

information. The Peer Review Panel will discuss the usefulness of the UDP as an alternative to the traditional LD50 methods currently accepted by government regulatory authorities for the assessment of acute oral toxicity potential of chemicals.

#### Background Document Available for Comment

NICEATM has prepared a Background Review Document that includes the revised UDP protocol and documents supporting the basis and validity of the test method. Copies of the Up-and-Down Procedure Background Review Document and supporting documentation may be obtained from NICEATM, MD EC-17, P.O. Box 12233, Research Triangle Park, NC, 27709, Phone: 919-541-3398, Fax: 919-541-0947, E-mail: [ICCVAM@niehs.nih.gov](mailto:ICCVAM@niehs.nih.gov). A copy of the Background Review Document and comments submitted will be available for viewing Monday through Friday, from 12 noon to 4 p.m. EST at the U. S. Environmental Protection Agency, Office of Prevention, Pesticides and Toxic Substances, Non-Confidential Information Center, Room 607B, Northeast Mall, 401 M Street, SW, Washington, DC 20460. Thirty days prior to the meeting, a detailed agenda will be available on the web at: <http://iccvam.niehs.nih.gov> or by contacting NICEATM.

Persons requesting additional information regarding the rationale for the OECD proposal to delete the OECD Guideline 401 can contact William T. Meyer, U.S. Environmental Protection Agency, Office of Pesticide Programs, Phone: 703-305-7188; E-mail: [Meyer.WilliamT@epa.gov](mailto:Meyer.WilliamT@epa.gov). Mail address: Ariel Rios Bldg., 1200 Pennsylvania Ave., NW, Mail Code 7506C, Washington, DC 20460; Federal Express address: 1921 Jefferson Davis Highway, Room 1104H, Arlington, VA 22202.

#### Request for Comments

NICEATM invites the submission of written comments on the revised Up-and-Down Procedure, and submission of other available information and data on the UDP, including information about completed, ongoing, or planned studies. Written comments and additional information should include name, affiliation, mailing address, phone, fax, e-mail and sponsoring organization (if any), and should be sent by mail, fax, or e-mail to NICEATM at the address listed above. Comments may be submitted anytime before the meeting; however, comments should be submitted by June 15 in order to ensure time for adequate review by the Panel. Written comments will be made

available to the Peer Review Panel members, ICCVAM agency representatives and experts, and attendees at the meeting and will be included in the resource materials assembled on the UDP.

The Expert Panel Meeting will be open to the public, and time will be provided for presentation of public oral comments at designated times during the meeting. Speakers will be assigned on a first-come, first-serve basis and up to seven minutes will be allotted to each speaker. In order to facilitate planning, members of the public who wish to present oral statements at the meeting should contact NICEATM as soon as possible, but no later than July 18, 2000. Persons registering to make comments are asked to provide, if possible, a written copy of their statement in advance so that copies can be made and distributed to the Peer Review Panel members for their timely consideration prior to the meeting. Written statements can supplement and expand the oral presentation, and each speaker is asked to provide his/her name, affiliation, mailing address, phone, fax, e-mail and supporting organization (if any). Registration for making public comments will also be available on-site. If registering on-site to speak and reading oral comments from printed copy, the speaker is asked to bring 50 copies of the text. These copies will be distributed to the Panel and supplement the record.

Summary minutes from the meeting and the final report from the Peer Review Panel will be prepared and made available upon request to NICEATM (address provided above). These documents will also be made available via the internet at the website: <http://iccvam.niehs.nih.gov>.

Additional information about ICCVAM and NICEATM can be found at the website: <http://iccvam.niehs.nih.gov>.

Dated: May 22, 2000.

**Samuel H. Wilson,**

*Deputy Director, National Institute of Environmental Health Sciences.*

[FR Doc. 00-13734 Filed 5-31-00; 8:45 am]

**BILLING CODE 4140-01-P**

#### DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR-4563-N-06]

#### Notice of Proposed Information Collection for Tenant Opportunities Semi-Annual Report

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

**ACTION:** Notice.

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

**DATES:** *Comments Due Date:* July 31, 2000.

**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 4238, Washington, DC 20410-5000.

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

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

This Notice is soliciting comments from members of the public and 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:* Tenant Opportunities Semi-Annual Report.  
*OMB Control Number:* 2577-0087.

*Description of the need for the information and proposed use:* Grantees participating in TOP are required to submit Semiannual Report (Form HUD-52370), which will evaluate the progress in carrying out the approved TOP workplan/budget. Grantees shall submit the report on a semiannual basis for the

periods ending June 30 and December 31. The reports must be submitted to HUD within 30 days after the end of each semiannual reporting period. No grant payments will be approved for drawdown through the Line of Credit Control System/Voice Response System (LOCCS/VRS) for grantees with overdue progress reports. Form HUD-52371, Tenant Opportunities Program

Consultant/Trainer Checklist is canceled.

*Agency form numbers:* HUD-52370.

*Members of affected public:* State, Local or Tribal government.

*Estimation of the total number of hours needed to prepare the information collection including number of respondents, frequency of response, and hours of response:* 958 TOP grantees, semiannual, two hours per response, 3,832 hours total reporting burden.

*Status of the proposed information collection:* Reinstatement.

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

Dated: May 24, 2000.

**Harold Lucas,**

*Assistant Secretary for Public and Indian Housing.*

**BILLING CODE 4210-33-M**

# Tenant Opportunities Semi-Annual Report Program: \_\_\_\_\_

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

OMB Approval No. 2577 -0087  
(exp. 5/31/2000)

See page 4 for Instructions for completing this form and the Public reporting burden for this collection of information

## Part I. Grant Data

1. Date of Report (mm/dd/yyyy)		Reporting Period (Check one and enter year) <input type="checkbox"/> a. Jan 1 - Jun 30, (yyyy) <input type="checkbox"/> b. Jul 1 - Dec 31, (yyyy) <input type="checkbox"/> c. Final	
2. Grantee Name & Address (Include street, suite/room/apt. no., city, state, zip)		3. Grant Number	4. HA Wide? (See Instructions) <input type="checkbox"/> Yes <input type="checkbox"/> No
		5a. Start Date (mm/dd/yyyy)	5b. End Date (mm/dd/yyyy)
		6. Phone Ext.	7. Fax

## 8. Executive Officers Section (Housing Authorities do not fill in this section)

8a. President/Chairperson (Mr./Ms./Miss/Mrs.)	First Name	Last Name	Phone	Ext.	Fax
8b. Vice President/Vice Chairperson (Mr./Ms./Miss/Mrs.)					
8c. Secretary (Mr./Ms./Miss/Mrs.)					
8d. Treasurer (Mr./Ms./Miss/Mrs.)					
8e. Grant Manager/Contact Person (Mr./Ms./Miss/Mrs.)					
8f. Other (specify) (Mr./Ms./Miss/Mrs.)					

9. Housing Authority Contact Person	10. Housing Authority Number
11. Name of Development(s)	Project Number
	Number of Units

## 12. Co-Applicants or Significant Partners

12a. Organization Name & Address (Include street, suite/room/apt. no., city, State, zip)	Type of Organization (i.e. non-profit, etc.)
	Name of Contact Person
	Phone Ext. Fax
12b. Organization Name & Address (Include street, suite/room/apt. no., city, State, zip)	Type of Organization (i.e. non-profit, etc.)
	Name of Contact Person
	Phone Ext. Fax
12c. Organization Name & Address (Include street, suite/room/apt. no., city, State, zip)	Type of Organization (i.e. non-profit, etc.)
	Name of Contact Person
	Phone Ext. Fax

Item	Amount
1. Initial Grant Award	\$
2. Grant Amendment (if any added during report period)	\$
3. Funds drawn from LOCCS	\$
4. Funds Grantee is obligated to pay under contract to others but not yet spent	\$
5. Balance of funds in bank account at the end of report period	\$

Category	Yes	No	Date (mm/dd/yyyy)
1. Is there a financial management system in place for grant funds that meet HUD's requirements?			
2. Has the financial management system been certified by a CPA?			
3. Has the Grantee adopted Bylaws?			
4. Do the Grantee's Bylaws meet HUD guidelines?			
5. Has the Grantee signed a Memorandum of Understanding (MOU) with the housing authority?			
6. Has the Grantee contracted with or hired a consultant/trainer?			
7. Has the Grantee completed financial management training?			
8. Has the Grantee completed training on HUD regulations/policies regarding public housing?			
9. Has the Grantee completed leadership and organization capacity training?			
10. Has the Grantee received other types of training? <input type="checkbox"/> Yes <input type="checkbox"/> No (if "yes" please list below)			
11. Has the Grantee completed a feasibility study/needs assessment?			
12. Has the Grantee been incorporated?			
13. Has the Grantee applied for 501(c)(3) tax exempt status?			
14. Has the Grantee been granted a 501(c)(3) tax exemption?			
15. Do the Grantee's incorporation documents meet HUD guidelines?			

Status of Management Contract(s)		Yes	No	Date (mm/dd/yyyy)
1.	Has the Grantee entered into a management contract(s) with the housing authority?			
2.	Is there a contract for/involving <input type="checkbox"/> dual <input type="checkbox"/> full property management? (check one)			
3.	Is there a contract for/involving lawn service?			
4.	Is there a contract for/involving painting?			
5.	Is there a contract for/involving the repair and maintenance of units?			
6.	Is there a contract for/involving rent collection?			
7.	Other (describe)			
8.	Other (describe)			
9.	Total number of management contract jobs for residents			
10.	Vacancy rate prior to TOP grant			
11.	Current vacancy rate			
12.	Rate of rent collection prior to TOP grant			
13.	Current rate of rent collection			

Resident-Owned Businesses Created/Assisted by Grantee				Total number of jobs for residents
14. Type of Business	Yes	No	Start Date (mm/dd/yyyy)	
a. Lawn service business				
b. Painting business				
c. Repair business				
d. Day Care business				
e. Laundromat business				
f. Store				
g. Other business (describe)				
h. Other business (describe)				
i. Other business (describe)				

Job Training Programs Created/Assisted by Grantee		Number of residents trained	Number of jobs for residents
15. Type of Job Training Program			
a.			
b.			
c.			
d.			
e.			
f.			

Community/Social Services Provided by Grantee		Number of resident participants
16. Type of Community/Social Service		
a. Youth education/tutoring		
b. Youth recreational/cultural activities		
c. Youth mentoring		
d. Adult education/literacy programs		
e. Parenting/family support programs		
f. Substance abuse counseling/treatment		
g. Resident anti-crime patrols		
h. Neighborhood watch program		
i. Other		

17. Is Grantee pursuing a homeownership program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18. Homeownership feasibility study completed?	<input type="checkbox"/> Yes	Date (mm/dd/yyyy) <input type="text"/> <input type="checkbox"/> No
19. Number of families interested in homeownership?	<input type="text"/>	

Additional Remarks

Remarks continued on additional page ☐ Yes ☐ No

This collection of information requires that each grantee participating in the Tenant Opportunity Program (TOP) submit semi-annual reports that enable HUD to evaluate the progress in carrying out the approved TOP Work Plan/Budget. No grant payments will be approved for drawdown through the Line of Credit Control System/Voice Response System (LOCCS/VRS) for grantees with overdue progress reports. This information will be used by HUD to monitor grantees and their administration of the grant to ensure that Federal funds are spent according to the work plan/budget. Responses to this collection of information are voluntary. Authority for this collection of information is Sections 23(c) and (g) of the U.S. Housing Act of 1937 as amended by 554 of the Cranston-Gonzales National Affordable Housing Act P.L. 101-625. The information requested does not lend itself to confidentiality.

**Freedom of Information Act:** Semi-Annual reports submitted are subject to disclosure under the Freedom of Information Act (FOIA). To assist HUD in determining whether to release information contained in the report in the event a FOIA request is received, the recipient may, through clear earmarking or otherwise, indicate those portions of its report that it believes should not be disclosed. The recipient's views will be used solely to aid HUD in preparing its response to a FOIA request; HUD is required by the FOIA to make an independent evaluation of the information. HUD suggests that the recipient provide as basis, when possible, for its belief that confidential treatment is appropriate; general assertions or blanket requests for confidentiality, without more information, are of limited value to HUD in making determinations concerning the release of information under FOIA. HUD is required to segregate disclosable information from non-disclosable items, so an applicant should be careful to identify each portion of the application for which confidential treatment is requested. HUD emphasizes that the presence or absence of comments or earmarking regarding confidential information will have no bearing on the evaluation of reports submitted in response to this solicitation.

Public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection information unless that collection displays a valid OMB control number.

### Instructions for Completing the Semi-Annual Report

Be sure to identify the Program area in the form Title

#### Part I. Grant Data

1. Enter date of report and check the Reporting period either 1a or 1b and enter the year.
- 1c. Place an "x" in the box if all program activities are completed and this is the final report for this program.
2. Enter the full name and complete address of your organization.
3. Enter the Technical Assistance Grant number.
4. Answer yes or no if grant applies HA wide. If you are a city-wide organization, list in Item 11 the name of all developments that you are representing.
- 5a. Enter date Work Plan activities began.
- 5b. Enter date Work Plan activities were completed.
6. Enter phone number and area code of the organization's office/official's phone number, include extension.
7. Enter organization's fax number include area code.
8. **Executive Officers Section**
  - 8a. List full name and title, phone number, and fax number thru (if different than Item 7) of the President, Vice President, Secretary, and Treasurer.
  - 8e. List the full name and title, phone number, and fax number (if different than Item 7) of person who is familiar with the TOP/TAG Work Plan/budget. (Use the same name that appears on the HUD 1044 TAG, block 10.)
  - 8f. Other/specify. List the full name and title, phone number, and fax number (if different than Item 7) of an alternate contact person. (the name of one other RC officer or a staff person at the HA)
9. List the name of a contact person at the housing authority.
10. Enter housing authority code.
11. Enter the name of your development, project number, and number of units. If you are a city-wide organization, list the name, project number(s), and number of units for all developments that you are representing.
12. **Co-applicants or Significant Partners.** This section is optional. Grantees are encouraged to fill it out for other organizations that are helping grantees carry out their program.

#### Part II. Financial Summary

1. Enter amount of the initial grant award.
2. Enter amount of any monies added to the initial grant award.
3. Enter total amount of funds drawn from the LOCCS.
4. Enter the amount of funds for which you have obligated through an executed contract for services **but not yet spent**.
5. Enter the amount of funds you have in the organization's bank account.

#### Part III. Progress Summary

For each Item, check the **yes** or **no** box as applicable and enter the date in which the action was executed.

10. If the Grantee received other types of training check "yes," and list types of training and the date completed.

#### Part IV. Grantee Accomplishments

##### Status of Management Contract(s)

For each Item, check the **yes** or **no** box as applicable and enter date contract was executed with HA.

7. List any other contract you have with the HA.
8. List any other contract you have with the HA.
9. Enter total number of residents employed as a result of the contracts you list above.
10. Enter the vacancy rate at your development prior to receiving the grant (You may need to consult with your local Housing Authority for this data).
11. Enter the current vacancy rate (You may need to consult with your local Housing Authority for this data).
12. Enter the percentage of the tenant accounts receivables (TARs) prior to receiving the grant (You may need to consult with your local Housing Authority for this data).
13. Enter the current TARs at the development (You may need to consult with your local Housing Authority for this data).

##### Resident Owned Businesses Created/Assisted by Grantee.

14. Check **yes** or **no** as applicable, the start date of the business(s), and the total the number of jobs for residents. (resident-owned businesses created and/or assisted as a result of the grant funds) (list businesses by individual residents or RC/RMC).

##### Job Training Programs Created/Assisted by Grantee.

15. List the job training programs, number of residents trained, and number of jobs created for residents.

##### Community/Social Services Provided by Grantee

16. List the type of community/social services provided and the number of residents participating in the programs listed.
17. Check **yes** or **no** as applicable
18. Check **yes** or **no** as applicable and enter the date completed.
19. Enter the number of families in your development interested in homeownership opportunities.

Use the "Additional Remarks" section, as well as additional sheets as needed, for further comments/explanations.

Send this report to:

Aspen Systems  
Resident Initiatives Clearinghouse  
Mail Stop 3K  
1600 Research Blvd  
Rockville, MD 20850  
and one copy to the local HUD Field Office.