

each grant. Describe milestones and work products to be accomplished during the grant period.

For States applying for *Conditional Eligibility*. States must clearly indicate the annual benchmarks for improvements to personal assistance services (PAS) that must be achieved before funding beyond the first year's will be released. These benchmarks should represent improvements in PAS that will move a State closer to meeting the level of PAS described in Appendix One.

For States applying for *Transitional eligibility*, States must provide a letter of commitment outlining how the requirement of providing PAS statewide by the end of the grant year will be achieved.

- Examples of work products include completed program designs, legislative campaigns, or proposed educational campaigns.

- A timetable for accomplishing the major tasks to be undertaken should include key dates relevant to the proposed project (e.g. State budget cycles and legislative sessions).

D. Organization and Staffing

Describe the project organization and staffing include:

- Proposed management structure and how key project staff will relate to the proposed project director, the Medicaid Agency, and any interagency or community working groups.

- Brief biographical sketches of the project director and key project personnel indicating their qualifications, and prior experience for the project. Resumes for the key project personnel should be provided as an attachment.

E. Endorsements and Support

Provide a set of endorsements of the support and commitments that have been pledged for the proposed project (e.g. cooperation from the disability community, other state agencies, the executive branch, the legislative branch, employers, business groups, etc.). Individual letters of support should be included as attachments.

6. Budget Narrative/Justification

For the budget recorded on form 424 (see Appendix Five), provide a breakdown of the aggregate number detailing their allocation to each major set of activities. If your State is applying to create a State-to-State Medicaid Infrastructure Center, the budget narrative must separate that activity. The proposed budget for the program should distinguish the proportion of grant funding designated for each grant activity. The budget must separate out funding that is administered directly by the lead agency from funding that will be subcontracted to other partners. If you have budgeted for Infrastructure Grant money to use toward the realization of a Demonstration to Maintain Independence project, you may submit a separate budget section reflecting how that money will be spent if the Demonstration project is not approved.

If your State has an approved State Plan amendment under section 1902(a)(10)(A)(ii)(XII) of the Social Security Act and is applying for funds in excess of \$500,000 per fiscal year, please provide

documentation of State and Federal spending for this optional categorically needy eligibility group.

7. Required Appendices

(a) *Organizational Charts*: Append one or more charts depicting the organizational relationship amongst the lead agency for this grant, the Single State Medicaid Agency (if different), the agency administering Home and Community-Based Service waivers (if different), and the State Vocational Rehabilitation Agency.

(b) *Memoranda of Understanding*: Append any relevant memoranda of understanding which might illustrate the breadth of the State's employment efforts and the extent of collaboration between relevant agencies.

(c) *Key Staff Qualifications*: Include a biographical sketch or resume of key staff describing their qualifications.

Appendix Four: Notice of Intent to Apply

Please return this form by June 12, 2000 to: Medicaid Infrastructure Grants Program, Disabled and Elderly Health Programs Group, Center for Medicaid and State Operations Health Care Financing Administration, 7500 Security Boulevard, S2-12-24, Baltimore, MD 21244-1850

1. State Name: _____
2. State Agency likely to serve as lead: _____
3. Contact Name and Title: _____
4. Address: _____
5. Phone: _____
6. Fax: _____
7. E-mail: _____
8. Eligibility Category: Full _____
Conditional _____
Transitional _____
Reserved _____
9. Expected Duration of Grant Request: From _____ to _____
10. Infrastructure Center: Will You Propose to Serve as a State-to-State Medicaid Infrastructure Center? Yes ___ No ___
11. Expected amount of request: \$ _____
12. Questions: Please attach any questions you would like to have answered before you complete your application.

Information will be sent in June with responses to questions posed by States that submit this Notice of Intent to Apply. This Notice of Intent is not a required document. States that do not submit a letter of intent may still apply. Similarly, submission of a letter of intent does not bind the State, nor will it cause a proposal to be reviewed more favorably. However, we cannot assure that answers to questions posed by States subsequent to issuance of this grant solicitation will be provided to States that do not submit a letter of intent.

Appendix 5

Grant Application Kit (standard forms)
(Please complete the attached forms:)
SF-424: Application for Federal Assistance
SF-424A: Budget Information
SF-424B: Assurances-Non Construction Programs

Biographical Sketch
Standard Form LLL: Disclosure of Lobbying Activities
Additional Assurances

If copies of these forms are needed, they may be obtained from the HCFA website at www.hcfa.gov under Research and Demonstration.

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BILLING CODE 4120-01-M

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR-4565-N-14]

Notice of Proposed Information Collection: Comment Request; Request for Construction Change

AGENCY: Office of the Assistant Secretary for 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: Wayne Eddins, Reports Management Officer, Department of Housing and Urban Development, 451 7th Street, SW., L'Enfant Building, Room 8202, Washington, DC 20410, telephone (202) 708-5221 (this is not a toll-free number) for copies of the proposed forms and other available information.

FOR FURTHER INFORMATION CONTACT: Willie Spearmon, Director, Office of Business Products, U.S. Department of Housing and Urban Development, 451 7th Street, SW., Washington, DC 20410, telephone number (202) 708-3000 (this is not a toll-free number).

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 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 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: Request for Construction Change.

OMB Control Number, if applicable: 2502-0011.

Description of the need for the information and proposed use: Sections 207(b) of the National Housing Act (Public Law 479, 48 Stat. 1246, 12 U.S.C. 1701 et. seq.) authorizes the Secretary for the Department of Housing and Urban Development to insure mortgages for construction of rental housing projects. Forms HUD-92437, HUD-92442, HUD-92442-A, HUD-92442-CA and HUD-92442-A-CA, are used by the contractor, mortgagor and mortgagee to obtain the FHA Commissioner's approval of changes drawings and specifications.

Agency form numbers, if applicable: HUD-92437, HUD-92442, HUD-92442-A, HUD-92442-CA, HUD-92442-A-CA.

Estimation of the total number of hours needed to prepare the information collection including number of respondents, frequency of response, and hours of response: HUD-92437 (number of respondents is 900, frequency of responses is 3, hours per response is 2 hours); HUD-92442 (number of respondents is 300, frequency of responses is 1, hours per response is 16 hours); HUD-92442-A (number of respondents is 300, frequency of responses is 1, hours per response is 16 hours); HUD-92442-CA (number of respondents is 300, frequency of responses is 1, hours per responses is 16 hours); HUD-92442-A-CA (number of respondents is 100, frequency of responses is 1, hours per response is 2 hours). The total number of respondents are 1,900 and the annual burden hours requested are 20,000.

Status of the proposed information collection: Reinstatement with change.

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

Dated: May 22, 2000.

William C. Apgar,

Assistant Secretary for Housing-Federal Housing Commissioner.

[FR Doc. 00-13468 Filed 5-30-00; 8:45 am]

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DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR-4561-N-34]

Notice of Submission of Proposed Information Collection to OMB Assessment of the American Housing Survey—Metropolitan Sample (AHS-MS)

AGENCY: Office of the Chief Information Officer, HUD.

ACTION: Notice.

SUMMARY: The proposed information collection requirement described below has been 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:* June 30, 2000.

ADDRESSES: Interested persons are invited to submit comments regarding this proposal. Comments should refer to the proposal by name and/or OMB approval number and should be sent to: Joseph F. Lackey, Jr., OMB Desk Officer, Office of Management and Budget, Room 10235, New Executive Office Building, Washington, DC 20503.

FOR FURTHER INFORMATION CONTACT: Wayne Eddins, Reports Management, 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) That 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: Assessment of the American Housing Survey—Metropolitan Sample (AHS-MS).

OMB Approval Number: 2528-XXXX.

Form Numbers: None.

Description of the Need for the Information and its Proposed Use: Department of Housing and Urban Development (HUD) seeking to better understand how the AHS-MS data is used, and by whom. The information collected will enable HUD to balance geographic coverage, timeliness and cost considerations in designing the surveys, in order to develop an optimal data set for use by HUD, other public agencies, educational institutions, nonprofits, planners, and other interested parties. The respondents will consist of known users of AHS-MS data and potential users.

Respondents: business or other for-profits, Not-for-profits and Institution State, Federal Government and State, Local, or Tribal Governments.

Frequency of Submission: One Time Only.

Reporting Burden:

	Number of respondents	×	Frequency of responses	×	Hours per response	=	Burden hours
Information Collection	200		1		.16		33