

the Background Review Documents (BRDs) for the in vitro ER and AR assays being considered at this review, ICCVAM and NICEATM determined that no validation studies have been completed. With agreement from EPA, the NICEATM and ICCVAM decided to proceed with an expert panel evaluation of the current status of ER and AR binding and transcriptional activation assays and with development of recommendations for their future validation. At this meeting, the Panel will review each of four BRDs (see below) and develop conclusions and recommendations on the following:

- The relative priority that should be given to specific assays recommended for further evaluation in validation studies.
- The adequacy of the specific protocols recommended for validation studies.
- The adequacy of the minimum procedural standards recommended for each type of assay.
- The adequacy and appropriateness of substances recommended for validation studies.

Following the completion and submission of validation studies on in vitro ER and AR assays, an independent peer review panel will be convened to review these studies and propose minimum performance criteria.

#### Agenda

The public meeting will take place May 21–22, 2002, at the Sheraton Imperial Hotel and Convention Center, 4700 Emperor Boulevard, Durham, NC 27703. The meeting will begin at 8:30 a.m. and conclude at 5 p.m. each day. On the morning of May 21st, there will be a brief orientation on ICCVAM and the ICCVAM test method review process, followed by the Panel's evaluation of the BRDs for the ER binding and transcriptional activation assays. It is anticipated that review of the ER BRDs will continue on the morning of May 22nd, after which the review of the BRDs for the AR binding and transcriptional activation assays will take place. The Panel will evaluate the current status of each of the four different types of in vitro assays and develop recommendations for their future validation. A detailed agenda will be available prior to the meeting at the ICCVAM/NICEATM web site (<http://iccvam.niehs.nih.gov>) or by contacting NICEATM (contact information below). Summary minutes and a final report of the Panel will be available following the meeting at the ICCVAM/NICEATM web site. Persons needing special assistance, such as sign language interpretation or

other special accommodations, should contact NICEATM.

#### Availability of Background Review Documents

NICEATM has prepared four BRDs, one for each type of assay being evaluated (ER and AR binding assays and ER and AR transcriptional activation assays). Copies of each BRD may be obtained on the ICCVAM/NICEATM web site at <http://iccvam.niehs.nih.gov>, or by contacting NICEATM, NIEHS, P.O. Box 12233, MD EC-17, Research Triangle Park, NC, 27709, (phone) 919-541-3398, (fax) 919-541-0947, (email) [iccvam@niehs.nih.gov](mailto:iccvam@niehs.nih.gov).

#### Request for Comments

NICEATM invites the submission of written comments on each of the BRDs. When submitting written comments please include appropriate contact information (name, affiliation, mailing address, phone, fax, email and sponsoring organization, if applicable). Written comments and additional information should be sent by mail, fax, or email to NICEATM at the address listed above by noon, May 10, 2002. All written comments received before the meeting will be posted on the ICCVAM/NICEATM web site and made available to the Panel members, ICCVAM agency representatives and experts, and also to attendees at the meeting.

The meeting is open to the public and time will be provided for the presentation of public oral comments at designated times during the Panel review. Members of the public who wish to present oral statements at the meeting (one speaker per organization) should contact NICEATM (at the address above) no later than noon, May 10, 2002. Speakers will be assigned on a consecutive basis and up to seven minutes will be allotted per speaker. Persons registering to make comments are asked to provide a written copy of their statement in advance so that copies can be distributed to the Panel. Written statements can supplement and expand the oral presentation. Each speaker is asked to provide contact information (name, affiliation, mailing address, phone, fax, email and sponsoring organization, if applicable).

#### Background Information on ICCVAM and NICEATM

ICCVAM was established in 1997 to coordinate cross-agency issues relating to the validation, acceptance, and national/international harmonization of toxicological testing methods. Composed of representatives from fifteen Federal regulatory and research

agencies that use or generate toxicological information, ICCVAM promotes the scientific validation and regulatory acceptance of toxicological test methods that enhance agencies' ability to make decisions on health risks, while refining, reducing, and replacing animal use wherever possible. ICCVAM was authorized as a permanent interagency committee of the NIEHS, under the NICEATM, on December 19, 2000, through passage of the ICCVAM Authorization Act of 2000 (Public Law 106-545, available at <http://iccvam.niehs.nih.gov/PL106545.htm>). Public Law 106-545 directs the ICCVAM to coordinate the technical review of new, revised, and alternative test methods of interagency interest. NICEATM provides operational and scientific support for ICCVAM and ICCVAM-related activities. NICEATM and ICCVAM work collaboratively to evaluate new and improved test methods applicable to the needs of federal agencies. Additional information about ICCVAM and NICEATM can be found at the following web site: <http://iccvam.niehs.nih.gov>.

Dated: March 27, 2002.

**Kenneth Olden,**

*Director, National Institute of Environmental Health Sciences.*

[FR Doc. 02-8328 Filed 4-4-02; 8:45 am]

BILLING CODE 4140-01-P

## DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR-4736-N-02]

### Notice of Proposed Information Collection for Public Comment—Application Requirements for the Resident Opportunities and Self-Sufficiency Technical Assistance (ROSS-TA) Program and Consultant Application 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: June 4, 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 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 the 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:* Application Requirements for the Resident Opportunities and Self-Sufficiency Technical Assistance (ROSS-TA) Program and Consultant Application Requirements.

*OMB Control Number:* 2577-  
*Description of the need for the information and proposed use:* Eligible program applicants and consultants must submit information for review and to be selected to participate in the ROSS-TA Program. The ROSS-TA Program provides short-term technical assistance (TA) and consultant services, no more than 30 billable days over a period of 90 calendar days to ROSS grantees. ROSS grantees must briefly state the problem and where technical assistance is needed. Eligible consultants must identify specific skills that identify their capabilities and interests, experience working with

resident groups, statement of work, and criminal record information.

*Agency form numbers, if applicable:* HUD-52364, HUD-52366, HUD-52367, HUD-52368 and HUD-52369.

*Members of affected public:* Local, State, or Tribal Governments, Businesses or Other For-Profit.

*Estimation of the total number of hours needed to prepare the information collection including number of respondents, frequency of response, and hours of response:* 200 grantees, 700 consultants, total 900 responses; one-time submission per grantee response; average three times a year per consultant response; average hours for grantee response is 8 hours; average hours for consultant response is 20 hours; the total reporting burden is 43,600.

*Status of the proposed information collection:* New.

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

Dated: March 28, 2002.

**Michael Liu,**

*Assistant Secretary for Public and Indian Housing.*

**BILLING CODE 4210-33-M**

**U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT**

**NATIONAL CONGRESS FOR COMMUNITY ECONOMIC DEVELOPMENT**

**PUBLIC HOUSING RESIDENT OPPORTUNITIES AND SELF SUFFICIENCY TECHNICAL ASSISTANCE PROGRAM (ROSS - TA)**

**APPLICATION FOR TECHNICAL ASSISTANCE - GRANTEES**

Date of Application: \_\_\_\_\_  
Name of Grantee: \_\_\_\_\_  
Name of Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name of Executive Director: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Fax #: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Field Office Code: \_\_\_\_\_ Date of Request: \_\_\_\_\_  
Field Office: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Name of Contact Person: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Fax #: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

**ROSS Applicant type:**  Public Housing Agency  Resident Association  
 Intermediary Resident Organization  Nonprofit

**Funding Category:** \_\_\_\_\_ **Year Funded:** \_\_\_\_\_  
**ROSS Grant #:** \_\_\_\_\_ **Tribe:** \_\_\_\_\_  
**Tribally Designated Entity:** \_\_\_\_\_

**State the TA Objective:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Briefly State the Problem the ROSS Grantee is Experiencing:***

---

---

---

---

***Please Check Area(s) Where Technical Assistance is Needed:***

- \_\_\_ Grantees who are having difficulty with residents getting involved and participating in their housing development and inability to document the barriers that prevent building and maintaining opportunities for self-sufficiency;
- \_\_\_ Grantees who lack ability to develop self-sufficiency programs;
- \_\_\_ Grantees who lack expertise in creating resident management corporations or developing management capabilities;
- \_\_\_ Grantees who are having difficulty in developing, and/or maintaining partnerships within the community for the purpose of encouraging a sense of affiliation regarding supportive services and outreach activities with residents;
- \_\_\_ Grantees who lack progress in providing job training and evaluation as a means to prepare residents for specific jobs;
- \_\_\_ Grantees who have difficulty in developing training and counseling, including job search assistance and placement and linkages to employees;
- \_\_\_ Grantees who are not able to develop strategies to address conflicts related to gang violence and establishment of violence free zones; and
- \_\_\_ Applicants with special circumstances, such as elderly and disabled residents, whose needs could be met under the scope of this program.

**Has the Field Office requested HUD-Initiated TA?    Yes \_\_\_\_\_    No \_\_\_\_\_**  
**If yes, please provide details of previous requests including the date, activities and results/outcomes.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Form HUD-52364

**U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT**  
**NATIONAL CONGRESS FOR COMMUNITY ECONOMIC**  
**DEVELOPMENT**

**Resident Opportunities and Self-Sufficiency Technical Assistance Program**  
**(ROSS-TA) Consultant Application**

**Part 1: Personal Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 SS# \_\_\_\_\_ Home Phone (including area code) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Business \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City, State & Zip Code \_\_\_\_\_  
 Business Phone (including area code) \_\_\_\_\_  
 Business Fax (including area code) \_\_\_\_\_

**Part 2: Skills Inventory**

Please identify the types of skills you possess and where you feel you would be most effective in providing technical assistance. Refer to the categories on the back of this form. These categories are defined into specific Skill Areas. Please review the categories listed, **according to the level of expertise and practice**, and then list the specific Skill Areas (e.g., A101, D105, etc.) that best fit your capabilities and interests in the spaces provided below:

Skill 1	Skill 2	Skill 3	Skill 4	Skill 5	Skill 6	Skill 7	Skill 8
Skill 9	Skill 10	Skill 11	Skill 12	Skill 13	Skill 14	Skill 15	Skill 16

**Part 3: Work References (Please list at least three references)**

Name and Address of Reference	City, State, and Zip Code	Phone Number (include area code)
1.		
2.		
3		

***Additional Skills or Areas of Expertise:***

Do you have experience working with persons who:

1. Speak only Spanish Yes \_\_\_ No \_\_\_
2. Speak only Asian Language (s) Yes \_\_\_ No \_\_\_
3. Are Native Americans Yes \_\_\_ No \_\_\_

Describe major work experience with Public Housing Resident Organizations, Resident Advisory Boards, PHA Boards or other related Public Housing Organizations:

Do you have a criminal record? Yes \_\_\_ No \_\_\_  
(Having a criminal record may not prevent you from participating in this program)

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

**CONSULTANT RESOURCE INVENTORY QUESTIONNAIRE (CRIQ)*****A – Management and Business Development***

- A 101 \_\_\_ Development of Resident-led Businesses or Cooperatives
- A 102 \_\_\_ Development of Credit Unions
- A 103 \_\_\_ Management Systems and Techniques
- A 104 \_\_\_ Organizational Strategic Planning
- A 105 \_\_\_ Business Management
- A 106 \_\_\_ Knowledge of Development of Revolving Loan Funds
- A 107 \_\_\_ Knowledge of Operation and Management of Financial Systems

***B – Apprenticeship and Construction Programs***

- B 101 \_\_\_ Renovation, Conversion, and Repair
- B 102 \_\_\_ Pre-Apprenticeship Activities
- B 103 \_\_\_ Apprenticeship Activities
- B 104 \_\_\_ Training Skills on Construction
- B 105 \_\_\_ Training Skills on the Removal of Toxic Substances
- B 106 \_\_\_ Training Skills on Lead-Based Paint Abatement

***C – Resident Capacity Building***

- C 101 \_\_\_ Board Training in Community Organizing
- C 102 \_\_\_ Board Development Training
- C 103 \_\_\_ Development of Leadership Skills
- C 104 \_\_\_ Management-related Employment Training and Counseling
- C 105 \_\_\_ Home Ownership Training
- C 106 \_\_\_ Fair Housing Requirements

***D – Support and Prevention Programs***

- D 101 \_\_\_ Child Care Services
- D 102 \_\_\_ Knowledge of Supportive Health Care Services (such as: substance and alcohol abuse, mental health, wellness programs)
- D 103 \_\_\_ Life Skills Training
- D 104 \_\_\_ Crisis Intervention
- D 105 \_\_\_ Peer Support Groups
- D 106 \_\_\_ Parenting Counseling
- D 107 \_\_\_ Development of Programs for Youth (i.e., youth leadership, mentoring, peer pressure reversal, goal planning)
- D 108 \_\_\_ Remedial Education
- D 109 \_\_\_ Literacy Training
- D 110 \_\_\_ ESL Instruction
- D 111 \_\_\_ Computer Skills Training

***E – Delivery Models for Elderly and Persons with Disabilities***

- E 101 \_\_\_ Development of Programs for People with Disabilities
- E 102 \_\_\_ Development of Support Programs for Elderly
- E 103 \_\_\_ Knowledge of Development about Nutritional and Wellness Programs
- E 104 \_\_\_ Knowledge about Community and other Resources

***F – Conflict Resolution/Mediation***

- F 101 \_\_\_ Communication Skills
- F 102 \_\_\_ Listening Skills
- F 103 \_\_\_ Training to Address Racial, Ethnic, and Other Diversity Issues
- F 104 \_\_\_ Skills in Dispute Resolution and Reconciliation
- F 105 \_\_\_ Experience in Dealing with Gang Violence
- F 106 \_\_\_ Experience in Developing Violence-Free Zones

**U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT**  
**RESIDENT OPPORTUNITIES AND SELF-SUFFICIENCY TECHNICAL ASSISTANCE (ROSS-TA) PROGRAM**

**SELECTION OF ROSS-TA CONSULTANT FOR:** Year: \_\_\_\_\_  
Request #: \_\_\_\_\_

**Date form completed:** \_\_\_\_\_  
**Description of Request for ROSS-TA:**

\_\_\_\_\_

**Grantee Name:** \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Consultant #** \_\_\_\_\_ **Skills Code (s)** \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**1. Name:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Fee: \_\_\_\_\_

**SELECTED:** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

**Consultant #** \_\_\_\_\_ **Skills Code (s)** \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**2. Name:** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Fee: \_\_\_\_\_

**SELECTED:** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

Consultant #: \_\_\_\_\_ Skills Code (s) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Fee: \_\_\_\_\_

SELECTED:                     YES                     NO

If any of these consultants are not selected please explain why:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please mail this form back to NCCED within thirty calendar days in order for NCCED to process selection or provide a new list of selected consultants:

NCCED  
ROSS-TA Program  
1030 15<sup>th</sup> Street, NW  
Suite 325  
Washington, D.C. 20005

**U.S. DEPARTMENT OF HOUSING AND URBAN  
DEVELOPMENT**

**NATIONAL CONGRESS FOR COMMUNITY ECONOMIC  
DEVELOPMENT**

**RESIDENT OPPORTUNITIES AND SELF-SUFFICIENCY (ROSS-TA)  
PROGRAM**

**CONSULTANT'S STATEMENT OF WORK**

Once the consultant has been selected to work with a specific grantee, it is expected that the consultant and the grantee communicate to discuss the extent of services needed. This will enable the consultant to have knowledge of the type of program the grantee is seeking to develop or enhance and the difficulties in developing the program. NCCED, the consultant and grantee will complete the Statement of Work (SOW) addressing the areas listed below. The SOW will then be submitted to HUD for final approval. It is very important to understand that the consultant will only be reimbursed for 30 days of work, and the work must be completed in less than 90 days from the date the statement of work was approved with the exception of the technical assistance initiated and requested by HUD. **Any work that has been initiated before the date authorized will not be compensated.**

- A. A: Statement of the Problem or Area in Need of Assistance**  
Please include information provided from the grantee.
- B. B: Activities**
- Activities to carry out the work according to the needs of the grantee, including specific activities that will show how the technical assistance requested will address these needs.
- C. C: Products to be Delivered**
- List of products to be delivered throughout the length of TA.
- D. D: Timeline**
- The timeline should address the specific activities and when the products are going to be delivered during the time of the contract.
- E. E: Estimated Budget According to Expenses and Hours/Days Allocated**
- F. F: Milestones**  
Please match the milestones to the timeline.

**STATEMENT OF WORK FOR CONSULTANTS****TA starting date:** \_\_\_\_\_**Name of Grantee:** \_\_\_\_\_**Name of Contact Person:** \_\_\_\_\_**Address:** \_\_\_\_\_**City:** \_\_\_\_\_**State:** \_\_\_\_\_**Zip Code:** \_\_\_\_\_**Phone #:** \_\_\_\_\_**Fax: #:** \_\_\_\_\_**E-mail:** \_\_\_\_\_**G. Statement of Problem or Area in Need of Assistance****H. Activities to carry out the work (in narrative)****I. Products (please specify what types of products are going to be developed during the TA and expected date of completion).****J. Timeline (please attach the Timeline in a different sheet)****K. Budget (please include a line item budget including estimated expenses and number of hours/days expected to complete the technical assistance)**



**Technical Assistance Final Evaluation Form**

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

**ROSS Program**

NAME OF GRANTEE: \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_  
FAX: \_\_\_\_\_

ROSS Applicant Type:  Public Housing Agency  Resident Association  
 Intermediary Resident Organization  Nonprofit  
Funding Category: \_\_\_\_\_ Year Funded: \_\_\_\_\_  
ROSS Grant #: \_\_\_\_\_ Tribe: \_\_\_\_\_  
Tribally Designated Entity: \_\_\_\_\_

Please complete the information below and check the answer that best describes the quality of services received from the consultant:

1. Type (s) of services received:

Technical Assistance  Training  
Other: \_\_\_\_\_

2. Please specify what you expected from the technical assistance.

3. Did the technical assistance or services received meet your expectations?

a. Met all expectations  c. Met some expectations  e. Met no expectations  
 b. Met most expectations  d. Met very few expectations

4. Please specify which expectations were addressed and how.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Please specify which expectations were *not* met and why not.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Was the mode of services (TA or training) delivered appropriate to resolve your problem?

Yes  No

Please explain and provide suggestions if you have any:

---

---

---

---

---

7. How would you rate the *knowledge* and *ability* of the TA provider?

Excellent  Poor  
 Good  Very Poor  
 Adequate  Don't know

Comments:

---

---

---

8. How would you rate the *actual performance* of the provider in delivering the technical assistance?

Excellent  Poor  
 Good  Very Poor  
 Adequate  Don't know

Comments:

---

---

---

9. Overall, how would you rate the *usefulness* of this Technical Assistance project?

Excellent  Poor  
 Good  Very Poor  
 Adequate  Don't know

10. Do you have any other comments, suggestions, or recommendations regarding this Technical Assistance effort?

---

---

---

[FR Doc. 02-8199 Filed 4-4-02; 8:45 am]

BILLING CODE 4210-33-C

## DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR-4730-N-14]

### Federal Property Suitable as Facilities To Assist the Homeless

**AGENCY:** Office of the Assistant Secretary for Community Planning and Development, HUD.

**ACTION:** Notice.

**SUMMARY:** This Notice identifies unutilized, underutilized, excess, and surplus Federal property reviewed by HUD for suitability for possible use to assist the homeless.

**FOR FURTHER INFORMATION CONTACT:** Mark Johnston, room 7266, Department of Housing and Urban Development, 451 Seventh Street SW., Washington, DC 20410; telephone (202) 708-1234; TTY number for the hearing- and speech-impaired (202) 708-2565 (these telephone numbers are not toll-free), or call the toll-free Title V information line at 1-800-927-7588.

**SUPPLEMENTARY INFORMATION:** In accordance with 24 CFR part 581 and section 501 of the Stewart B. McKinney Homeless Assistance Act (42 U.S.C. 11411), as amended, HUD is publishing this Notice to identify Federal buildings and other real property that HUD has reviewed for suitability for use to assist the homeless. The properties were reviewed using information provided to HUD by Federal landholding agencies regarding unutilized and underutilized buildings and real property controlled by such agencies or by GSA regarding its inventory to excess or surplus Federal property. This Notice is also published in order to comply with the December 12, 1988 Court Order in *National Coalition for the Homeless v. Veterans Administration*, No. 88-2503-OG (D.D.C.).

Properties reviewed are listed in this Notice according to the following categories: Suitable/available, suitable/unavailable, suitable/to be excess, and unsuitable. The properties listed in the three suitable categories have been reviewed by the landholding agencies, and each agency has transmitted to HUD: (1) Its intention to make the property available for use to assist the homeless, (2) its intention to declare the property excess to the agency's needs, or (3) a statement of the reasons that the property cannot be declared excess or made available for use as facilities to assist the homeless.

Properties listed as suitable/available will be available exclusively for homeless use for a period of 60 days from the date of this Notice. Where property is described as for "off-site use only" recipients of the property will be required to relocate the building to their own site at their own expense. Homeless assistance providers interested in any such property should send a written expression of interest to HHS, addressed to Brian Rooney, Division of Property Management, Program Support Center, HHS, room 5B-41, 5600 Fishers Lane, Rockville, MD 20857; (301) 443-2265. (This is not a toll-free number.) HHS will mail to the interested provider an application packet, which will include instructions for completing the application. In order to maximize the opportunity to utilize a suitable property, providers should submit their written expressions of interest as soon as possible. For complete details concerning the processing of applications, the reader is encouraged to refer to the interim rule governing this program, 24 CFR part 581.

For properties listed as suitable/to be excess, that property may, if subsequently accepted as excess by GSA, be made available for use by the homeless in accordance with the applicable law, subject to screening for other Federal use. At the appropriate time, HUD will publish the property in a Notice showing it as either suitable/available or suitable/unavailable.

For properties listed as suitable/unavailable, the landholding agency has decided that the property cannot be declared excess or made available for use to assist the homeless, and the property will not be available.

Properties listed as unsuitable will not be made available for any other purpose for 20 days from the date of this Notice. Homeless assistance providers interested in a review by HUD of the determination of unsuitability should call the toll free information line at 1-800-927-7588 for detailed instructions or write a letter to Mark Johnston at the address listed at the beginning of this Notice. Included in the request for review should be the property address (including zip code), the date of publication in the **Federal Register**, the landholding agency, and the property number.

For more information regarding particular properties identified in this Notice (*i.e.*, acreage, floor plan, existing sanitary facilities, exact street address), providers should contact the appropriate landholding agencies at the following addresses: Army: Ms. Julie Jones-Conte, Headquarters, Department

of the Army, Office of the Assistant Chief of Staff for Installation Management, Program Integration Office, Attn: DAIM-MD, Room 1E677, 600 Army Pentagon, Washington, DC 20310-0600; (703) 692-9223; DOT: Mr. Rugene Spruill, Principal, Space Management, SVC-140, Transportation Administrative Service Center, Department of Transportation, 400 7th Street, SW, Room 2310, Washington, DC 20590; (202) 366-4246; GSA: Mr. Brian K. Polly, Assistant Commissioner, General Services Administration, Office of Property Disposal, 18th and F Streets, NW, Washington, DC 20405; (202) 501-0052; Navy: Mr. Charles C. Cocks, Director, Department of the Navy, Real Estate Policy Division, Naval Facilities Engineering Command, Washington Navy Yard, 1322 Patterson Ave., SE, Suite 1000, Washington, DC 20374-5065; (202) 685-9200; (These are not toll-free numbers).

Dated: March 28, 2002.

**John D. Garrity,**

*Director, Office of Special Needs Assistance Programs.*

### Title V, Federal Surplus Property Program Federal Register Report for 4/5/02

#### Suitable/Available Properties

##### *Buildings (by State)*

###### Tennessee

Courthouse/Fed. Bldg.  
101 W. Summer Street  
Greeneville Co: Greene TN 37743-  
Landholding Agency: GSA  
Property Number: 54200210027  
Status: Excess  
Comment: 17,241 sq. ft. office bldg. w/25  
parking spaces, presence of asbestos,  
subject to Historic Preservation Covenants  
GSA Number: 4-G-TN-0652

##### *Land (by State)*

###### New Jersey

0.27 acres  
209 Bay Road  
Ocean City Co: NJ 08226-  
Landholding Agency: GSA  
Property Number: 54200210023  
Status: Excess  
Comment: Environmental conditions exist  
which impact occupancy of property,  
endangered species within one mile  
GSA Number: 1-U-NJ-645

#### Unsuitable Properties

##### *Buildings (by State)*

###### California

Bldg. 799  
Naval Air Station  
North Island Co: CA  
Landholding Agency: Navy  
Property Number: 77200210124  
Status: Excess  
Reason: Extensive deterioration  
Kentucky  
7 Bldgs.