

FEDERAL HOUSING FINANCE BOARD**Sunshine Act Meeting**

Federal Register Citation of Previous Notice: 65 FR 55980, September 15, 2000.

PREVIOUSLY ANNOUNCED TIME AND DATE OF THE MEETING: 2:00 p.m., Tuesday, September 19, 2000.

CHANGE IN THE MEETING: THE FOLLOWING TOPIC WAS ADDED TO THE OPEN PORTION OF THE MEETING:

- Extension of the Comment Period for the Proposed Capital Regulation.

The Board determined that agency business required the addition of this item on less than seven days notice to the public and that on earlier notice of this change in the subject matter of the matter was practicable.

CONTACT PERSON FOR MORE INFORMATION: Elaine L. Baker, Secretary to the Board, (202) 408-2837.

James L. Bothwell,
Managing Director.

[FR Doc. 00-24618 Filed 9-20-00; 4:57 pm]

BILLING CODE 6725-01-P

FEDERAL TRADE COMMISSION**Agency Information Collection Activities; Submission for OMB Review; Comment Request**

AGENCY: Federal Trade Commission.

ACTION: Notice.

SUMMARY: The Federal Trade Commission (FTC) has submitted to the Office of Management and Budget (OMB) for review proposed additions to an OMB clearance for FTC administrative activities. The FTC seeks public comments regarding the additions and this notice, which is the second of two notices required by the PRA for information collection requests of this nature. The proposed additions consist of telephone complaint hotlines through which staff collects information from callers, three consumer complaint forms, and a survey to be used to evaluate the effectiveness of the FTC's complaint handling system.

DATES: Comments must be submitted on or before October 25, 2000.

ADDRESSES: Send written comments to the Office of Information and Regulatory Affairs, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, DC 20503, ATTN.: Desk Officer for the Federal Trade Commission, and to Secretary, Federal Trade Commission, Room H-159, 600 Pennsylvania Avenue, NW., Washington, DC 20580 (or by e-mail to

frnotice0047@ftc.gov). The submissions should include the submitter's name, address, telephone number and, if available, FAX number and e-mail address. All submissions should be captioned "PRA/Consumer Complaint system." All comments should be identified as responding to this notice.

FOR FURTHER INFORMATION CONTACT:

Requests for additional information or copies of the proposed survey questions should be addressed to Joseph Brooke, Division of Planning and Information, Bureau of Consumer Protection, Federal Trade Commission, 600 Pennsylvania Avenue, NW., H-292, Washington, DC 20580, (202) 326-3484. The consumer complaint forms may be found at the following websites: <https://www.ftc.gov/ftc/complaint.htm> (general complaint form); <https://www.ftc.gov/ftc/knowfraudcomplaint.htm> (fraud complaints); and <https://www.ftc.gov/ftc/idtheftform.htm> (identity theft).

SUPPLEMENTARY INFORMATION: Under section 3507(h)(3) of the PRA, 44 U.S.C. 3501-3520, a Federal agency may not materially change an approved collection of information¹ unless OMB has approved the modification. OMB previously granted approval for various collections of information grouped under the category "FTC Administrative Activities" (OMB Control Number 3084-0047) on August 16, 1999. This category consists of applications to the FTC, including those pertaining to its Rules of Practice, primarily those under Parts 1, 2, and 4 of CFR Title 16. On July 12, 2000, OMB granted an expedited provisional clearance for the FTC's collections of information associated with its telephone complaint hotlines, customer complaint forms (providing alternative access to the CRC), and a customer satisfaction survey and, under 5 CFR 1320.13(d), waived the requirement to publish a notice of the emergency clearance request.

On July 19, 2000, the FTC published a **Federal Register** notice with a 60-day comment period soliciting comments from the public concerning the proposed collections of information (65 FR 44788). No comments were received.

Description of the Collection of Information and Proposed Use

The forms and survey are designed to improve public access to the Bureau of Consumer Protection's (BCP) Consumer Response Center (CRC), and are voluntary. Consumers may call a hotline

¹ "Collection of information" includes agency requests for answers to identical questions from ten or more persons (extending beyond mere identification of the respondent). See 44 U.S.C. 3502(3); 5 CFR 1320.3(c), 5 CFR 1320.3(h)(1).

phone number or may log on to the FTC's website to register a complaint using the applicable complaint form. There are three different consumer complaint forms: (1) The general www.ftc.gov complaint form (for other than identity theft complaints); (2) the www.consumer.gov "Know Fraud" complaint form (essentially another way to access complaint form #1); and (3) the "Identity Theft On-Line Complaint Form."

General and Fraud Complaint Systems

Telephone complaints and inquiries to the FTC are answered both by FTC staff and offsite contractor. Telephone counselors ask for the same information that consumers would enter on the applicable online form. For the general complaint and fraud systems, BCP has set a target time of 4.5 minutes per call to gather information, somewhat less time than it estimates for consumers to enter their complaints online.² This target was determined by the BCP's standard telemarketing best practices for consumer calls. Frequently, a small part of these incoming calls is devoted to the agency's providing information to consumers, not collecting information. The burden estimate conservatively assumes that all of the estimated time is devoted to collecting information from consumers.

Identity Theft

To handle complaints about identity theft, the FTC must obtain more detailed information than is required of other complainants. BCP designed the online identity theft form to be as short as practicable, seeking only the minimum information needed for initial evaluation and potential follow up. Obtaining further information through the initial consumer contact was dropped as unwieldy. With call-ins, however, staff and the contractor seek to obtain more detailed and comprehensive information up front to minimize the need for follow up calls.

Since investigating identity theft requires more information (e.g., credit history, credit bureau information, respondent social security number, identifying multiple suspects) than general consumer complaints and complaints about fraud, identity theft calls and online entries take longer. However, a substantial portion of identity theft-related calls (approximately 4 minutes per call) typically consists of counseling consumers on other steps they should

² Because the fraud-related form is closely patterned after the general complaint form, burden estimates per respondent for each are the same.

consider taking to obtain relief. Because this activity is different in nature and degree than the incidental provision of information in other types of fraud complaints, staff excludes it with regard to identity theft-related calls.

Customer Satisfaction Survey

The customer satisfaction survey would collect information concerning the overall effectiveness and timelessness of the CRC. The CRC will survey roughly 2 percent of complainants. Subsets of consumers who have contacted staff

throughout the year will be questioned about specific aspects of CRC customer service.

Each consumer surveyed would be asked 8–10 questions chosen from the list noted above. Half of the questions would ask consumers to rate CRC performance on a scale or call for yes or no responses. The second half of the survey would ask more open-ended questions seeking a short written or verbal answer. BCP staff estimates that each respondent will require four minutes to answer the questions

(approximately 20–30 seconds per question).

What follows are staff's estimates of burden for these various collections of information, including the questionnaire. The figures for the online forms and consumer hotlines are an average of annualized volume-to-date for the respective programs and projected volume for the next two years (the period of the existing clearance for FTC administrative activities), and are rounded to the nearest thousand.

Annual hours burden:

Activity	Number of respondents	Number minutes/activity	Total hours
Miscell, and fraud-related consumer complaints (phone)	300,000	4.5	23,000
Miscell, and fraud-related consumer complaints (online)	35,000	5.0	3,000
IDT complaints (phone)	90,000	8	12,000
IDT complaints (online)	26,000	7.5	3,000
Customer Satisfaction Questionnaire	9,000	4.0	600
Total	460,000		41,600

Annual cost burden:

The cost per respondent should be negligible. Participation is voluntary, and will not require any labor expenditures by respondents. There are no capital, start-up, operation, maintenance, or other similar costs to the respondents.

Debra A. Valentine,
General Counsel.

[FR Doc. 00–24534 Filed 9–22–00; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Office of Minority Health; Notice of a Cooperative Agreement With the Association of Asian and Pacific Community Health Organizations

AGENCY: Office of the Secretary, Office of Minority Health, HHS.

ACTION: Notice of a Single Source Cooperative Agreement with the Association of Asian and Pacific Community Health Organizations.

Program Title

Cooperative Agreement to Improve the Health Status of Minority Populations.

OMB Catalog of Federal Domestic

Assistance: The Catalog of Federal Domestic Assistance number for this cooperative agreement is 93.004.

Authority: This cooperative agreement is authorized under section 1707 (e)(1) of the Public Health Service Act, as amended.

The Office of Minority Health (OMH), Office of Public Health and Science, announces it is continuing to support a single source umbrella cooperative agreement with the Association of Asian and Pacific Community Health Organizations (AAPCHO) for it to expand and enhance its activities in health promotion, disease prevention, and health service research and the development of models to improve primary care service delivery. This cooperative agreement will continue the broad programmatic framework in which specific projects can be supported by various governmental agencies to carry out the ultimate goal of improving the health status and access to care for minorities and disadvantaged people, especially the underserved.

The OMH expects substantial programmatic involvement in this project with AAPCHO to assist in identifying health-related information for dissemination in the Asian American and Pacific Islander (AAPI) populations, particularly in rural and isolated AAPI communities; linking emerging AAPI communities to technical assistance and resource opportunities available on a national basis; identifying HHS programs that involve clinical trials and research studies to increase the involvement of AAPIs; identifying candidates for advisory panels and developing selection criteria; and arranging

consultation with other government and non-government agencies relative to activities that affect policies and programs within AAPI communities.

This cooperative agreement will be continued for an additional 5-year project period with 12-month budget periods. Depending upon the types of projects and availability of funds, it is anticipated that this cooperative agreement will receive approximately \$100,000 per year. Continuation awards within the project period will be made on the basis of satisfactory progress and the availability of funds.

During the last 5 years, AAPCHO has successfully demonstrated the ability to work with its organizational membership and health agencies on mutual education, service, and research endeavors. The OMH believes AAPCHO is uniquely qualified to accomplish the purpose of this cooperative agreement and that no organization other than AAPCHO could fulfill the program objectives for the reasons cited below. It has:

- Established a web site which promotes resources and current culturally and linguistically appropriate materials to AAPI health care providers and provides linkages with emerging AAPI communities to appropriate health care services and materials.
- Promoted health care access to rural and isolated AAPI communities, including emerging communities, specifically in the West and MidWest, and has extensive experience in addressing the health needs of these communities.