

Substantive program information may be obtained from the individual named as Contact for the meeting listed below.

The meeting will include the review, discussion and evaluation of individual contract proposals. This discussion could reveal personal information concerning individuals associated with the proposals and confidential and financial information about an individual's proposal. This discussion may also reveal information about procurement activities exempt from disclosure by statute and trade secrets and commercial or financial information obtained from a person and privileged and confidential. Accordingly, the meeting is concerned with matters exempt from mandatory disclosure in Title 5 U.S.C. 552b(c) (3), (4), and (6) and 5 U.S.C. App. 2, section 10(d).

**Committee Name:** SAMHSA Special Emphasis Panel II.

**Meeting Dates:** May 8, 1997.

**Place:** Chevy Chase Holiday Inn, Terrace B, 5520 Wisconsin Avenue, Chevy Chase, MD 20815.

**Closed:** May 8, 1997, 9 a.m.–1 p.m.

**Contact:** Dorothy E. West, M.S.W., 17–89, Parklawn Building, Telephone: (301) 443–0878 and FAX: (301) 443–3437.

This notice is being published less than 15 days prior to the meeting due to the urgent need to meet timing limitations imposed by the review and funding cycle.

Dated: April 24, 1997.

**Jeri Lipov,**

*Committee Management Officer SAMHSA.*  
[FR Doc. 97–11118 Filed 4–29–97; 8:45 am]

BILLING CODE 4162–20–P

## DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR–4200–N–56]

### Notice of Proposed Information Collection for Public Comments

**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: June 30, 1997.

**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, S.W., Room 4238, Washington, D.C. 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 USC 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 proposed 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:** Community Renaissance Fellows Program (CRFP): Budget, Payment Voucher and Semi-Annual Report.

**OMB Control Number:** 2577–0219.

**Description of the need for the information and proposed use:** HUD will require approximately 20 Community Renaissance Fellows to complete and submit forms to provide details on the funds that participants are requesting; to drawdown funds using the Line of Credit Control System/Voice Response System (LOCCS/VRS); and to provide information on expenditure of Federal funds, work activities, goals, and progress in implementing CRFP. This information is required to obtain benefits under the U.S. Housing Act of 1937, as amended.

**Members of affected public:** Individuals.

**Estimation of the total number of hours needed to prepare the information collection including number of respondents, frequency of response, and hours of response:** 20 respondents, annual/quarterly for payment voucher, three hours average per response, 66 total reporting burden hours.

**Status of the proposed information collection:** Extension.

**Authority:** Section 3506 of the Paperwork Reduction Act of 1995, 44 USC chapter 35, as amended.

Dated: April 23, 1997.

**Kevin Emanuel Marchman,**

*Acting Assistant Secretary for Public and Indian Housing.*

BILLING CODE 4210–33–M

**Community Renaissance  
Fellows Program (CRFP)  
Budget****U.S. Department of Housing  
and Urban Development**  
Office of Public and Indian Housing

OMB Approval No. 2577 -0219 (exp. 7/31/1997)

**Public reporting burden** for this collection of information is estimated to average 15 minutes 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2577-0219), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. 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.

**Do not send this form to the above address.**

The information is needed to provide details on the funds that participants are requesting. The information provides the amount requested, broken down by budget line item, with each use explained on Part II. The requested information will be reviewed by HUD to determine the amount requested, to determine whether the amount requested is reasonable, and whether the required percentages of capital and supportive services funds are met. Responses are required by Public Law 103-327, dated September 28, 1994. The information requested does not lend itself to confidentiality.

HA Name		CRFP Grant Number		FFY of Grant Approval
		<input type="checkbox"/> Original CRFP Budget <input type="checkbox"/> Revised CRFP Budget		Revision Number
Line No.	Summary by Budget Line Item	Total Funds Requested		HUD Approved Funds
1	1250 Salary			
2	1260 Benefits			
3	1270 Administration			
4	Amount of CRFP Grant (sum of lines 1 - 3)			

Signature of Executive Director

Date

Signature of Authorized Official

Date

X

X

# Community Renaissance Fellows Program Semi-Annual Report

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

OMB Approval No. 2577-0219 (exp. 7/31/1997)

**Public reporting burden** for this collection of information is estimated to average 1 hour 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2577-0219), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. 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.

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The information is needed to monitor the expenditure of Federal Funds, work activities, goals, and progress in implementing the CRFP. Participants will report semi-annually on the CRFP. HUD will use the information to ensure that grant funds are spent efficiently to protect the Federal Government. Responses are required to obtain a benefit under the U.S. Housing Act of 1937, as amended. The information requested does not lend itself to confidentiality.

1. Grantee Name & Address: (Include street, suite/room/apt. no., city, state, zip)		2. Date of Report:	3. Reporting Period:	
		4. Grant Number:		
		5. Phone (   )	Ext. (   )	6. Fax (   )
BLI	Program Highlights	Previously Reported	This Period	Cumulative Totals
1250	Salary			
1260	Benefits			
1270	Administration			
Total				

Provide a Narrative that addresses each of the following:

1. How Federal funds, specifically BLI#1270 (Administration), have been used to date.

2. Monthly work activities of Fellows.

3. Goals Accomplished and Progress in Implementing the CRF Program.

4. Other CRF Program activities.

(Continue on back)

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Issues:

Comments:

LOCCS / VRS  
Community Renaissance  
Fellows Program  
**Payment Voucher**

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

OMB Approval No. 2577-0219 (exp. 7/31/1997)

**Public reporting burden** for this collection of information is estimated to average 15 minutes 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2577-0219), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. 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.

**Do not send this form to the above address.**

HUD implemented the Line of Credit Control System/Voice Response System (LOCCS/VRS) to process requests for payments to grantees. Grant recipients fill out a voucher form for the applicable HUD program with all the necessary information prior to making a telephone call using a touch tone telephone to initiate the drawdown process. The grantee will be prompted for entering the information and for confirming information that is spoken back by the VRS simulated voice. This information is required to obtain benefits under the U.S. Housing Act of 1937, as amended. The information requested does not lend itself to confidentiality.

1. Voucher/Certification Number <b>077</b>		2. LOCCS Pgrm. Area <b>CRFP</b>		3. Period Covered by this Request (mm/yy) from:                      to:		4. <input type="checkbox"/> 1 = Partial Disbursement <input type="checkbox"/> 2 = Final Disbursement	
5. Voice Response No. (5 digits, hyphen, 5 more )		6. Grantee Organization's Name				7. Payee Organization's Name	
8. Grant No		6a. Grantee Organization's TIN No.				7a. Payee Organization's TIN	

9. Line Item No.	Type of Funds Requested	Amount (dollars)	* (cents)
1250	Salary		*
1260	Benefits		*
1270	Administration		*
10. Voucher/Certification Total:		\$	*

I certify the data reported and funds requested on this voucher are correct and the amount requested is not in excess of immediate disbursement needs for this program. In the event the funds provided become more than necessary, such excess will be promptly returned, as directed by HUD.

11. Name & Phone Number (including area code) of the Person who called:	12. Name & Title of Authorized Signatory (type or print clearly) :	
	13. Signature :	14. Date of Request :
	X	

**Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)**

**Privacy Statement:** Public Law 97-255, Financial Integrity Act, 31 U.S.C. 3512, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions. The purpose of the data is to safeguard the Line of Credit Control System (LOCCS) from unauthorized access. The data are used to ensure that individuals who no longer require access to LOCCS have their access capability promptly deleted. Failure to provide the information requested on the form may delay the processing of your approval for access to LOCCS. While the provision of the SSN is voluntary, HUD uses it as a unique identifier for safeguarding the LOCCS from unauthorized access. This information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law.

form HUD-50080-CRFP (2/97)