

Services Integration. Public comments are welcome during the open session. Please communicate with the individual listed as contact below for guidance. Attendance by the public will be limited to space available.

The meeting will also include the review, discussion and evaluation of contract proposals and discussion of information about the Agency's procurement plans. Therefore a portion of the meeting will be closed to the public as determined by the Administrator, SAMHSA, in accordance with Title 5 U.S.C. 552b(c)(3), (4) and (6) and 5 U.S.C. App. 2, sec. 10(d).

A summary of the meeting and a roster of Council members may be obtained from: Ms. Susan E. Day, Program Assistant, SAMHSA National Advisory Council, 5600 Fishers Lane, Room 12C-15, Rockville, Maryland 20857. Telephone: (301) 443-4640.

Substantive program information may be obtained from the contact whose name and telephone number is listed below.

Committee Name: Substance Abuse and Mental Health Services Administration National Advisory Council.

Meeting Date: June 24, 1996.

Place: Regency Room, DoubleTree Hotel, 1750 Rockville Pike, Rockville, Maryland 20852.

Closed: June 24, 1996, 9:00 a.m. to 11:00 a.m.

Open: June 24, 1996, 11:00 a.m. to 5:00 p.m.

Contact: Toian Vaughn, Room 12C-15, Parklawn Building, Telephone (301) 443-4640 and FAX (301) 443-1450.

Dated: May 23, 1996.

Jeri Lipov,

Committee Management Officer, Substance Abuse and Mental Health Services Administration.

[FR Doc. 96-13962 Filed 6-3-96; 8:45 am]

BILLING CODE 4162-20-M

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR-3917-N-86]

Office of Administration; Submission for OMB Review: Comment Request

AGENCY: Office of Administration, 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: July 5, 1996.

ADDRESSES: Interested persons are invited to submit comments regarding this proposal. Comments must be received within thirty (30) days from the date of this Notice. Comments should refer to the proposal by name and/or OMB approval number 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: Kay F. Weaver, Reports Management Officer, Department of Housing and Urban Development, 451 7th Street SW., Washington, DC 20410, telephone (202) 708-0050. This is not a toll-free number. Copies of the proposed forms and other available documents submitted to OMB may be obtained from Ms. Weaver.

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. 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 names and telephone numbers of an agency official familiar with the proposal and of the OMB Desk Officer for the Department.

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

Dated: May 22, 1996.

David S. Cristy,

Acting Director, Information Resources Management Policy and Management Division.

Notice of Submission of Proposed Information Collection to OMB

Title of Proposal: Section 8 Housing Assistance Payments Program and Additional Assistance Program for Projects with HUD-Held Mortgage.

Office: Housing.

OMB Approval Number: 2502-0407.

Description of the Need for the Information and Its Proposed Use: Owners or managers of HUD-insured or HUD-held project mortgages that experience immediate or potentially serious financial difficulties can apply for assistance under the Section 8 Housing Assistance Payments Program. These contracts provide the owners or managers a mechanism to obligate the necessary funds for the financially troubled projects.

Form Number: HUD-52530 and 53537.

Respondents: State, Local, or Tribal Government and Not-For-Profit Institutions.

Frequency of Submission: Annually and Recordkeeping.

Reporting Burden:

	Number of respondents	×	Frequency of response	×	Hours per response	=	Burden hours
Information Collection	3,126		1		7,243		22,642

Total Estimated Burden Hours: 22,642.

Status: Reinstatement, without changes.

Contact: Barbara D. Hunter, HUD, (202) 708-3994; Joseph F. Lackey, Jr., OMB, (202) 395-7316.

Dated: May 22, 1996.

BILLING CODE 4210-01-M

PAPERWORK REDUCTION ACT SUBMISSION

Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the Supporting Statement, and any additional documentation to: Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street NW Washington, DC 20503.

<p>1. Agency/Subagency originating request U.S. Department of Housing & Urban Dev. Office of Housing; Multifamily Housing Progs.</p>	<p>2. OMB control number b. <input type="checkbox"/> None a. <u>2 5 0 2 - 0 4 0 7</u></p>
<p>3. Type of information collection (check one) a. <input type="checkbox"/> New collection b. <input type="checkbox"/> Revision of a currently approved collection c. <input type="checkbox"/> Extension of a currently approved collection d. <input checked="" type="checkbox"/> Reinstatement, without change, of a previously approved collection for which approval has expired e. <input type="checkbox"/> Reinstatement, with change, of a previously approved collection for which approval has expired f. <input type="checkbox"/> Existing collection in use without an OMB control number <i>For b-f, note Item A2 of Supporting Statement instructions</i></p>	<p>4. Type of review requested (check one) a. <input checked="" type="checkbox"/> Regular b. <input type="checkbox"/> Emergency - Approval requested by: ___/___/___ c. <input type="checkbox"/> Delegated</p> <p>5. Small entities Will this information collection have a significant economic impact on a substantial number of small entities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>6. Requested expiration date a. <input checked="" type="checkbox"/> Three years from approval date b. <input type="checkbox"/> Other Specify: ___/___</p>
<p>7. Title Section 8 Housing Assistance Payments Program, Additional Assistance Program for Projects with HUD-Held Mortgages, 24CFR, Part 886, Subpart A, HAP Contract</p>	
<p>8. Agency form number(s) (if applicable) HUD-52530 and HUD-52537</p>	
<p>9. Keywords Housing assistance payments</p>	
<p>10. Abstract Loan Management Set-Aside Program troubled projects of HUD-held project mortgagees with immediate or potentially serious financial difficulties apply for assistance under 24CFR, Part 886, Subpart A (2502-0407). The contracts are the culmination of a successful completion for such funding, or renewal of existing HAP contracts under this Section.</p>	
<p>11. Affected public (Mark primary with "P" and all others that apply with "X") a. <input type="checkbox"/> Individuals or households b. <input type="checkbox"/> Business or other for-profit c. <input checked="" type="checkbox"/> Not-for-profit institutions d. <input type="checkbox"/> Farms e. <input type="checkbox"/> Federal Government f. <input checked="" type="checkbox"/> State, Local or Tribal Government</p>	<p>12. Obligation to respond (Mark primary with "P" and all others that apply with "X") a. <input type="checkbox"/> Voluntary b. <input checked="" type="checkbox"/> Required to obtain or retain benefits c. <input type="checkbox"/> Mandatory</p>
<p>13. Annual reporting and recordkeeping hour burden a. Number of respondents <u>3,126</u> b. Total annual responses <u>3,126</u> 1. Percentage of these responses collected electronically <u>0</u> % c. Total annual hours requested <u>22,642</u> d. Current OMB inventory <u>0</u> e. Difference <u>22,642</u> f. Explanation of difference 1. Program change <u>+22,642</u> 2. Adjustment _____</p>	<p>14. Annual reporting and recordkeeping cost burden (in thousands of dollars) a. Total annualized capital/startup costs <u>N/A</u> b. Total annual costs (O&M) _____ c. Total annualized cost requested _____ d. Current OMB inventory _____ e. Difference _____ f. Explanation of difference 1. Program change _____ 2. Adjustment _____</p>
<p>15. Purpose of information collection (Mark primary with "P" and all others that apply with "X") a. <input checked="" type="checkbox"/> Application for benefits b. <input type="checkbox"/> Program evaluation c. <input type="checkbox"/> General purpose statistics d. <input type="checkbox"/> Audit e. <input type="checkbox"/> Program planning or management f. <input type="checkbox"/> Research g. <input type="checkbox"/> Regulatory or compliance</p>	<p>16. Frequency of recordkeeping or reporting (check all that apply) a. <input checked="" type="checkbox"/> Recordkeeping b. <input type="checkbox"/> Third party disclosure c. <input type="checkbox"/> Reporting 1. <input type="checkbox"/> On occasion 2. <input type="checkbox"/> Weekly 3. <input type="checkbox"/> Monthly 4. <input type="checkbox"/> Quarterly 5. <input type="checkbox"/> Semi-annually 6. <input checked="" type="checkbox"/> Annually 7. <input type="checkbox"/> Biennially 8. <input type="checkbox"/> Other (describe) _____</p>
<p>17. Statistical methods Does this information collection employ statistical methods? <div style="text-align: right;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div></p>	<p>18. Agency contact (person who can best answer questions regarding the content of this submission) Name: <u>Barbara D. Hunter, HUD</u> Phone: <u>(202) 708-3944</u></p>

APPROVED:


 Sue Mitchell, Director
 Office of Management

19. Certification for Paperwork Reduction Act Submissions

On behalf of this Federal agency, I certify that the collection of information encompassed by this request complies with 5 CFR 1320.9.

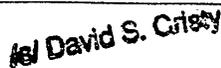
NOTE: The text of 5 CFR 1320.9, and the related provisions of 5 CFR 1320.8 (b) (3), appear at the end of the instructions. *The certification is to be made with reference to those regulatory provisions as set forth in the instructions.*

The following is a summary of the topics, regarding the proposed collection of information, that the certification covers:

- (a) It is necessary for the proper performance of agency functions;
- (b) It avoids unnecessary duplication;
- (c) It reduces burden on small entities;
- (d) It uses plain, coherent, and unambiguous terminology that is understandable to respondents;
- (e) Its implementation will be consistent and compatible with current reporting and recordkeeping practices;
- (f) It indicates the retention periods for recordkeeping requirements;
- (g) It informs respondents of the information called for under 5 CFR 1320.8 (b) (3):
 - (i) Why the information is being collected;
 - (ii) Use of information;
 - (iii) Burden estimate;
 - (iv) Nature of response (voluntary, required for a benefit, or mandatory);
 - (v) Nature and extent of confidentiality; and
 - (vi) Need to display currently valid OMB control number;
- (h) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to be collected (see note in Item 19 of the instructions);
- (i) It uses effective and efficient statistical survey methodology; and
- (j) It makes appropriate use of information technology.

If you are unable to certify compliance with any of these provisions, identify the item below and explain the reason in Item 18 of the Supporting Statement.

Signature of Senior Official or designee



Date

MAY 22 1996

[FR Doc. 96-13757 Filed 6-3-96; 8:45 am]
BILLING CODE 4210-01-M

DEPARTMENT OF THE INTERIOR

Bureau of Land Management

[WO-300-1310-00]

**Green River Basin Advisory
Committee, Colorado and Wyoming**

AGENCY: Bureau of Land Management,
Interior.

ACTION: Notice of Meeting of the Green
River Basin Advisory Committee.

SUMMARY: This notice announces the
dates, time, and schedule and initial
agenda for a meeting of the Green River
Basin Advisory Committee (GRBAC).

DATES: June 18, 1996, from 9:00 a.m.
until 6:00 p.m. and June 19, 1996, from
8:00 a.m. until 2:00 p.m. If you wish to
speak at the meeting, you must notify
the GRBAC by June 11, 1996.

ADDRESSES: Sweetwater County Events
Center, 3320 Yellowstone Road, Rock
Springs, WY 82901.

FOR FURTHER INFORMATION CONTACT:
Terri Trevino, GRBAC Coordinator,
Bureau of Land Management, P.O. Box
1828, Cheyenne, WY 82003, telephone
(307) 775-6020.

SUPPLEMENTARY INFORMATION: The topics
for the meeting will include:

(1) Road standards, alternative
funding, and the NEPA process.

(2) Public comment.

This meeting is open to the public.
Persons interested in making oral
comments or submitting written
statements for the GRBAC's
consideration should notify the GRBAC
Coordinator at the above address by
June 11. The GRBAC will hear oral
comments from 4 to 6 p.m. on June 18.
The GRBAC may establish a time limit
for oral statements.

Date Signed: May 31, 1996.
Mat Millenbach,

Acting Director, Bureau of Land Management.

[FR Doc. 96-14094 Filed 6-3-96; 8:45 am]

BILLING CODE 4310-84-P

Fish and Wildlife Service

**Endangered and Threatened Species
Permit Application**

AGENCY: Fish and Wildlife Service,
Interior.

ACTION: Notice of receipt of application.

The following applicant has applied
for a permit to conduct certain activities
with Endangered species. This notice is
provided pursuant to section 10(c) of
the Endangered Species Act of 1973, as
amended (16 U.S.C. 1531, *et seq.*).

PRT-815484

Applicant: The Nature Conservancy,
Wisconsin Chapter, Madison, Wisconsin.

The applicant requests a permit to
take (capture and release, collect) Hine's
Emerald Dragonfly (*Somatochlora
hineana*) within Door County,
Wisconsin. Surveys are proposed to
document presence or absence of the
species. Collection of one adult
dragonfly per site is proposed to verify
species. Research proposed is expected
to enhance survival of the species in the
wild and support recovery of the
species.

Written data or comments should be
submitted to the Regional Director, U.S.
Fish and Wildlife Service, Division of
Ecological Services Operations, 1
Federal Drive, Fort Snelling, Minnesota
55111-4056, and must be received
within 30 days of the date of this
publication.

Documents and other information
submitted with this application are
available for review by any party who
submits a written request for a copy of
such documents to the following office
within 30 days of the date of publication
of this notice: U.S. Fish and Wildlife
Service, Division of Ecological Services
Operations, 1 Federal Drive, Fort
Snelling, Minnesota 55111-4056.
Telephone: (612/725-3536 x250); FAX:
(612/725-3526).