percent of line 19 except where approved by HUD or the PHA is both an overall high performer and a Mod-high performer under the PHMAP.
Line 4 may not exceed 10 percent of line 19, excluding certain costs, except where approved by HUD.

Line 19. Amount of Annual Grant. Enter the sum of lines 2 through 18 in the Original Total Estimated Cost column.

Line 20. Amount of line 19 Related to Lead-Based Paint (LBP) Activities. Enter the amount of line 19 related to LBP activities (hard and soft costs) in the Original Total Estimated Cost column, as applicable. For example, if windows are being replaced, estimate the portion of the funding which is directly related to LBP abatement.

Line 21. Amount of line 19 Related to Section 504 Compliance. Enter the amount of line 19 related to Section 504 compliance (hard and soft costs) in the Original Total Estimated Cost column, as applicable.

Line 22. Amount of line 19 Related to Security. Enter the amount of line 19 related to Security (hard and soft costs) in the Original Total Estimated Cost column, as applicable.

Line 23. Amount of line 19 Related to Energy Conservation Measures. Enter the amount of line 19 related to Energy Conservation Measures (hard and soft costs) in the Original Total Estimated Cost column, as applicable.

Revised Total Estimated Cost

Lines 1 through 18. After initial approval by HUD, the HA shall track cost increases and decreases in lines 1 through 17 and cost decreases in line 18 of the Original Total Estimated Cost and report these revisions in the Revised Total Estimated Cost column at the end of each program year on the Performance and Evaluation Report. If revisions are reported in the Revised Total Estimated Cost column when a Performance and Evaluation Report is submitted, the revisions shall be reflected in the Original Total Estimated Cost column when the next Performance and Evaluation Report is submitted.

Where prior HUD approval is required to revise the Annual Statement (i.e., where a major work category is being added to the Annual Statement which was not included in the latest HUD-approved Five-Year Action Plan or a prior approved budget), enter the revisions to development accounts that are affected by the change in the Revised Total Estimated Cost column and submit only the pages of the form affected by the revision to HUD. Each page submitted for prior HUD approval of a revision shall be signed and dated by the HA and, where approved by HUD, a signed copy shall be returned to the HA.

Line 19. After initial approval by HUD, the sum of lines 2 through 18 in the Revised Total Estimated Cost column may not exceed the annual grant amount (line 19 in the Original Total Estimated Cost column).

Lines 20 through 23. After initial approval by HUD, the HA shall track cost increases and decreases in lines 20 through 23 of the Original Total Estimated Cost and report these revisions in the Revised Total Estimated Cost column when the Performance and Evaluation Report is submitted. If revisions are reported in the Revised Total Estimated Cost column when a Performance and Evaluation Report is submitted, the revisions shall be reflected in the Original Total Estimated Cost column when the next Performance and Evaluation Report is submitted.

Total Actual Cost

At the end of the CGP program year (6/30) for each grant with a separate Comprehensive Grant Number for which funds are still being expended, complete the section on Actual Cost on a copy of the original or revised Annual Statement, mark the box Performance and Evaluation Report for Program Year Ending _____ and submit to HUD by 9/30.

Upon completion or termination of the activities funded for each grant with a separate Comprehensive Grant Number, complete the section on Actual Cost as part of the submission of the Final Performance and Evaluation Report.

Lines 1 through 23. For each line, enter the Actual Cost of Funds Obligated and Expended at the end of the CGP program year (6/30) or upon completion or termination of the activities funded for each grant with a separate Comprehensive Grant Number. **Note:** Do not enter a dollar amount for obligated and expended for line 18 (Contingency). Funds from this account shall be shown as obligated and expended in another development account when funds from this account are used for cost overruns, contract modifications, or other work.

Line 19. Enter the sum of lines 2 through 17 for obligated and expended. The sum of lines 2 through 17 may not exceed line 19 in the Original Total Estimated Cost column.

Part II: Supporting Pages

Development Number/Name. Enter the abbreviated number (e.g., VA-36-1) and the name, if any, of each development where a major work category will be undertaken. Enter "HA-wide" for a major work category that relates to a HA-wide activity (e.g., management improvements; administration; physical improvements that are unpredictable, such as lead-based paint abatement, asbestos abatement, modernization of vacant units).

General Description of Major Work Categories. For each development listed, enter a general description of the major work categories, including those that will be funded with non-CGP funds and no cost items. Work categories should be described in broad terms, such as kitchens, bathrooms, electrical, site, etc. A work category may encompass various components; e.g., the major work category of kitchens may include ranges, refrigerators, cabinets, floors, etc. Do not specify the per unit cost or the quality of materials. Identify major work categories that will be accomplished by Force Account labor by entering (FA) in parenthesis next to the major work category. PHAs that are designated as both overall high performers and Mod-high performers under the PHMAP and IHAs do not have to identify major work categories that will be accomplished by FA. After listing all major work categories for all developments being funded, enter a general description of HA-wide activities such as; management improvements; administrative costs; nondwelling equipment; physical improvements that are unpredictable such as lead-based paint abatement, asbestos abatement, modernization of vacant units. When major work categories are subsequently deleted, draw a line through the General Description of Major Work Categories, Development Account Number, Quantity, and Estimated Cost. When major work categories are subsequently added, enter the General Description of Major Work Categories, Development Account Number, Quantity and Estimated Cost under the appropriate development number/name. **Note:** Describe administrative and management improvement costs in sufficient detail for HUD to make a determination of eligibility. Identify items excluded from the 10 percent limitation on administrative cost, such as in-house LBP testing; identify management improvements and how they relate to identified physical or management improvement needs.

Development Account Number. For each major work category and HA-wide activity, enter the appropriate development account which corresponds to the major work categories described under the General Description of Major Work Categories column. For appropriate development accounts, refer to the CGP Handbook 7485.3. Where funding will be provided from non-CGP sources, or the work is a no-cost item, enter "N/A" for not applicable.

Quantity. Enter the quantity of each major work category, and HA-wide activity, to be undertaken as a percentage or whole number; e.g., 50 percent of the units, 125 units, train 25 residents, etc.

Total Estimated Cost

Original. For each major work category and HA-wide activity, enter the Original Estimated Cost. Asterisk the estimated cost of each major work category that will be funded with non-CGP funds, including reprogrammed CIAP funds. **After listing the estimated cost for all major work categories at a particular development, enter a subtotal of the estimated cost of only the major work categories that will be funded from the current year's CGP grant.** (**Note**: Do not count costs that have been asterisked in this subtotal). **Enter a subtotal for each HA-wide activity.** Enter a grand total for Part II of only the major work categories and HA-wide activities that will be funded with the current year's CGP grant. The Grand Total may not exceed line 19 of the Original Total Estimated Cost column in Part I.

Revised. After initial approval by HUD, the HA shall track cost decreases or increases in the Original Total Estimated Cost and report these revisions in the Revised Total Estimated Cost column at the end of each program year on the Performance and Evaluation Report. If revisions are reported in the Revised Total Estimated Cost column when a Performance and Evaluation Report is submitted, the revisions shall be reflected in the Original Total Estimated Cost column when the next Performance and Evaluation Report is submitted. Where prior HUD approval is required to revise the Annual Statement (i.e., where a major work category is being added to the Annual Statement which was not included in the latest HUD-approved Five-Year Action Plan or a prior approved budget), enter the revisions to development accounts that are affected by the change in the Revised Total Estimated Cost column and submit only the pages of the form affected by the revision to HUD.

Total Actual Cost. At the end of the CGP program year for each grant with a separate Comprehensive Grant Number for which funds are still being expended, complete the section on Actual Cost for the Performance and Evaluation Report. Upon completion or termination of the activities funded for each grant with a separate Comprehensive Grant Number, complete the section on Actual Cost for the Final Performance and Evaluation Report.

Funds Obligated. In this column, for each development listed, enter the cumulative dollar amount of all funds obligated for that development opposite the Original Estimated Cost subtotal. For each HA-wide activity listed, enter the cumulative dollar amount of all funds obligated opposite the Original Estimated Cost subtotal. Enter the cumulative dollar amount of all funds obligated opposite the Grand Total. The Grand Total may not exceed line 19 in the Original Total Estimated Cost column in Part I. This includes funds obligated by the HA for work to be performed by contract labor (i.e., contract award) and force account labor (i.e., work actually started). Funds that are recorded as being obligated shall remain obligated so that total funds obligated are always greater than or equal to total funds expended. Total funds obligated shall not exceed the amount of the annual grant. **Note:** Do not enter a dollar amount for obligated for line 18 (Contingency). Funds from this account will be shown as obligated in the appropriate development account when funds from this account are used for cost overruns, contract modifications or other work.

Funds Expended. In this column, for each development listed, enter the cumulative dollar amount of all funds expended for that development opposite the Original Estimated Cost subtotal. For each HA-wide activity listed, enter the cumulative dollar amount of all funds expended opposite the Original Estimated Cost subtotal. Enter the cumulative dollar amount of all funds expended opposite the Grand Total. The Grand Total may not exceed line 19 in the Original Total Estimated Cost column in Part I. Total funds expended means cash actually disbursed and does not include retainage. **Note:** Do not enter a dollar amount for expended for line 18 (Contingency). Funds from this account will be shown as expended in the appropriate development account when funds from this account are used for cost overruns, contract modifications or other work.

Status of Proposed Work. At the end of the CGP program year, complete this section for the Performance and Evaluation Report. For each major work category and HA-wide physical improvement listed, prepare a brief description of the status of the item, e.g., work completed or contract awarded on May 5, 1996. Explain the addition, deletion or modification of any major work category, such as the addition of any emergency work, or changes to the Annual Statement, by substituting major work categories from the Five-Year Action Plan or other approved modernization budgets. Where funds were budgeted for HA-wide physical improvements, indicate the actual developments/number of units where the funds were expended.

Part III: Implementation Schedule

Development Number/Name. Enter the abbreviated number (e.g., VA 36-1) and the name, if any, of each development listed on Part II. Enter "HA-wide" for major work categories that relate to HA-wide physical or management improvements.

Original - All Funds Obligated. Opposite each development and for each HA-wide physical or management activity, enter the estimated quarter ending date for obligation of all funds under the Original column. **Note:** Provide an implementation schedule only for HA-wide physical or management improvements, not for other HA-wide activities (e.g, administration).

Revised - All Funds Obligated. The HA may revise the target dates for fund obligation for delays outside of the HA's control. The revised dates shall be reported in this column at the end of the program year on the Performance and Evaluation Report. If revisions are reported in the Revised - All Funds Obligated column, the revised dates shall be reflected in the Original - All Funds Obligated column when the next Performance and Evaluation Report is submitted. When it is necessary for the HA to revise a target date for reasons within its control, the HA shall immediately submit a written request to the Field Office requesting approval of the new date. If the Field Office approves the revision, the revised dates shall be reflected in the Original - All Funds Obligated column when the next Performance and Evaluation Report is submitted.

Actual - All Funds Obligated. When all funds are obligated for a development or HA-wide activity, enter the quarter ending date that this occured in the Actual column.

Original - All Funds Expended. Opposite each development and for each HA-wide physical or management activity, enter the estimated quarter ending date for expenditure of all funds under the Original column. **Note:** Provide an implementation schedule only for HA-wide physical or management improvements, not for other HA-wide activities, (e.g., administration).

Revised - All Funds Expended. The HA may revise the target dates for funds expenditure for delays outside of the HA's control. The revised dates shall be reported in this column at the end of the program year on the Performance and Evaluation Report. If revisions are reported in the Revised - All Funds Expended column, the revised dates shall be reflected in the Original - All Funds Expended column when the next Performance and Evaluation Report is submitted. When it is necessary for the HA to revise a target date for reasons within its control, the HA shall immediately submit a written request to the Field Office requesting approval of the new date. If the Field Offices approves the revision, the revised dates shall be reflected in the Original - All Funds Obligated column when the next Performance and Evaluation Report is submitted.

Actual - All Funds Expended. When all funds are expended for a development or HA-wide activity, enter the quarter ending date that this occured in the Actual column. When all funds have been expended for a specific grant, the HA shall complete Parts I, II, and III, mark the box, Final Performance and Evaluation Report, and submit to the Field Office.

Reasons for Revised Target Dates. Explain any revisions to the target dates for fund obligation or expenditure by specifying the delay outside of the HA's control, where the HA has self-issued a time extension, or the date on which HUD approved a revised target due to delays within the HA's control.

Actual Comprehensive Grant Cost Certificate

Comprehensive Grant Program (CGP)

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0157 (Exp. 7/31/98)

PHA/IHA Name	Comprehensive Grant Number
	FFY of Grant Approval

The PHA/IHA hereby certifies to the Department of Housing and Urban Development as follows:

1. That the total amount of Modernization Cost (herein called the "Actual Modernization Cost") of the Comprehensive Grant, is as shown below:

A. Original Funds Approved	$
B. Revised Funds Approved	$
C. Funds Advanced	$
D. Funds Expended (Actual Modernization Cost)	$
E. Amount to be Recaptured (A–D)	$
F. Excess of Funds Advanced (C–D)	$

2. That all modernization work in connection with the Comprehensive Grant has been completed;
3. That the entire Actual Modernization Cost or liabilities therefor incurred by the PHA have been fully paid;
4. That there are no undischarged mechanics', laborers', contractors', or material-men's liens against such modernization work on file in any public office where the same should be filed in order to be valid against such modernization work; and
5. That the time in which such liens could be filed has expired.

Signature of Executive Director	Date
X	

For HUD Use Only

The Cost Certificate is approved for audit.

Approved for Audit (Director, Public Housing Division)	Date
X	

The audited costs agree with the costs shown above.

Verified (Director, Public Housing Division)	Date
X	
Approved (Field Office Manager)	Date
X	

form **HUD-52839** (2/92)
ref Handbook 7485.3

Public reporting burden for this collection of information is estimated to average 5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collecton displays a valid OMB control number.

This collection of information requires that each eligible applicant submit information to HUD in order to receive its annual formula grant. This information will be used by HUD to determine whether the annual submission meets statutory and regulatory requirements for the annual formula grant and during implementation. Responses to the collection are required by Section 14(e)(3) and (4) of the U.S. Housing Act of 1937, as amended. The information requested does not lend itself to confidentiality.

Instructions for Preparation of Form HUD-52839—Actual Comprehensive Grant Cost Certificate

General Instructions:

Prepare and submit to the HUD Field Office an original and one copy of Form HUD-52839 for each terminated or completed annual grant under the Comprehensive Grant Program (CGP).

Heading Instructions:

PHA Name—Enter the Public Housing Agency (PHA) name.

Comprehensive Grant Number—Enter the unique Comprehensive Grant Number for the grant for which this form is being submitted. This number is the same number as on Form HUD-52837, Annual Statement, for the same grant.

Federal Fiscal Year of Grant Approval—Enter the FFY in which the annual grant was originally approved.

Line Instructions:

Line 1A, Original Funds Approved—For the identified grant, enter the total CGP funds originally approved by HUD through a CGP Amendment to the Consolidated Annual Contributions Contract(s).

Line 1B, Revised Funds Approved—For the identified grant, enter the total revised CGP funds approved by HUD. This amount will generally be the same as the amount on Line 1A. This amount will be less than the amount on Line 1A where HUD is terminating the grant or otherwise recapturing grant funds.

Line 1C, Funds Advanced—For the identified grant, enter the total funds advanced by HUD. This amount may never exceed the amount on Line 1A and should be the same amount as on Line 1B.

Line 1D, Funds Expended—For the identified grant, enter the total funds expended (total cash disbursed) by the PHA. This amount may never exceed the amount on Line 1A and should be the same amount as on Line 1B.

Line 1E, Amount To Be Recaptured (A minus D)—For the identified grant, enter the amount to be recaptured by subtracting Line 1D from Line 1A.

Line 1F, Excess of Funds Advanced (C minus D)—For the identified grant, enter the excess of funds advanced by subtracting Line 1D from Line 1C; this is the amount to be remitted by the PHA to HUD. If Line 1D is greater than Line 1C, enter the figure in brackets; this is the amount of funds owed by HUD to the PHA.

AnnualStatement/Performance and Evaluation Report on Replacement Reserve

Comprehensive Grant Program (CGP)

U. S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0157 (exp.7/31/98)

Public reporting burden for this collection of information is estimated to average 5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

This collection of information requires that each eligible grantee submit information to HUD regarding use of all or a portion of its annual formula grant for a replacement reserve. This information will be used by HUD to determine whether the replacement reserve established with CGP funds meets HUD requirements. Responses to the collection are required by Section 14(e)(3) and (4) of the U.S. Housing Act of 1937, as amended. The information requested does not lend itself to confidentiality.

Part I: Summary

HA Name:

Submission: (mark one)
- ☐ Original Annual Statement
- ☐ Revised Annual Statement / Revision No. _____
- ☐ Performance & Evaluation for Program Year Ending: _____

Section 1: Replacement Reserve Status Must be completed each year there is a balance in the replacement reserve.	Estimated	Actual
1. Replacement Reserve Interest Earned (account 6200/1420.7; equals line 17 of section 2, below)		
2. Replacement Reserve Withdrawal (equals line 16 of section 2, below)		
3. Net Impact on Replacement Reserve (line 1 minus line 2; equals line 18 of section 2, below)		
4. Current FFY Funding for Replacement Reserve (line 15 of form HUD-52837)		
5. Replacement Reserve Balance at End of Previous Program Year (account 2830)		
6. Replacement Reserve Balance at End of Current Program Year (line 4 + line 5 + (or -) line 3) (account 2830)		

Section 2: Replacement Reserve Withdrawal Report Complete this section if there is withdrawal/expenditure activity.	Estimated Cost		Actual Cost
Summary by Account (6200 subaccount)	Column 1 Original	Column 2 Revised	Column 3 Expended
1. Reserved			
2. 1406 Operations			
3. 1408 Management Improvements			
4. 1410 Administration			
5. 1415 Liquidated Damages			
6. 1430 Fees and Costs			
7. 1440 Site Acquisition			
8. 1450 Sites Improvement			
9. 1460 Dwelling Structures			
10. 1465 Dwelling Equipment -Nonexpendaable			
11. 1470 Nondwelling Structures			
12. 1475 Nondwelling Equipment			
13. 1485 Demolition			
14. 1495 Relocation Costs			
15. 1498 Mod Used for Development			
16. Replacement Reserve Withdrawal (sum of lines 2 thru 15)			
17. 1420.7 Replacement Reserve Interest Income	( )	( )	( )
18. Net Withdrawal from Replacement Reserve (line 16 minus line 17)			
19. Amount of line 16 related to LBP Activities			
20. Amount of line 16 related to Section 504 Compliance			
21. Amount of line 16 related to Emergencies			

Signature of the Executive Director & Date: -	Signature of the Field Office Manager & Date:
X	X

form **HUD-52842** (10/96)
ref. Handbook 7485.3

Annual Statement / Performance and Evaluation Report on Replacement Reserve
Part II: Supporting Pages
Comprehensive Grant Program (CGP)

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost		Total Actual Cost		Status of Proposed Work 1/
			Original	Revised 1/	Funds Obligated 1/	Funds Expended 1/	

1/ To be completed at the end of the program year.

Page ___ of ___

form **HUD-52842** (10/96)
ref. Handbook 7485.3

Instructions for completing form HUD-52842, Annual Statement/ Performance and Evaluation Report on Replacement Reserve

For the Performance and Evaluation Report:

The first report after a replacement reserve has been established is due by 9/30 of the FFY following approval of the Annual Statement establishing the reserve. Mark the box, Performance and Evaluation Report for Program Year Ending _____. Submit one form HUD-52842 annually with form HUD-52837, Annual Statement/ Performance and Evaluation Report, as long as the HA maintains a balance in the replacement reserve or has withdrawal/expenditure activity from the replacement reserve. At the end of each program year (6/30), complete Part I, Section 1; also, complete Part I, Section 2, and Part II if there has been withdrawal/expenditure activity. Where the replacement reserve has been funded from more than one grant, submit one combined form HUD-52842.

For the Annual Statement:

Submit form HUD-52482 with Section 2 of Part I and Part II completed, for prior HUD approval where the HA plans to withdraw/ expend funds from the replacement reserve.

Part I: Summary

HA Name - Enter the HA's name.

Type of Submission - Check the appropriate box to indicate whether the submission is the Original Annual Statement, the Revised Annual Statement (and revision number), or the Performance and Evaluation Report for Program Year Ending (enter date; e.g., 6/30/97).

Section 1 - Replacement Reserve Status:

Line 1 - Replacement Reserve Interest Earned (Account 6200/ 1420.7) - Enter the estimated amount of interest that the HA should have earned on the replacement reserve during the reporting period in the "Estimated" column. This amount should, at a minimum, equal interest at or above the operating budget TII rate (average 91-day Treasury Bill rate) for the reporting period (July 1 through June 30). If Section 2 is completed, this amount must equal Line 17, Column 1 (or 2, if applicable) of Section 2. Enter the actual interest earned during the reporting period in the "Actual" column. If Section 2 is completed, this amount must equal Line 17, Column 3 of Section 2.

Line 2 - Replacement Reserve Withdrawal - Enter the amount that was estimated to be withdrawn from the replacement reserve during the reporting period in the "Estimated" column. If Section 2 is completed, this amount must equal Line 16, Column 1 (or 2, if applicable) of Section 2. Enter the actual withdrawal amount in the "Actual" column. If Section 2 is completed, this amount must equal Line 16, Column 3 of Section 2.

Line 3 - Net Impact on Replacement Reserve - Enter the amount of Line 1 minus Line 2. If Section 2 is completed, this amount must equal Line 18, Column 3 of Section 2.

Line 4 - Current FFY Funding for Replacement Reserve - Enter the amount of the increase to the replacement reserve in the appropriate column. This amount must equal Line 15 of Part I of form HUD-52837 for the current FFY.

Line 5 - Replacement Reserve Balance at End of Previous Program Year - Enter the replacement reserve balance from the previous program year (Account 2830). This amount will be the same for the "Estimated" and "Actual" columns.

Line 6 - Replacement Reserve Balance at End of Current Program Year - Enter the sum of Lines 4 and 5, plus or minus Line 3. For the "Actual" column, the number entered must agree with the program year end closing balance of the replacement reserve.

Section 2 - Replacement Reserve Withdrawal Report

Once the replacement reserve has been established, prepare form HUD-52842 when the HA plans to withdraw funds from the reserve. Complete Section 2 of Part I and Part II and submit to HUD for approval. Complete this section for the annual Performance and Evaluation Report when the HA has withdrawn/expended funds from the reserve.

Line 1 - Reserved - Do not use at this time.

Lines 2 - 15 - Summary by Account

Column 1 - Original Estimated Cost -

For each line, enter the original current program year estimated cost for all work to be undertaken in a particular development account as a result of the withdrawal of funds from the replacement reserve.

Column 2 - Revised Estimated Cost -

For each line, enter any cost decrease or increase after initial approval by HUD. When the HA wishes to draw down additional funds from the reserve for expenditure activities, the HA shall reflect the cumulative dollar amount estimated to be expended and submit the form to HUD for approval. After HUD approves the revisions, the dollars in the revised column shall be reflected in the original column when the next Performance and Evaluation Report is submitted.

Column 3 - Expended Actual Cost -

For each line, enter the actual amount of funds expended as of the end of the program year (6/30). Mark the box Performance and Evaluation Report for Program Year Ending _____ and submit to HUD by 9/30. **Note**: If the amount expended in Column 3 is less than the budgeted amount in Column 1 (or 2, if applicable), then the HA shall include the unexpended amount in the subsequent years estimate or provide an explanation of the change from the estimate.

Line 16 - Replacement Reserve Withdrawal - Enter the sum of lines 2 through 15. The amount in Column 1 (or 2, if applicable) must equal the estimated amount entered on Line 2 of Section 1. The amount entered in Column 3 must equal the actual amount entered on Line 2 of Section 1.

Line 17 - Replacement Reserve Interest Income - Enter the interest income earned on the replacement reserve (bracketed). The amount entered in Column 1 (or 2, if applicable) must equal the estimated amount entered on Line 1 of Section 1. The amount entered in Column 3 must equal the actual amount entered on Line 1 of Section 1.

Line 18 - Net Withdrawal from Replacement Reserve - Subtract from Line 16, the amount inside the brackets on Line 17 and enter on Line 18. The amount in Column 1 (or 2, if applicable) must equal the estimated amount of Line 3 of Section 1. The amount entered in Column 3 must equal the actual amount entered on Line 3 of Section 1.

Sample:

Line 16 - Replacement Reserve Withdrawal. $10,000

Line 17 - Replacement Reserve Interest Income ..... (500)

Line 18 - Net Withdrawal from Replacement Reserve.$ 9,500

Line 19 - Amount of Line 16 Related to Lead-Based Paint (LBP) Activities. - Enter the amount of line 16 related to LBP activities in Column 1 (or 2, if applicable). At the end of the program year, enter the actual amount in Column 3.

Line 20 - Amount of Line 16 Related to Section 504 Compliance - Enter the amount of line 16 related to Section 504 compliance in Column 1 (or 2, if applicable). At the end of the program year, enter the actual amount in Column 3.

Line 21 - Amount of Line 16 Related to Emergencies - The HA shall exhaust its replacement reserve before being eligible to apply for funding for emergencies from the $75 million reserve. Where applicable, enter the amount of the replacement reserve to be used for emergencies in Column 1 (or 2, if applicable). At the end of the program year, enter the actual amount in Column 3.

Part II: Supporting Pages

Development Number/Name - Enter the abbreviated number (e.g., VA-36-1) and the name, if any, of each development where a major work category will be undertaken. Enter "HA-wide" for work categories that relate to a HA-wide activity (e.g., management improvements, administration, nondwelling equipment, operations).

General Description of Major Work Categories - For each development listed, enter a general description of the major work categories (physical or management, as applicable) that will be undertaken at that development, with replacement reserve funds, before listing major work categories to be undertaken at other developments. After listing all major work categories for all developments being funded from the replacement reserve, enter a general description of HA-wide activities, such as management improvements, administrative costs, equipment, etc. When a work category is subsequently deleted, draw a line through the General Description, Development Account Number, and Estimated Cost. When a major work category is subsequently added, enter the new work category under the appropriate development number. Enter the quantity of the work as a percentage or whole number. Do not specify the per unit cost or the quality of materials.

Development Account Number - For each major work category and HA-wide activity that will be funded from replacement reserve funds, enter the appropriate development account which corresponds to the major work categories described under the General Description of Major Work Categories column. For appropriate development accounts, refer to CGP Handbook 7485.3.

Total Estimated Cost - For each major work category and HA-wide activity, enter the Original Estimated Cost. Then enter a subtotal for each development and a grand total. Where the estimated cost is revised, enter a Revised Estimated Cost as appropriate.

Total Actual Cost - For each major work category and HA-wide activity, enter the cumulative dollar amount of all funds obligated and all funds expended opposite the Original Estimated Cost. Then enter subtotals for each development and a grand total.

Status of Proposed Work - At the end of each program year, complete this section and submit to HUD for the Performance and Evaluation Report. For each work category listed, prepare a brief description of the status of the item, e.g., work completed, contract awarded on 5/2/96, etc. Explain the addition, deletion or modification of any work categories, such as the addition of any emergency work.

form **HUD-52842** (10/96)
ref. Handbook 7485.3

[FR Doc. 98–16689 Filed 6–23–98; 8:45 am]
BILLING CODE 4210–33–C