Name of Committee: Center for Scientific Review Special Emphasis Panel, Cancer Molecular Pathobiology Study Section.

Date: October 6–8, 2002.

Time: 6 p.m. to 5 p.m.

Agenda: To review and evaluate grant applications.

Place: Latham Hotel, 3000 M Street NW., Washington, DC 20007–3701.

Contact Person: Elaine Sierra-Rivera, PhD, Scientific Review Administrator, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 4136, MSC 7804, Bethesda, MD 20892. 301–435–1779. *riverse@csr.nih.gov.*

This notice is being published less than 15 days prior to the meeting due to the timing limitations imposed by the review and funding cycle.

Name of Committee: Musculoskeletal and Dental Sciences Integrated Review Group, General Medicine B. Study Section.

Date: October 7–8, 2002.

Time: 8 a.m. to 1 p.m.

Agenda: To review and evaluate grant applications and/or proposals.

Place: Holiday Inn Georgetown, 2101 Wisconsin Avenue, NW., Washington, DC 20007.

Contact Person: Shirley Hilden, PhD, Scientific Review Administrator, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 4218, MSC 7814, Bethesda, MD 20892. (301) 435–1198.

This notice is being published less than 15 days prior to the meeting due to the timing limitations imposed by the review and funding cycle.

Name of Committee: Immunological Sciences Integrated Review Group. Experimental Immunology Study Section.

Date: October 10–11, 2002.

Time: 8:30 a.m. to 11 a.m.

Agenda: To review and evaluate grant applications.

Place: Westin Grand Hotel, 2350 M Street, NW., Washington, DC 20037–1417.

Contact Person: Cathleen L. Cooper, PhD, Scientific Review Administrator, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 4208, MSC 7812, Bethesda, MD 20892. (301) 435–3566. *cooperc@csr.nih.gov.*

This notice is being published less than 15 days prior to the meeting due to the timing limitations imposed by the review and funding cycle.

Name of Committee: Immunological Sciences Integrated Review Group, Immunological Sciences Study Section.

Date: October 10–11, 2002.

Time: 8:30 a.m. to 3 p.m.

Agenda: To review and evaluate grant applications.

Place: Westin Grant Hotel, 2350 M Street, NW., Washington, DC 20037–1417.

Contact Person: Samuel C. Edwards, PhD, Scientific Review Administrator, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 4200, MSC 7812, Bethesda, MD 20892. (301) 435–1152. *edwardss@csr.nih.gov.*

This notice is being published less than 15 days prior to the meeting due to the timing limitations imposed by the review and funding cycle.

Name of Committee: Center for Scientific Review Special Emphasis Panel, Behavioral Medicine: Animal Studies.

Date: October 11, 2002.

Time: 1:30 p.m. to 2:30 p.m.

Agenda: To review and evaluate grant applications.

Place: Radisson—Old Town, 901 North Fairfax Street, Alexandria, VA 22314.

Contact Person: Lee S. Mann, PhD, JD, Scientific Review Administrator, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 3186, MSC 7848, Bethesda, MD 20892. (301) 435–0677.

This notice is being published less than 15 days prior to the meeting due to the timing limitations imposed by the review and funding cycle.

(Catalogue of Federal Domestic Assistance Program Nos. 93.306, Comparative Medicine, 93.306; 93.333, Clinical Research, 93.333, 93.337, 93.393–93.396, 93.837–93.844, 93.846–93.878, 93.892, 93.893, National Institutes of Health, HHS)

Editorial Note: This document was received at the Office of the Federal Register on October 7, 2002.

Dated: October 3, 2002.

LaVerne Y. Stringfield,

Director, Office of Federal Advisory Committee Policy.

[FR Doc. 02–25889 Filed 10–09–02; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Office of the Director, National Institutes of Health; Notice of Meeting

Pursuant to section 10(a) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of a meeting of the Advisory Committee on Research on Women's Health.

The meeting will be open to the public, with attendance limited to space available. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the Contact Person listed below in advance of the meeting.

Name of Committee: Advisory Committee on Research on Women's Health.

Date: October 28, 2002.

Time: 9 a.m. to 5 p.m.

Agenda: To provide advice on appropriate research activities with respect to women's health and related studies to be undertaken by the national research institutes; to provide recommendations regarding ORWH activities; and to assist in monitoring compliance regarding the inclusion of women in clinical trials.

Place: 31 Center Drive, Bldg. 31, Conf. Rm. 6, Bethesda, MD 20892.

Contact Person: Joyce Rudick, Director, Programs & Management, Office of Research on Women's Health, Office of the Director, National Institutes of Health, Building 1, Room 201, Bethesda, MD 20892, 301/402–1770.

Information is also available on the Institute's/Center's home page: *http://www4.od.nih.gov/orwh/,* where an agenda and any additional information for the meeting will be posted when available.

(Catalogue of Federal Domestic Assistance Program Nos. 93.14, Intramural Research Training Award; 93.187, Undergraduate Scholarship Program for Individuals from Disadvantaged Backgrounds; 93.22, Clinical Research Loan Repayment Program for Individuals from Disadvantaged Backgrounds; 93.232, Loan Repayment Program for Research Generally; 93.39, Academic Research Enhancement Award; 93.936, NIH Acquired Immunodeficiency Syndrome Research Loan Repayment Program, National Institutes of Health, HHS)

Dated: September 30, 2002.

Anna Snouffer,

Deputy Director, Office of Federal Advisory Committee Policy.

[FR Doc. 02–25911 Filed 10–9–02; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR–4736–N–16]

Notice of Proposed Information Collection for Public Comment—Modernization of Public Housing Under the Comprehensive Grant Program (CGP) Reporting Requirements

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: *Comment Due Date:* December 9, 2002.

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, Public and Indian Housing, Department of Housing and Urban Development, 451 7th Street, SW.,

Room 4249, Washington, DC 20410–5000.

FOR FURTHER INFORMATION CONTACT: Mildred M. Hamman, (202) 708–0614, extension 4128. (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 affected 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: Modernization of Public Housing under the Comprehensive Grant Program (CGP) Reporting Requirements.

OMB Control Number: 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 nation allocation for the CGP, 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 from the Federal Government. The Public Housing Capital Fund Program will replace the CGP once final regulations are implemented.

Agency form numbers, if applicable: HUD–52832, HUD–52833, HUD–52834, HUD–52835, HUD–52836, HUD–52837, HUD–52840.

Members of affected public: State or Local Government.

Estimation of the total number of hours needed to pare the information collection including number of respondents, frequency of response, and hours of response: 832 respondents, annually, 68 average hours for seven forms, total reporting burden 54,320 hours.

Status of the proposed information collection: Reinstatement, without change.

Authority: Section 3506 of the Paperwork Reduction Act of 1995, 44 U.S.C. Chapter 35, as amended.

Dated: October 3, 2002.

Michael Liu,

Assistant Secretary for Public and Indian Housing.

BILLING CODE 4210–33–M

Executive Summary of Preliminary Estimated Costs

Physical and Management/ Operations 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. 7/31/95)

Public Reporting Burden for this collection of information is estimated to average 10.0 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2577-0157), Washington, D.C. 20503. Do not send this completed form to either of these addresses.

PHA/IHA Name	Federal Fiscal Year

Development Number/ Name	Total Current Units	Total Preliminary Estimated Hard Cost	Per Unit Hard Cost	Exceeds Reasonable Cost	Percentage of Vacant Units

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

form **HUD-52831** (2/92)
ref Handbook 7485.3

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

Report Submission: Prepare one form HUD-52831 for the entire PHA/IHA 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 PHA's/IHA's inventory.

Heading Instructions:

PHA/IHA Name—Enter the Public Housing Agency (PHA)/ Indian Housing Authority (IHA) 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 PHA 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.

Exceeds Reasonable Cost—For each development, enter Yes or No as to whether the hard cost exceeds 90% of TDC 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 PHA-Wide Management/Operations Needs—Enter the Total Preliminary Estimated PHA-Wide Cost from form HUD-52833, Management Needs Assessment.

Total Preliminary Estimated Cost for PHA-Wide Nondwelling Structures and Equipment—Enter the total preliminary estimated cost for PHA-wide nondwelling structures and equipment that are currently needed and will be needed within the next five years.

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

Total Preminary Estimated Cost for PHA-Wide Other -- Enter the total preliminary estimated cost for PHA-wide other costs (Development Accounts1411, 1415, 1430, 1440, 1490, 1495) that are currently needed and will be needed within the next five years.

Grand Total of PHA Needs—Enter the sum of preliminary estimated costs for Physical Needs, PHA-wide Management/ Operations Needs, PHA-wide Nondwelling Structures and Equipment, PHA-Wide Administration and PHA-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. 7/31/95)

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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2577-0157), Washington, D.C. 20503. Do not send this completed form to either of these addresses.

PHA/IHA Name		☐ Original ☐ Revision Number _____
Development Number	Development Name	DOFA Date

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

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

Total Preliminary Estimated Hard Cost for Needed Physical Improvements:	$	
Per Unit Hard Cost:	$	
Hard Cost Exceed 90% of TDC (If Yes, attach viability analysis.)	Yes ☐	No ☐
Development Has Long-Term Physical and Social Viability	Yes ☐	No ☐
Date Assessment Prepared:		

Source(s) of Information:

Page ___ of ___

form **HUD-52832** (2/92)
ref Handbook 7485.3

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

Report Submission: Prepare a separate form HUD-52832 for each development in the PHA's/IHA's inventory, which is eligible for Comprehensive Grant Program (CGP) funding. 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 for any development whose physical needs have significantly changed since the last needs assessment and the PHA/IHA wishes to include these needs in the Action Plan. Use only one page per development or development group. Developments which are contiguous and treated as one development for management purposes may be grouped together.

Heading Instructions:

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 PHA/IHA number (numeric); and three-digit development number (numeric). For example, VA05PC36001.

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

General Characteristics—Check the appropriate box that describes the type of development, the type of occupancy, and the type of structure. Also enter the number of buildings.

If Turnkey III is checked, indicate the number of vacant or non-homebuyer-occupied units planned for substantial rehabilitation next to the box. By so doing, the PHA/IHA 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 PHA/IHA has homebuyers who both are eligible for homeownership, in accordance with the requirements of 24 CFR Part 904 for PHA's or 24 CFR Part 905, Subpart G, for IHA's, and have demonstrated their intent to be placed into the Turnkey III units proposed to be substantially rehabilitated.

If the development is a Mutual Help and will be at least 10 years old during the next five years, indicate the number of units that are planned for one-time substantial rehabilitation next to the box. By so doing, the IHA indicates that the proposed modernization will result in bringing the identified units into full compliance with the homeownership objectives under the Mutual Help Program.

Current Bedroom Distribution—Enter the current number of units for each bedroom size and the total number of current units in the development as identified in the ACC.

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. In determining the number of vacant units, refer to the definition of vacant units as prescribed in PHMAP Indicator 1.

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. Include any replacements of equipment, systems and structural elements that will be needed, assuming routine and timely maintenance, within the next five years. Exclude any physical improvement needs for PHA-wide non-dwelling structures and equipment. 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 PHA/IHA plans to complete. However, enter physical improvements currently funded under CIAP where the PHA/IHA plans to reprogram CIAP funds for other work under the CGP.

Describe the proposed improvements in broad categories, such as kitchens, bathrooms, roofs, electrical systems, heating systems, landscaping, non-dwelling structures, lead-based paint testing, lead-based paint abatement, physical accessibility, 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 PHA/IHA 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 PHA/IHA 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 PHA-wide basis at that development , with "1" reflecting the most urgent need and "5" reflecting the least urgent need. In determining the urgency of need, assign a "1" to activities required to correct emergency conditions and to meet statutory or other legally mandated requirements, such as lead-based paint testing.

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, and any hard costs for PHA/IHA-wide nondwelling structures and equipment.

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.

Hard Cost Exceed 90% of TDC: Check Yes or No as to whether the Total Preliminary Estimated Hard Cost for Needed Physical Improvements exceeds 90% of computed Total Development Cost (TDC) for the development. **Note:** If Yes is checked, the PHA/IHA may not include work categories/items, except for emergency work, in its Action Plan or Annual Statement unless it submits, and HUD approves, a request to exceed 90% of TDC. **Note:** If Yes is checked, attach the viability analysis.

Development Has Long-Term Physical and Social Viability: Check Yes or No as to whether the PHA/IHA 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.

Source(s) of Information: Identify the source(s) of information used to develop the General Description of Needed Physical Improvements. Retain such information in PHA/IHA 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. 7/31/95)

Public Reporting Burden for this collection of information is estimated to average 110.0 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2577-0157), Washington, D.C. 20503. Do not send this completed form to either of these addresses.

PHA/IHA Name:

☐ Original

☐ Revision Number :

General Description of Management/Operations Needs	Urgency of Need (1- 5)	Preliminary Estimated PHA-Wide Cost
Total Preliminary Estimated PHA-Wide Cost:		$
Date Assessment Prepared:		

Source(s) of Information:

form **HUD-52833** (2/92)
ref Handbook 7485.3

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

Report Submission: Prepare one form HUD-52833 for the entire PHA/IHA 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 PHA/IHA wishes to include those needs in the Action Plan.

Heading Instructions:

PHA/IHA Name—Enter the Public Housing Agency (PHA)/ Indian Housing Authority (IHA) Name.

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

Column Instructions:

General Description of Management/Operations Needs:

Enter a general description of all unfunded and no cost improvements needed to upgrade the management and operation of the PHA/IHA 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.

Do not enter any management improvements already funded by CIAP or other sources which the PHA/IHA plans to complete. However, enter management improvements currently funded under CIAP where the PHA/IHA 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 Handbook 7485.3. 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 HUD-approved action plan based on a HUD monitoring review conducted before implementation of the Public Housing Management Assessment Program (PHMAP), a Memorandum of Agreement (MOA) or an Improvement Plan (IP). For IHAs, an existing document includes a HUD-approved Management Improvement Plan (MIP) based on the Administrative Capability Assessment (ACA) or Field Office monitoring. For example, improve rent collection—see MOA. If a particular work category is targeted to a specific development, denote by an asterisk and enter the development number in parenthesis.

In addition, at the PHA's/IHA'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 PHA/IHA 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 PHA/IHA 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/Operations 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 PHA-Wide Cost:

Enter the preliminary estimated PHA-wide cost for each broad category of need described in the General Description of Management/Operations Needs and the total.

Source(s) of Information:

Identify the source(s) of information used to develop the General Description of Management/Operations Needs. Retain such information in PHA/IHA 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. 7/31/95)

Public Reporting Burden for this collection of information is estimated to average 40.0 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2577-0157), Washington, D.C. 20503. Do not send this completed form to either of these addresses.

PHA/IHA Name: | Locality: (City/County & State) | ☐ Original ☐ Revision No:

A. Development Number/Name/ Physical Improvements	Year 1 FFY:	Year 2 FFY:	Year 3 FFY:	Year 4 FFY:	Year 5 FFY:	FFY Development Meets Standards
	See Annual Statement					
B. Physical Improvements Subtotal						
C. Management Improvements						
D. PHA-Wide Nondwelling Structures & Equipment						
E. Administration						
F. Other						
G. Replacement Reserve						
H. Total CGP Funds						
I. Total Non-CGP Funds						
J. Grand Total						

Signature of Executive Director: X | Date: | Signature of Field Office Manager: (Regional Administrator in co-located office) X | Date:

Page ___ of ___

form **HUD-52834** (2/92)
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

A. Development Number/Name/ Physical Improvements	Year 1 FFY:	Year 2 FFY:	Year 3 FFY:	Year 4 FFY:	Year 5 FFY:	FFY Development Meets Standards
	See Annual Statement					

Page ___ of ___

form **HUD-52834**

Five-Year Action Plan

Part II: Supporting Pages
Physical Needs
Comprehensive Grant Program (CGP)

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

Year 1 FFY:	Year 2 FFY:		Year 3 FFY:		Year 4 FFY:		Year 5 FFY:	
	Development Number / Name / Major Work Category	Estimated Costs	Development Number / Name / Major Work Category	Estimated Costs	Development Number / Name / Major Work Category	Estimated Costs	Development Number / Name / Major Work Category	Estimated Costs
See Annual Statement								
	Subtotal of Estimated Cost							

Page ___ of ___

form **HUD-52834**

Five-Year Action Plan

Part III: Supporting Pages
Management Needs
Comprehensive Grant Program (CGP)

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

Year 1 FFY:	Year 2 FFY:		Year 3 FFY:		Year 4 FFY:		Year 5 FFY:	
	Major Work Category*	Estimated Costs	Major Work Category*	Estimated Costs	Major Work Category*	Estimated Costs	Major Work Category*	Estimated Costs
See Annual Statement								
	Subtotal of Estimated Cost							

*Asterisk any work planned that is development specific and show the development no. in parenthesis.

Page ___ of ___

form **HUD-52834**

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

Report Submission: Prepare one form HUD-52834 for the entire PHA/IHA 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 necessasry to cover all proposed work.

Part I: Summary

Heading Instructions:

PHA/IHA Name—Enter the Public Housing Agency (PHA)/ Indian Housing Authority (IHA) name.

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

Original/Revision No.—Check the appropriate box. If a revision, enter the revision number, e.g., #1, #2, etc.

Year 1—Enter the current FFY.

Years 2 through 5—Enter each successive FFY.

A. Development Number/Name/Phys. Improvements:

\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.

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. If the PHA is submitting an Annual Statement covering all or a portion of year 2, the PHA should so indicate in the column for year 2.

FFY Development Meets Standards:

For each development in A, estimate the FFY in which it is anticipated that the development will meet the Modernization and Energy Conservation Standards.

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 PHA-wide and/or development-specific, (development account 1408) during each year of years 2 through 5. **Note:** The estimated amount may not exceed 10% of the annual grant.

D. PHA-Wide Nondwelling Structures and Equipment:

Enter the estimated amount of CGP funds to be allocated for PHA-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 administrative expenses (development account 1410) during each year of years 2 through 5. **Note**: The estimated amount may not exceed 7% of the annual grant; up to 9% with prior HUD approval.

F. Other:

Enter the estimated amount of CGP funds to be allocated for other expenses (development accounts 1411, 1415, 1430, 1440, 1495,) during each year of years 2 through 5.

G. 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, during each year of years 2 through 5.

H. Total CGP Funds:

Enter the total amount of CGP funds that is estimated to be made available for each year of years 2 through 5. This is the sum of A through G.

I. 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 during each year of years 2 through 5.

J. Grand Total:

Enter the total of H and I. **Note:** Enter all estimates as current cost; not trended for inflation.

Part II: Supporting Pages—Physical Needs

FFY:

Year 1—Enter the current FFY.

Years 2 through 5—Enter each successive FFY.

Development Number/Name—Major Work Category:

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.

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.

Enter "PHA-Wide" in each of years 2 through 5 and list PHA-wide non-dwelling structures and equipment that will be funded.

Estimated Cost:

For each major work category or PHA-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.

Part III: Supporting Pages—Management Needs

FFY:

Year 1—Enter the current FFY.

Years 2 through 5—Enter each successive FFY.

Major Work Category:

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 the Administrative Capability Assessment (ACA) for IHAs, or through audits, HUD monitoring reviews or PHA self-assessments. The work categories should be described in broad terms, such as improve rent collection. A work category may encompass various components, e.g., staff training, hiring a consultant to develop a rent collection policy, automation, etc. 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.

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, excluding asterisked items. This subtotal should not exceed the total of C on the Part I: Summary for each year of Years 2 through 5.

Two-Year or Partial Two-Year Annual Statement:

If the PHA chooses to complete a two-year Annual Statement, the PHA shall enter a cross-reference to the Annual Statement on the Action Plan for year two.

If the PHA chooses to complete an Annual Statement for the second year covering a portion of the funds, the PHA shall cross-reference the funds covered by the partial Annual Statement and enter the information for the balance of the funds, as required on the Action Plan for year two.

form **HUD-52834**

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. 7/31/95)

Public Reporting Burden for this collection of information is estimated to average 0.1 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2577-0157), Washington, D.C. 20503. Do not send this completed form to either of these addresses.

As Chief Executive Officer of the unit of general local government/Indian tribe

known as _____ ,

in which the (name of Public Housing Agency (PHA) or Indian Housing Authority (IHA)) _____

_____ operates,

I certify to the following:

1. The PHA/IHA 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;

2a. 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 Comprehensive Housing Affordability Strategy (CHAS) under 24 CFR Part 91, if applicable), and that the unit of general local government will cooperate in providing resident programs and services; or

2b. For IHAs, the Comprehensive Plan/Annual Statement is consistent with the appropriate governing body's assessment of its low-income housing needs and that the appropriate governing body will cooperate in providing resident programs and services; and

3. The PHA's/IHA's proposed drug elimination activities are coordinated with and supportive of local drug elimination strategies and neighborhood improvement programs, if applicable. Under the Cooperation Agreement, the local/tribal government is providing public services and facilities of the same character and to the same extent to Public and Indian 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/tribal 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:
	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-52835** (2/92)
ref Handbook 7485.3

PHA/IHA 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. 7/31/95)

Public Reporting Burden for this collection of information is estimated to average 0.1 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2577-0157), Washington, D.C. 20503. Do not send this completed form to either of these addresses.

Acting on behalf of the Board of Commissioners of the below-named Public Housing Agency (PHA)/Indian Housing Authority (IHA), 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 _____

☐ Amendments to Comprehensive Plan Submitted on _____

☐ Action Plan / Annual Statement Submitted on _____

☐ Amendments to Action Plan / Annual Statement Submitted on _____

I certify on behalf of the: (PHA/IHA Name) _____ that:

1. The PHA/IHA 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 PHA/IHA 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 PHA/IHA 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 905.603;
5. The proposed activities, obligations and expenditures in the Annual Statement are consistent with the proposed or approved Comprehensive Plan of the PHA/IHA;
6. The PHA/IHA will comply with applicable civil rights requirements under 24 CFR 968.110(a) or 24 CFR 905.115, and, where applicable, will carry out the Comprehensive Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, and Section 504 of the Rehabilitation Act of 1973;
7. The PHA has adopted the goal of awarding a specified percentage of the dollar value of the total of the modernization contracts, to be awarded during subsequent FFYs, to minority business enterprises and will take appropriate affirmative action to assist resident-controlled and women's business enterprises under 24 CFR 968.110(b); 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 905.165;
8. The PHA/IHA has provided HUD 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 905.120(a), (b), and (j), 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 PHA/IHA receives written notification from HUD indicating that the Department has complied with its responsibilities under NEPA and other related authorities;
9. The PHA/IHA will comply with the wage rate requirements under 24 CFR 968.110(e) and (f) or 24 CFR 905.120(c) and (d);
10. The PHA/IHA will comply with the relocation assistance and real property acquisition requirements under 24 CFR 968.110(g) or 24 CFR 905.120(e);
11. The PHA/IHA will comply with the requirements for physical accessibility under 24 CFR 968.110(h) or 24 CFR 905.120(f);
12. The PHA/IHA will comply with the requirements for access to records and audits under 24 CFR 968.110(i) or 24 CFR 905.120(g);
13. The PHA/IHA will comply with the uniform administrative requirements under 24 CFR 968.110(j) or 24 CFR 905.120(h);
14. The PHA/IHA will comply with lead-based paint testing and abatement requirements under 24 CFR 968.110(k) or 24 CFR 905.120(i);
15. The PHA/IHA has complied with the requirements governing local/tribal government and resident participation in accordance with 24 CFR 968.320(b) and (c), 968.330(d) and 968.340 or 24 CFR 905.672(b) and (c), 905.678(d) and 905.684, 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 PHA/IHA will comply with the special requirements of 24 CFR 968.310(d) or 24 CFR 905.666(d) with respect to a homeownership development; and
17. The PHA will comply with the special requirements of 24 CFR 968.235 with respect to a Section 23 leased housing bond-financed development.

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** (2/92)
ref Handbook 7485.3

Annual Statement / Performance and Evaluation Report
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. 7/31/95)

Public Reporting Burden for this collection of information is estimated to average 75.0 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2577-0157), Washington, D.C. 20503. Do not send this completed form to either of these addresses.

PHA/IHA 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 _____

Line No.	Summary by Development Account	Total Estimated Cost 3/ Original	Total Estimated Cost 3/ Revised	Actual Cost 3/ Obligated	Actual Cost 3/ Expended
1	Total Non-CGP Funds				
2	1408 Management Improvements 1/				
3	1410 Administration 2/				
4	1411 Audit				
5	1415 Liquidated Damages				
6	1430 Fees and Costs				
7	1440 Site Acquisition				
8	1450 Site Improvement				
9	1460 Dwelling Structures				
10	1465.1 Dwelling Equipment—Nonexpendable				
11	1470 Nondwelling Structures				
12	1475 Nondwelling Equipment				
13	1495.1 Relocation Costs				
14	1490 Replacement Reserve				
15	**Amount of Annual Grant (Sum of lines 2-14)**				
16	Amount of line 15 Related to LBP Testing				
17	Amount of line 15 Related to LBP Abatement				
18	Amount of line 15 Related to Section 504 Compliance				

1/ Management Improvement cost may not exceed 10% of line 15.
2/ Administrative cost may not exceed 7% of line 15 (or 9% of line 15 for PHAs/IHAs having an unusually large geographic area). 3/ to be completed at the end of the year.

Signature of Executive Director and Date	Signature of Field Office Manager (or Regional Administrator in co-located office) and Date
X	X

Page ___ of ___

form **HUD-52837** (2/92)
ref Handbook 7485.3

Annual Statement / Performance and Evaluation Report

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	General Description of Proposed Work Items	Development Account Number	Estimated Cost			Funds Obligated 3/	Funds Expended 3/	Status of Proposed Work 3/
			Original	Revised 3/	Difference 3/			

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

Page ___ of ___

form **HUD-52837**

Annual Statement / Performance and Evaluation Report

Part III: Implementation Schedule

Comprehensive Grant Program (CGP)

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

Development Number / Name	Funds Obligated End of Quarter			Funds Expended End of Quarter			Reasons for Revised Target Dates 3/
	Original	Revised 3/	Actual 3/	Original	Revised 3/	Actual 3/	

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

Page ___ of ___

form **HUD-52837**

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 Comprehensive Grant Program (CGP) funds. Submit this form to HUD as part of the submission of the original Comprehensive Plan and annually thereafter. On an as-needed basis, submit a revised form when major changes require prior HUD approval to amend the Annual Statement.

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

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.

Where the PHA elects to submit an Annual Statement covering up to a two-year period, prepare a separate Form HUD-52837 (Part II only) for year two. A separate Part I and Part III covering year two are not required.

For the Performance and Evaluation Report:

At the end of each program year, complete the sections of Parts I, II and III as noted in footnote 3 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. Continue reporting at the end of each program year, until all funds are expended.

Part I: Summary

Heading Instructions:

PHA/IHA Name - Enter the Public Housing Agency (PHA)/Indian Housing Authority (IHA) name.

Comprehensive Grant Number - Enter the unique Comprehensive Grant number designated for the annual grant. This number is 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 PHA/IHA number (numeric); and three-digit Grant number. The first Comprehensive Grant approved under the CGP shall be 701; e.g., VA05P036701. The second Comprehensive Grant approved under the CGP shall be 702; e.g., VA05P036702. Any funding from the $75 million reserve for natural and other disasters and emergencies shall be given a separate Comprehensive Grant number from the PHA's/IHA's annual formula funding.

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 or for the $75 million reserve for natural and other disasters and emergencies, the Revised Annual Statement (and revision number), or the Performance and Evaluation Report for Program Year Ending (enter date, e.g., 6/30/93).

Total Estimated Cost:

Line 1 - Enter the Original Total Estimated Cost, rounded to the nearest thousand dollars, 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. After initial approval by HUD, enter any cost decrease or increase in the Revised Total Estimated Cost column whenever a revised Annual Statement is submitted to HUD for review and approval.

Lines 2 through 14 - For each line, enter the Original Total Estimated Cost, rounded to the nearest thousand dollars, 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. After initial approval by HUD, enter any cost decrease or increase in the Revised Total Estimated Cost column whenever a revised Annual Statement is submitted to HUD for review and approval.

Line 15 - Amount of Annual Grant - Enter the sum of lines 2 through 14 in the Original Total Estimated Cost column. After initial approval by HUD, the sum of lines 2 through 14 in the Revised Total Estimated Cost column may not exceed line 15 in the Original Total Estimated Cost column.

Line 16 - Amount of line 15 Related to Lead-Based Paint (LBP) Testing - Enter the amount of line 15 related to LBP testing in the Original Total Estimated Cost column and, as appropriate, in the Revised Total Estimated Cost column.

Line 17 - Amount of line 15 Related to LBP Abatement - Enter the amount of line 15 related to LBP abatement in the Original Total Estimated Cost column and, as appropriate, in the Revised Total Estimated Cost column. For example, if windows are being replaced, estimate the portion of the funding which is directly related to LBP abatement.

Line 18 - Amount of line 15 Related to Section 504 Compliance - Enter the amount of line 15 related to Section 504 compliance in the Original Total Estimated Cost column and, as appropriate, in the Revised Total Estimated Cost column.

Actual Cost:

At the end of the CGP program year, i.e., 6/30, for each annual grant with a separate Comprehensive Grant Number for which funds are still being expended, complete the section on Actual Cost.

Lines 1 through 18 - For each line, enter the Actual Cost of funds Obligated and Expended at the end of the CGP program year.

Line 15 - Enter the sum of lines 2 through 14 for obligated and expended.

Part II: Supporting Pages

Development Number/Name - Enter the abbreviated number (e.g., VA-36-1) and the name, if any, of the development where the work items will be undertaken. Enter "PHA-wide" for work items that relate to a PHA-wide activity (e.g., management improvements, administration, non- dwelling equipment).

General Description of Proposed Work Items - For each development listed, enter a general description of all work items (physical or management, as applicable) that will be undertaken at that development, including work that will be funded with non-CGP funds and no cost items, before listing work items to be undertaken at other developments. Identify work items that will be accomplished by Force Account labor by entering (FA) in parenthesis next to the work item. After listing all work items for all developments being funded, enter a general description of PHA-wide activities, such as management improvements, administrative costs, equipment, etc. When work items are subsequently deleted, draw a line through the General Description, Development Account Number, and Estimated Cost. When work items are subsequently added, enter the new work item 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. **Note:** Describe administrative costs in sufficient detail to clearly identify items excluded from the 7% limitation.

Development Account Number - For work items that will be funded from CGP funds, enter the appropriate development account which corresponds to the work item described under the General Description of Proposed Work Items column. For appropriate development accounts, refer to Handbook 7485.3. Where funding will be provided from non-CGP sources, or the work is a no cost item, enter "NA".

Estimated Cost:

Original-For each work item and PHA-wide activity described, enter the Original Estimated Cost. Asterisk the estimated cost of each work item that will be funded with non-CGP funds, including reprogrammed CIAP funds. After listing the estimated cost for all work items at a particular development, enter a subtotal of the estimated cost of only the work items 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 grand total for Part II of only the work items and PHA-wide activities that will be funded with the current year's CGP grant.

Revised-Where the estimated cost is revised, enter a Revised Estimated Cost as appropriate.

Difference-Enter the difference between the Original and Revised Estimated Costs. If the cost increases, put a plus (+) in front of the dollar amount. If the cost decreases, put a minus (-) in front of the dollar amount. When a new work item is subsequently added, show the estimated cost in the revised column and in the column marked difference. Put a plus (+) in front of the dollar amount unless that item is in an approved two-year or partial two-year Annual Statement. When a work item is subsequently deleted, show the original estimated cost in the column marked difference and put a minus (-) in front of the dollar amount. Each time there is an increase or decrease in the dollar amount for a particular work item, it must be offset by a corresponding increase or decrease in another work item so that the total revised estimated cost is equal to the amount of the annual grant. When the cumulative total of additions equals or exceeds 10%, obtain prior HUD approval before awarding a contract for work that results in the major change. When this occurs, asterisk the work item and complete this form with the appropriate modifications and mark the box Revised Annual Statement/ Revision Number _____.

Funds Obligated-Funds Expended - At the end of each CGP program year for each annual grant with a separate Comprehensive Grant Number for which funds are still being expended, complete the section on Funds Obligated and Funds Expended.

Funds Obligated - In this column, for each development listed, enter the cumulative dollar amount of all funds obligated for that development (round to the nearest thousand) opposite the Original Estimated Cost subtotal. This includes funds obligated by the PHA/IHA 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. For each PHA-wide activity listed, enter the total amount of all funds obligated for that activity (round to the nearest thousand) opposite the Original Estimated Cost subtotal.

Funds Expended - In this column, for each development listed, enter the cumulative dollar amount of all funds expended for that development (round to the nearest thousand) opposite the Original Estimated Cost subtotal. For each PHA-wide activity listed, enter the dollar amount of funds expended for that activity (round to the nearest thousand) opposite the Original Estimated Cost subtotal.

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 item listed, prepare a brief description of the status of the item, e.g., work completed, contract awarded on 5/2/93, etc. Explain the addition, deletion or modification of any work items, such as the addition of any emergency work, and deviations within the 10% cap for major changes to the Annual Statement, any shifting of work from year two to year one of the approved Annual Statement.

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 "PHA-wide" for work items that relate to PHA-wide management improvements.

Implementation Schedule - Funds Obligated - Opposite each development and for each PHA-wide management improvement, enter the estimated quarter ending date for obligation of all funds under the Original column. (Note: - Provide an implementation schedule only for PHA-wide management improvements not for other PHA-wide activities, (e.g, administration, non-dwelling equipment). After initial approval by HUD, enter any revised quarter ending date for obligation of all funds under the Revised column. When all funds are obligated, enter the quarter ending date under the Actual column.

Implementation Schedule - Funds Expended - Opposite each development and for each PHA-wide management improvement, enter the estimated quarter ending date for expenditure of all funds under the Original column. (Note: - Provide an implementation schedule only for PHA-wide management improvements not for other PHA-wide activities (e.g., administration, non-dwelling equipment). After initial approval by HUD, enter any revised quarter ending date for expenditure of all funds under the Revised column. When all funds are expended, enter the quarter ending date under the Actual column.

Reasons for Revised Target Date - Explain any revisions to the target dates for fund obligation or expenditure by specifying the valid delay outside of the PHA'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. 7/31/95)

Public Reporting Burden for this collection of information is estimated to average 5.0 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2577-0157), Washington, D.C. 20503. Do not send this completed form to either of these addresses.

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/IHA 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 or, in co-located office, Regional Administrator)	Date
X	

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

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/IHA Name—Enter the Public Housing Agency (PHA)/ Indian Housing Authority (IHA) 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/ IHA. 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/IHA 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/IHA.

Comprehensive Grant Program (CGP) Amendment

To Consolidated Annual Contributions Contract or
To Mutual Help Consolidated Annual Contributions Contract

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

OMB Approval No. 2577--0157 (Exp. 7/31/95)

Public Reporting Burden for this collection of information is estimated to average 0.1 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2577-0157), Washington, D.C. 20503. Do not send this completed form to either of these addresses.

Whereas, (Public Housing Agency / Indian Housing Authority) _____

_____ (herein called the "PHA/IHA") and the United States of America, Secretary of Housing and Urban Development (herein called "HUD") entered into Consolidated Annual Contributions Contract(s) (ACC) Number(s) _____

_____,

dated _____ ; and/or Mutual Help Consolidated ACC(s) Number(s) _____

_____,

dated _____ (herein called the "ACCs");

Whereas, HUD has agreed to provide comprehensive grant assistance, upon execution of this Amendment, to the PHA/IHA in the amount to be specified below for the purpose of assisting the PHA/IHA in financing improvements to the physical condition of existing public/Indian housing developments and upgrades to the management and operation of such developments in order to ensure that such developments continue to be available to serve low-income families:

$ _____ for Fiscal Year 19 _____
(the amount of comprehensive grant funds previously approved);

$ _____ for Fiscal Year 19 _____ for a combined
(the amount of comprehensive grant funds now being approved);

total of $ _____ ; to be referred to under Comprehensive Grant Number _____ ,

Whereas, HUD and the PHA/IHA are entering into this Comprehensive Grant Program Amendment Number _____ .

Now Therefore, the ACCs are amended as follows:

1. The ACCs are amended to provide comprehensive grant assistance in the amounts specified above for modernization of PHA/IHA developments (including section 23 leased-housing bond financed, Mutual Help and Turnkey III). This amendment is a part of the ACCs.
2. The modernization work shall be carried out in accordance with all HUD regulations and other requirements applicable to the Comprehensive Grant Program.
3. In accordance with the HUD regulations, the Comprehensive Plan has been adopted by the PHA/IHA and approved by HUD, and may be amended from time to time. The modernization work shall be carried out as described in the Comprehensive Plan, including the Action Plan.
4. Subject to the provisions of Part II of the ACCs, and to assist in the modernization, HUD agrees to disburse to the PHA/IHA from time to time as needed, up to the amount of funding assistance specified above.
5. The PHA/IHA shall continue to operate each development (for section 23 leased-housing bond financed, after the expiration of the respective lease terms, the PHA shall continue to operate each development) as low-income housing in compliance with the ACCs, as amended, the United States Housing Act of 1937 (the "Act") and all HUD regulations and requirements for a period of twenty years after the last disbursement of comprehensive grant assistance. However, the provisions of Section 308(B) and (C) of the ACC (Article 14.2 of the Mutual Help Consolidated ACC) shall remain in effect for so long as HUD determines there is any outstanding indebtedness of the PHA/IHA to HUD which arose in connection with any development(s) under the ACCs and which is not eligible for forgiveness, and provided further that, for a period of ten years following the last payment of operating subsidy to the PHA/IHA, no disposition of any development covered by this amendment shall occur unless approved by HUD.
6. Section 404 of Part II of the ACC (Article 4.2 of the Mutual Help Consolidated ACC) shall not be applicable to the Comprehensive Grant.

form **HUD-52840** (2/92)
ref Handbook 7485.3

7. If the PHA/IHA does not comply with any of its obligations under this Amendment, HUD may direct the PHA/IHA to terminate all work described in the Annual Statement. In such case, the PHA/IHA shall only incur additional costs with HUD approval.
8. Implementation or use of funding assistance provided under this Amendment is subject to attached corrective action order(s) (mark one): ☐ Yes ☐ No
9. The Grantee acknowledges its responsibility for adherence to this Amendment by subgrantees to which it makes funding assistance hereunder available.

The parties have caused this Amendment to be effective as of the date of execution on behalf of the United States, as stated below.

U.S. Department of Housing and Urban Development	By:	Date:
	Title:	
PHA/IHA Executive Director	By:	Date:
	Title:	

Annual Statement/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.7/31/95)

Public reporting burden for this collection of information is estimated to average 5.0 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2577-0157) Washington, D.C. 20503. Do not send this completed form to either of these addressees.

Part I: Summary

PHA/IHA Name:

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

Section 1: Replacement Reserve Status Must be completed each year there is balance in the replacement reserve.	Estimated	Actual
1. Current Year Replacement Reserve Interest Earned (account 6200/1420.7)		
2. Current Year Replacement Reserve Withdrawal (equals line 13 of section 2, below)		
3. Net Impact on Replacement Reserve (line 1 minus line 2; equals line 15 of section 2, below)		
4. Current Year Funding for Replacement Reserve (line 14 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.	Current Program Year Estimated Cost		Current Program Year Actual Cost
Summary by Account (6200 subaccount)	Column 1 Original	Column 2 Revised	Column 3 Expended
1. Reserved			
2. 1408 Management Improvements			
3. 1410 Administration			
4. 1415 Liquidated Damages			
5. 1430 Fees & Costs			
6. 1440 Site Acquisition			
7. 1450 Sites Improvements			
8. 1460 Dwelling Structures			
9. 1465 Dwelling Structures/Equipment			
10. 1470 Nondwelling Structures			
11. 1475 Nondwelling Equipment			
12. 1495 Relocation Costs			
13. Replacement Reserve Withdrawal (sum of lines 2 -12)			
14. 1420.7 Replacement Reserve Interest Income	( )	( )	( )
15. Net Withdrawal from Replacement Reserve (lines 13 - 14)			
16. Amount of line 13 related to LBP Testing			
17. Amount of line 13 related to LBP Abatement			
18. Amount of line 13 related to Section 504 Compliance			
19. Amount of line 13 related to Emergencies			

Signature of the Executive Director & Date:	Signature of the Field Office Manager & Date: (or, in co-located offices, the Regional Administrator)
X	X

form **HUD-52842** (2/92)
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	General Description of Proposed Work Items	Development Number / Name	Estimated Cost			Funds Obligated 3/	Funds Expended 3/	Status of Proposed Work 3/
			Original	Revised 3/	Difference 3/			

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

Page ___ of ___

form **HUD-52842** (2/92)

Instructions
Annual Statement/Performance and Evaluation Report on Replacement Reserve

For the Annual Statement:

Prepare form HUD-52842 once the CGP replacement reserve has been established by the PHA / IHA and funded by HUD. Submit one form HUD-52842 annually with form HUD-52837, Annual Statement/ Performance and Evaluation Report, as long as the PHA/IHA maintains a balance in the replacement reserve or has withdrawal/expenditure activity from the replacement reserve.

Form HUD-52482 is divided into two parts. Section 1 of Part I (Replacement Reserve Status) provides a report of the current year interest earned, current year withdrawals, current year funding of the replacement reserve, and ending balance of the replacement reserve. Section 2 of Part I (Replacement Reserve Withdrawal Report) is only completed if the PHA has withdrawn from the replacement reserve or has expenditure activity. Part II is the same format as Part II of form HUD-52837 and provides a current year report by development account of the use of the replacement reserve withdrawal(s).

For the Performance and Evaluation Report:

At the end of each program year, complete the actual columns for Part I and Part II, where there has been expenditure activity.

Part I: Summary

PHA/IHA Name - Enter the Public Housing Agency (PHA)/Indian Housing Authority (IHA) 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., 6/30/93).

Section 1 - Replacement Reserve Status:

Line 1 - Current Year Replacement Reserve Interest Earned (Account 6200/1420.7) - Enter the estimated amount of interest to be earned on the replacement reserve during the current program year in the "Estimated" column. If Section 2 is completed, this amount must equal Line 14, Column 1 (or 2, if applicable) of Section 2. At the end of the program year, enter the actual interest earned in the "Actual" column. This amount must equal Line 14, Column 3 of Section 2.

Line 2 - Current Year Replacement Reserve Withdrawal - Enter the estimated amount to be withdrawn from the replacement reserve during the current program year in the "Estimated" column. If Section 2 is completed, this amount must equal Line 13, Column 1 (or 2, if applicable) of Section II. At the end of the program year, enter the actual withdrawal amount in the "Actual" column. This amount must equal Line 13, Column 3 of Section 2.

Line 3 - Net Impact on Replacement Reserve - Enter the difference between Line 1 & Line 2. Amount must equal Line15, Section 2.

Line 4 - Current Year Funding for Replacement Reserve - Enter the amount of the increase to the replacement reserve in the appropriate column. This amount must equal Line 14 of Part I of form HUD-52837.

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 year end closing balance of the replacement reserve.

Section 2 - Replacement Reserve Withdrawal Report

Must be completed if replacement reserve funds have been withdrawn in current year.

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

Lines 2 - 12 - Summary by Account

Column 1 - Original Current Program Year 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 current year withdrawal of funds from the replacement reserve.

Column 2 - Revised Current Program Year Estimated Cost -

For each line, enter any current program year cost decrease or increase after initial approval by HUD.

Column 3 - Expended Current Program Year Actual Cost -

For each Line, enter the actual amount of funds expended as of the end of the current program year. **Note**: If the amount expended in Column 3 is less than the budgeted amount in Column 1 (or 2, if applicable), then the PHA shall include the unexpended amount in the subsequent years estimate or provide an explanation of the change from the estimate.

Line 13 - Replacement Reserve Withdrawal - Enter the sum of lines 2 through 12. 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 14 - Replacement Reserve Interest Income - Enter the interest income earned on 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 15 - Net Withdrawal from Replacement Reserve - Subtract from Line 13, the amount inside the brackets on Line 14 and enter on Line 15. 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 13 - Replacement Reserve Withdrawal. $10,000
Line 14 - Replacement Reserve Interest Income ..... (500)
Line 15 - Net Withdrawal from Replacement Reserve. $ 9,500

Line 16 - Amount of Line 13 Related to Lead-Based Paint (LBP) Testing - Enter the amount of line 13 related to LBP testing in Column 1 (or 2, if applicable). At the end of the program year, enter the actual amount in Column 3.

Line 17 - Amount of Line 13 Related to LBP Abatement - Enter the amount of line 13 related to LBP abatement in Column 1 (or 2, if applicable). For example, if windows are being replaced, estimate the portion of the funding which is directly related to LBP abatement. At the end of the program year, enter the actual amount in column 3.

Line 18 - Amount of line 13 Related to Section 504 Compliance - Enter the amount of line 13 related to Section 504 compliance in the Original Total Estimated Cost column and, as appropriate, in the Revised Total Estimated Cost column.

Line 19 - The PHA/IHA shall exhaust its replacement reserve before being eligible to apply for funding for emergencies from the $75 million set-aside. 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 code (e.g., VA-36-1) and the name, if any, of the development where the work items will be undertaken. Enter "PHA-wide" for work items that relate to a PHA-Wide activity (e.g., management improvements, administration, nondwelling equipment).

Geeral Description of Proposed Work Items - For each development listed, enter a general description of all work items (physical or management, as applicable) that will be undertaken at that development, with replacement reserve funds, before listing work items to be undertaken at other developments. After listing all work items for all developments being funded from the replacement reserve, enter a general description of PHA-wide activities, such as management improvements, administrative costs, equipment, etc. When work items are subsequently deleted, draw a line through the General Description, Development Account Number, and Estimated Cost. When work items are subsequently added, enter the new work item 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 work items that will be funded from replacement reserve funds, enter the appropriate development account which corresponds to the work item described under the General Description of Proposed Work Items column. For appropriate development accounts, refer to Handbook 7485.3.

Estimated Cost - For each work item and PHA-wide activity described, enter the Original Estimated Cost. Then enter a subtotal for each development and a grand total for Part II.

Where the estimated cost is revised, enter a Revised Estimated Cost as appropriate.

Enter the difference between the Original and Revised Estimated Costs. If the cost increases, put a plus (+) in front of the dollar amount. If the cost decreases, put a minus (-) in front the dollar amount.

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 item listed, prepare a brief description of the status of the item, e.g., work completed, contract awarded on 5/2/93, etc. Explain the addition, deletion or modification of any work items, such as the addition of any emergency work.

[FR Doc. 02–25731 Filed 10–9–02; 8:45 am]

BILLING CODE 4210–33–C

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR–4739–N–43]

Notice of Proposed Information Collection: Comment Request; Multifamily Project Applications and Review of Applications—Lender Processing

AGENCY: Office of the Assistant Secretary for Housing—Federal Housing Commissioner, 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:* December 9, 2002.

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: Wayne Eddins, Reports Management Officer, Department of Housing and Urban Development, 451 7th Street, SW., L'Enfant Plaza Building, Room 8003, Washington, DC 20410.

FOR FURTHER INFORMATION CONTACT: Michael McCullough, Director, Office of Multifamily Development, Department of Housing and Urban Development, 451 7th Street, SW., Washington, DC 20410, telephone (202) 708–1142 (this is not a toll free number) for copies of the proposed forms and other available information.

SUPPLEMENTARY INFORMATION: The Department is submitting 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 affected agencies concerning the proposed collection of information to: (1) Evaluate whether the proposed collection 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 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 whoa re to respond; including 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: Multifamily Project Applications and Review of applications—Lender Processing.

OMB Control Number, if applicable: 2502–0331.

Description of the need for the information and proposed use: The Multifamily Accelerated Processing (MAP) lender completes and submits these information collections to HUD for multifamily properties needing FHA insurance. These information collections include data that supports the Fair Market and budget Construction Cost.

Agency Form numbers, if applicable: HUD–92264, HUD–92264A, HUD–92264T, HUD–92273, HUD–92274, HUD–92236, HUD–92331, HUD–92485, and HUD–92329.

Estimation of the total numbers of hours needed to prepare the information collection including number of respondents, frequency of response, and hours of response: The estimated total number of hours needed to prepare this information collection is 60,605; the number of respondents is 230 generating approximately 2,415 annual responses; the frequency of response is on occasion; and the estimated time needed to prepare the response varies from one hour to 114 hours.

Status of the proposed information collection: Reinstatement, with change, of a previously approved collection for which approval has expired.

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

Dated: October 2, 2002.

John C. Weicher,

Assistant Secretary for Housing–Federal Housing Commissioner.

[FR Doc. 02–25732 Filed 10–9–02; 8:45 am]

BILLING CODE 4210–27–M

DEPARTMENT OF THE INTERIOR

Fish and Wildlife Service

Environmental Assessment and Application for an Incidental Take Permit for the Multiple Species Conservation Program, Chula Vista, CA

AGENCY: Fish and Wildlife Service, Interior.

ACTION: Notice of availability; notice of receipt.

SUMMARY: The City of Chula Vista, California, has applied to the Fish and Wildlife Service for an incidental take permit pursuant to section 10(a)(1)(B) of the Endangered Species Act of 1973, as amended (Act). The proposed 50 year permit would authorize incidental take of 13 threatened or endangered animal species, one animal species proposed to be listed as threatened, and 26 currently unlisted animal species of concern in the event that these species become listed during the term of the permit. The permit would also ''cover'' 14 listed plant species, the take of which is not prohibited under federal law, in recognition of the conservation benefits provided to these species under the Subarea Plan. The permit application includes the Multiple Species Conservation Program (MSCP) Subarea Plan for the City of Chula Vista, an Implementing Agreement that serves as a legal agreement, Draft Implementing Ordinances, and additional supporting documents.

Pursuant to the National Environmental Policy Act, a draft Environmental Assessment for our proposed action of issuing a permit to the City of Chula Vista is also available for public review. This assessment was combined in one document with a draft Supplemental Environmental Impact Report to satisfy requirements of the California Environmental Quality Act. We request comments on this document and the permit application documents.

DATES: We must receive your written comments on or before December 9, 2002.

ADDRESSES: Send comments to Mr. Jim Bartel, Field Supervisor, U.S. Fish and Wildlife Service, Carlsbad Fish and Wildlife Office, 2730 Loker Avenue West, Carlsbad, California 92008. You may also submit comments by facsimile to (760) 431–9624.

FOR FURTHER INFORMATION CONTACT: Mr. Gjon Hazard, Fish and Wildlife Biologist, at the above address; telephone (760) 431–9440, extension 287.

SUPPLEMENTARY INFORMATION:

Availability of Documents

You may request copies of the documents by contacting the Carlsbad Fish and Wildlife Office (see **ADDRESSES**). You also may view the documents, by appointment, during normal business hours (8 a.m. to 5 p.m.), Monday through Friday at this same address. Alternatively, you may view the documents at the following