

**FOR FURTHER INFORMATION CONTACT:**

Wayne Eddins, Reports Management Officer, Q, Department of Housing and Urban Development, 451 Seventh Street, Southwest, Washington, DC 20410; e-mail Wayne\_Eddins@HUD.gov; telephone (202) 708-2374. This is not a toll-free number. Copies of the proposed forms and other available documents submitted to OMB may be obtained from Mr. Eddins.

**SUPPLEMENTARY INFORMATION:** The Department has submitted the proposal for the collection of information, as described below, to OMB for review, as required by the Paperwork Reduction Act (44 U.S.C. Chapter 35). The Notice lists the following information: (1) the title of the information collection proposal; (2) the office of the agency to collect the information; (3) the OMB approval number, if applicable; (4) the

description of the need for the information and its proposed use; (5) the agency form number, if applicable; (6) what members of the public will be affected by the proposal; (7) how frequently information submissions will be required; (8) an estimate of the total number of hours needed to prepare the information submission including number of respondents, frequency of response, and hours of response; (9) whether the proposal is new, an extension, reinstatement, or revision of an information collection requirement; and (10) the name and telephone number of an agency official familiar with the proposal and of the OMB Desk Officer for the Department.

This Notice also lists the following information:

*Title of Proposal:* Rent Schedule—Low Rent Housing.

*OMB Approval Number:* 2502-0012.

*Form Numbers:* HUD Form 92458.

*Description of the Need for the Information and Its Proposed Use:*

Collection of this information is necessary for the Department to ensure project owners are not overcharging their tenants and to ensure that the rent levels approved by the Department are not being exceeded. All projects must submit HUD form 92458 when requesting an adjustment to project rents. HUD establishes and approves rental charges and Utility allowances on the form. The owner is responsible for notifying tenants of the approved rents.

*Respondents:* Business or other for-profit, Not-for-profit institutions.

*Frequency of Submission:* On Occasion.

*Reporting Burden:*

Number of respondents	×	Frequency of response	×	Hours per response	=	Burden hours
16,000 .....		1		0.33		5,280

*Total Estimated Burden Hours:* 5,280.

*Status:* Reinstatement, without change.

**Authority:** Section 3507 of the Paperwork Reduction Act of 1995, 44 U.S.C. 35, as amended.

Dated: August 11, 2000.

**Wayne Eddins,**

*Departmental Reports Management Officer,  
Office of the Chief Information Officer.*

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**BILLING CODE 4210-01-M**

## DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR-4563-N-13]

### Notice of Proposed Information Collection for Public Comment for the Public and Indian Housing Drug Elimination Technical Assistance Program (DETAP) Consultant Services—Application Kit

**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:* October 16, 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 response.

This Notice also list the following information:

*Title of Proposal.* Public and Indian Housing Drug Elimination Technical Assistance Program (DETAP) Consultant Services—Application Kit.

*OMB Control Number:* 2577-0133

*Description of the need for the information and proposed use:* The DETAP provides not more than (30) billable days of technical assistance (TA) consultant services to assist public housing agencies (PHAs), Indian tribes and Tribally Designated Housing Entities (TDHEs), Resident Management Corporations (RMCs), Incorporated Resident Councils (RCs) and Resident Organizations (ROs) to improve the administration and effectiveness of the Public Housing Drug Elimination Program (PHDEP) grants. The program also assists eligible applicants in the elimination and reduction of drug and crime-related activities in their community. Eligible applicants submit a DETAP application, including forms, assurances, descriptive letter and certifications to HUD as outlined in the SuperNOFA published in the **Federal Register** dated February 24, 2000. HUD will accept, review, and approve accept DETAP applications on a first-come first serve basis until funds available under

this program are expended. Part 2: Skills Inventory, Form HUD-52354, Drug Elimination Technical Assistance Program, Consultant Application, is revised.

*Agency form number, if applicable:* HUD-52354.

*Member of affected public:* State, Local or Tribal Government, Not-for-

profit institutions, business or other for-profit agencies.

*Estimation of the total number of hours needed to prepare the information collection including number of respondents, frequency of response:* 1,500 respondents, one-time application, 20 hour average per response, 30,000 total reporting burden hours.

*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: August 11, 2000.

**Harold Lucas,**

*Assistant Secretary for Public and Indian Housing.*

**BILLING CODE 4210-33-M**

# Drug Elimination Technical Assistance Program

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

OMB Approval No. 2577-0133 (exp. 6/30/2000)

## Consultant Application

Public Housing Drug Elimination Technical Assistance (TA) Program

Public reporting burden for this collection of information is estimated to average 8 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 collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

Completion of this form is voluntary, but if you wish to provide technical assistance, it will ensure that your primary areas of interest/expertise are recorded. Data collected is publicly available. The collection of this information is authorized by Sections 23(c) and (g) of the U.S. Housing Act of 1937 as amended by Section 554 of the Cranston-Gonzales National Affordable Housing Act, P.L. 101-625.

**Privacy Act Statement:** The U.S. Housing Act of 1937, as amended, authorizes the Department of Housing & Urban Development (HUD) to collect all the information on this form. The Housing & Community Development Act of 1987, 42 U.S.C. 3543 authorizes HUD to collect Social Security Numbers (SSN). The information will be used to help manage the number and quality of consultants participating in the program. Specifically, the information will allow HUD to categorize consultants by field of expertise, geographic location, check references, and determine daily fees. The SSN is used as a unique identifier. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as required and permitted by law. Failure to provide the information could result in HUD's denial of proposed management or fees or cancellation of management contracts for noncompliance with HUD procedures. Providing the SSN is mandatory, and failure to provide it could affect your participation in HUD programs.

Please answer all the following questions. Part 1 asks for your name and other personal information and your business mailing address. Part 2 requests you identify from a list your specific capabilities and skills. Part 3 requests information about your references and background.

### Part 1: Personal Information

Prefix	Last Name	First Name	Social Security Number
Company Name		Street Address	City, State & Zip Code
Business Phone (Include Area Code)		Business Fax (Include Area Code)	E-mail Address

### Part 2: Skills Inventory

Please identify the types of projects you feel you would be most effective in providing technical assistance. Refer to the categories on the back of this form. These categories are refined further into specific Skill Areas. Please review the categories listed, and then list the specific Skill Areas (eg. A101, B203) which best fits your capabilities and interests in the spaces provided below: **Please choose no more than 12.**

Skill 1	Skill 2	Skill 3	Skill 4	Skill 5	Skill 6	Skill 7	Skill 8	Skill 9	Skill 10	Skill 11	Skill 12
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### Part 3: Work References (Please list at least 3 references)

Name and Full Street Address of Reference	City, State, and Zip Code	Phone Number (Include Area Code)
1.		
2.		
3.		

### Part 4: Background

Do you have experience working with persons who (Check all that apply):

- ☐ speak only Spanish?  
☐ are Native Americans?  
☐ speak only Asian language(s)?

Are you fluent in any other languages other than English? If so please indicate \_\_\_\_\_

Do you have a criminal record/ Yes ☐ No ☐ Having a criminal record may not prevent you from participating in the program.

If you checked "Yes," please explain: (attach additional information if necessary.)

Have you completed all parts of this form? Yes ☐ No ☐

Have you attached your resume? Yes ☐ No ☐

Have you attached your rate justification? Yes ☐ No ☐

**Incomplete applications will be returned**

Previous editions are obsolete

form HUD-52354 (6/28/2000)