

Indian Health Service

Statement of Mission, Organization, Functions and Delegations of Authority

Part G Indian Health Service

Part G, of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services, as amended at 52 FR 47053-67, December 11, 1987, and most recently amended at 60 FR 56606, November 9, 1995, is amended to reflect a reorganization of the Indian Health Service (IHS) Headquarters. This notice revises the organizational structure and realigns the administrative and programmatic functions of the IHS Headquarters. The streamlined IHS Headquarters organization is focused on leadership, advocacy, and support of the American Indian and Alaska Native (AI/AN) health care delivery programs operated by tribal governments, Urban Indian organizations, and directly by the IHS and follows recommendations contained in the Indian Health Design Team Final Report, November 1995. This new IHS Headquarters organizational structure is both flexible and prepared for further downsizing to meet the transfer of health programs and management responsibilities to tribal governments in support of Indian Self-Determination policies. The changes are as follows:

Delete the functional statements for the IHS Headquarters in their entirety and replace with the following:

Chapter GA Office of the Director

Section GA-00, Indian Health Service—Mission

The IHS provides a comprehensive health services delivery system for American Indians and Alaska Natives (AI/AN) with opportunity for maximum tribal involvement in developing and managing programs to meet their health needs. The goal of the IHS is to raise the health level of the AI/AN people to the highest possible level.

To carry out its mission and to attain its goal, the IHS:

(1) Assists Indian tribes in developing their health programs through activities including health management training, technical assistance, and human resource development; (2) facilitates and assists Indian tribes in coordinating health planning, in obtaining and utilizing health resources available through Federal, State, and local programs, in operating comprehensive health programs, and in health program evaluation; (3) provides comprehensive

health care services, including hospital and ambulatory medical care, preventive and rehabilitative services, and development of community sanitation facilities, and (4) serves as the principal Federal advocate for Indians in the health field to assure comprehensive health services for AI/AN.

Section GA-10, Indian Health Service—Organization

The IHS is an Operating Division within the Department of Health and Human Services and is under the leadership and direction of a Director who is directly responsible to the Secretary of Health and Human Services. The IHS consists of the following major components:

- Office of the Director (GA),
- Office of Management Support (GAA),
- Office of Public Health (GAB), and
- IHS Area Offices (GF).

Section GA-20, Functions

Office of the Director (GA). Provides overall direction and leadership for the IHS by:

(1) Establishing goals and objectives for the IHS consistent with the mission of the IHS; (2) providing leadership during the development of health care policy; (3) providing leadership to ensure the delivery of quality comprehensive health services; (4) coordinating the IHS activities and resources internally and externally with the activities and available resources of other governmental and nongovernmental programs, promoting optimum utilization of all available health resources; (5) advocating for the health needs and concerns of AI/AN and promoting the IHS programs at the local, State, national, and international levels; (6) developing and demonstrating alternative methods and techniques of health services management and delivery with maximum participation by Indian tribes and Indian organizations; (7) supporting the development of individual and tribal capacities to participate in Indian health programs through means and modalities that they deem appropriate to their needs and circumstances; (8) affording Indian people an opportunity to enter a career in the IHS by applying Indian preference; (9) disseminating information to IHS consumers and the general public regarding the activities of the IHS and the health status of AI/AN people and communities; and (10) ensuring full application of the principles of Equal Employment Opportunity laws and the Civil Rights

Act in managing the human resources of the IHS.

Urban Indian Health Programs Staff.

(1) Advises the Director, IHS, on the activities and issues related to the IHS' implementation of Title V of the Indian Health Care Improvement Act, as amended; (2) develops and recommends policies, administrative procedures and guidelines for IHS services and activities for urban Indian health programs and organizations; (3) assures that urban Indian health programs and organizations are informed of pertinent health policy and that consultation with urban Indian health programs and organizations occurs during the development of IHS policy; (4) supports urban Indian health programs and organizations in managing health programs and coordinates support available from other public and private agencies and organizations; (5) advises the Director, IHS, on agency compliance to urban Indian health program policies, administrative procedures and guidelines; (6) maintains relevant information on urban Indian health programs and organizations; and (7) coordinates meetings and other communications with urban Indian health program representatives.

To provide for the full participation of Indian tribes in the programs and services provided by the Federal Government, and to ensure that the responsibilities of the United States are not waived, modified, or diminished in any way with respect to Indian tribes and individual Indians, by any grant, contract, compact, or funding agreement awarded by the IHS under the Indian Self-Determination and Education Assistance Act, as amended, the:

• *Office of Tribal Self-Governance (GA-1).* (1) Develops and oversees the implementation of Tribal self-governance legislation and authorities in the IHS, under Title III of the Indian Self-Determination and Education Assistance Act, as amended; (2) develops and recommends policies, administrative procedures, and guidelines for self-governance tribal activities, with maximum input from IHS staff and workgroups, tribes and tribal organizations, and the Tribal Self-Governance Advisory Committee; (3) advises the Director on Agency compliance with self-governance policies, administrative procedures and guidelines and coordinates activities for resolution of problems with appropriate IHS and HHS staff; (4) provides technical assistance and support in the development of the Tribal Self-Governance Demonstration Project; (5) participates in the reviews, and recommends approval, of proposals

from tribes for self-governance planning and negotiation grants; (6) oversees the negotiation of self-governance compacts and annual funding agreements with participating tribal governments; (7) in conjunction with IHS Area and Headquarters components, identifies the amount of Area office and Headquarters managed funds necessary to implement the annual funding agreements and prepares annual budgets for available tribal shares; (8) coordinates semi-annual reconciliation of funding agreements with IHS Headquarters components, Area offices, and participating tribes; (9) is the principal IHS office for developing, releasing, and presenting information on behalf of the Director, IHS, related to the IHS tribal self-governance activities to tribes, tribal organizations, HHS officials, IHS officials, and officials from other Federal agencies, State and local governmental agencies, and other agencies and organizations; (10) arranges national self-governance meetings to promote the participation by all AI/AN tribes in IHS self-governance activities and program direction; and (11) coordinates meetings for self-governance tribal delegations visiting IHS Headquarters.

And, the

Office of Tribal Programs (GA-2). (1) Advises the Director, IHS, on the activities and issues related to IHS' implementation of self-determination under Title I of the Indian Self-Determination and Education Assistance Act, as amended; (2) develops and recommends policies, administrative procedures, and guidelines for a range of IHS services and activities for Title I tribes and direct service tribes, and advises the Director of the effect they have on health programs; (3) assures that Indian tribes and Indian organizations are informed, regarding pertinent health policy and program management issues, and that consultation and participation by tribes and Indian organization occurs during the development of IHS policy; (4) administers the Tribal Management Grant Program to assist tribes in developing and strengthening their capabilities in managing health programs; (5) supports Title I tribes in managing health programs and coordinates support available from other public and private agencies and organizations; (6) advises the Director, IHS, on Agency compliance to IHS self-determination program policies, administrative procedures, and guidelines; (7) coordinates implementation of special Indian legislation and authorities; (8) maintains relevant information on Indian tribes

and programs, and IHS tribal self-determination policies; (9) coordinates meetings and other communications with non-self governance tribal delegations; and (10) is the principal IHS office for developing, releasing, and presenting information on behalf of the IHS Director related to the IHS tribal self-determination activities to tribes, tribal organizations, HHS officials, IHS officials, and officials from other Federal agencies, State and local governmental agencies, and other agencies and organizations.

Equal Employment Opportunity and Civil Rights Staff (GA-3). (1) Administers the IHS equal employment opportunity, civil rights, and affirmative action programs, in accordance with applicable laws, regulations, and HHS policies; (2) plans and oversees the implementation of IHS affirmative employment and special emphasis programs; (3) reviews data on the IHS employee personnel actions and advises IHS managers of discriminatory trends; (4) ensures immediate action on complaints of alleged sexual harassment of discrimination on the basis of sexual orientation; (5) decides on accepting, for investigation, or dismissing discrimination complaints and evaluates accepted complaints for procedural sufficiency and investigates, adjudicates, and resolves such complaints; and (6) develops EEO education and training programs for IHS programs, supervisors, counselors, and employees.

Office of Management Support (GAA.) (1) Provides advice and support to the Director and IHS managers on administrative and management regulations, policies, and procedures; (2) provides IHS-wide leadership, guidance, and support in the management of financial, human, personal property, supply, and information resources; (3) formulates, administers, and supports IHS-wide policies, delegations of authority, and organizations and functions development; (4) provides leadership, direction, and coordination of activities for continuous improvement of management accountability and administrative systems and for effective and efficient program support services IHS-wide; (5) administers a program for assuring the integrity of IHS employees in performance of their official duties and responsibilities that conforms with applicable laws, regulations, and guidance from within the Department and from other Federal oversight agencies, and directs the process for personnel security and suitability in the IHS; (6) ensures the accountability and integrity of acquisition and grants

management, personal property utilization, and disposition of IHS resources; (7) assures that the IHS management services, policies, procedures, and practices support IHS Indian Self-Determination policies; (8) administers the control and quality of IHS reports, correspondence, and publications charged to Headquarters' officials for internal or external dissemination, including regular and special reports required by the Department and the Congress; (9) advises the Director on statutory and regulatory issues related to the IHS and coordination resolution of IHS legal issues with the Office of the General Counsel (OGC), IHS staff, and other Federal agencies; (10) provides leadership and advocacy of the IHS mission and goals with the Department, Administration, Congress, and other external authorities; (11) assures that IHS appeal systems meet legal standards; (12) assists in the assurance of Indian access to State, local, and private health programs; (13) manages IHS compliance with ethics requirements including the Federal Managers Financial Integrity Act; and (14) assures that access to IHS records meet statutory requirements.

Executive Secretariat (GAA-1). (1) Reviews, analyzes, and coordinates correspondence received by the IHS Office of the Director (OD); (2) assigns and controls required correspondence follow-up action by appropriate functional areas at IHS Headquarters and Areas; (3) assigns, control, and tracks reports required by the Congress; (4) ensures the quality of correspondence, reports, and publications from IHS Headquarters and Area offices that require signature by IHS OD for internal and external distribution; (5) conducts training to promote conformance by IHS Headquarters and Area staff on the *IHS Executive Correspondence Guidelines*, other good correspondence practices, and/or the requirements of higher echelon organizations; (6) maintains an automated document tracking system to assist in timely processing of internal and external correspondence; (7) maintains official records for OD correspondence and conducts topic research of files, as needed; (8) writes, develops, prepares, and coordinates documents for IHS OD signature; (9) coordinates the review of policy issues that surface in prepared responses or initiatives and resolves differences; and (10) ensures accurate flow of correspondence and related information to tribes, tribal organizations, heads of Federal Government departments and

agencies, congressional staff offices, and members of Congress.

Management Policy Support Staff (GAA-2). (1) Provides analysis, advisory, and assistance services to IHS managers and staff for the development, clearance, and filing of IHS directives and delegations of authority; (2) serves as principal advisor and source for technical assistance for establishment or modification of organizational infrastructures, functions, and Standard Administrative code configurations; (3) administers a program for assuring IHS' compliance with management control requirements in the Federal Managers' Financial Integrity Act; (4) coordinates the development, clearance, and transmittal of IHS responses and followup to reports issued by the Office of Inspector General (OIG), the General Accounting Office (GAO), and other Federal internal and external authorities; and (5) provides assistance and support to special assigned task groups, and conducts special program or management integrity reviews as required.

Division of Administrative Support (GAA1). (1) Plans, develops and directs program support and general services programs; (2) develops and disseminates policy and procedural guidelines for uniform administrative services and practices; (3) provides guidance and support to IHS Headquarters and field in the development, planning, and implementation of administrative functions; (4) maintains liaison with Department and General Services Administration (GSA) on logistics issues affecting the IHS; (5) monitors, evaluates, and reports on administrative programs and services; (6) provides advice and technical assistance on design and layout, inventories, and print order tracking for IHS publications; and (7) manages a variety of special projects.

Division of Financial Management (GAA2). (1) Develops and prepares the budget for the Office of Management and Budget (OMB) submission and the President's budget for the Indian Health Service and Facilities Appropriation; (2) participates with Department officials in budget briefings for the OMB and Congress; (3) distributes, coordinates, and monitors resource allocations; and (4) in collaboration with the Headquarters officials and the tribes, develops and implements budget, fiscal, and accounting procedures and conducts reviews and analyses to ensure compliance in budget activities.

Division of Acquisition and Grants Management (GAA3). (1) Develops, recommends, and oversees the implementation of policies and

procedures and delegations of authority for the acquisition and grants management activities in the IHS, including self-governance compacts, consistent with applicable regulations, directives, and guidance from higher echelon in the Department and Federal government oversight agencies; (2) executes and administers contracts for IHS Headquarters, grant awards IHS-wide, and assists in acquisition and grants operations at field components as required; (3) evaluates compliance with acquisition and grants management related directives at IHS Headquarters and Area offices and oversees actions required to correct identified weaknesses; (4) provides cost advisory and audit resolution services in accordance with applicable statutes and regulations; (5) advises the Director, Office of Management Support, of proposed legislation, regulations and directives that affect contracts and financial assistance programs in the IHS; (6) manages the IHS acquisition and grant information systems and conducts analysis of data for reports and/or responses to inquiries from internal and external authorities; (7) conducts training and provides advice and technical consultation for contracts and grants policies and procedures to IHS Headquarters and field components; (8) coordinates the IHS Small, Disadvantaged, and Women-Owned Business programs and oversees compliance with the Buy Indian Act; (9) is the IHS contact point for contract protests, and to the Department and the GAO regarding contract-related issues; (10) administers the agency agreements program in the IHS; and (11) coordinates the collection of disallowed costs cited in reports of contractor and grantee audits.

Division of Human Resources (GAA4). (1) Advises the Director, IHS, on personnel management issues, programs and policies for Civil Service and Commissioned Corps personnel programs; (2) assures implementation of the Indian Preference policy in all personnel practices; (3) develops personnel management policies, programs, and reports in accordance with applicable laws, regulations, and policies; (4) provides personnel management and services throughout IHS, to include, but not limited to, manpower planning and utilization, staffing, recruitment, compensation and classification, human resource development, pay administration, labor, and employee relations; (5) provides advice, consultation, and assistance to IHS management and tribal officials on tribal health program personnel policy

issues; (6) provides technical support, guidance, and assistance on all personnel programs to IHS Headquarters operations and other organizations as necessary; (7) provides liaison for IHS commissioned corps activities with the Department Division of Commissioned Personnel; and (8) represents IHS in all personnel management matters.

Division of Information Technology Support (GAA5). (1) Advises the Director, IHS, on all aspects of information management; (2) directs the development and implementation of policies, procedures, and standards for information management activities and services in the IHS; (3) directs the design, development/purchase, implementation, and support of information systems and services used in the IHS; (4) provides information technology services and support to IHS, tribal, and urban Indian health programs; and (5) represents the IHS to, and enters into information technology agreements with, Federal, tribal, State, and other organizations.

Division of Regulatory and Legal Affairs (GAA6). (1) Manages the IHS' overall regulations program and responsibilities, including determining the need for and developing plans for changes in regulations, developing or assuring the development of needed regulations, and maintaining the various regulatory planning processes; (2) provides all IHS liaison with the Office of the Federal Register on matters relating to the submission and clearance of documents for publication in the Federal Register; (3) assures proper agency clearance and processing of Federal Register documents; (4) informs management and program officials of regulatory activities of other Federal agencies; (5) manages the IHS review of non-IHS regulatory documents that impact the delivery of health services to Indians; (6) advises the Director and serves as liaison with the Office of the General Counsel (OGC) on such matters as litigation, regulations, and related policy issues; (7) determines need for and obtains legal clearance of IHS directives and other issuances; (8) coordinates legal issues with the OGC, IHS, HHS components, and other Federal agencies, including the identification and formulation of legal questions, and advising on the implementation of OGC opinions; (9) assures the IHS' appeals processes meet legal standards; (10) advises on the participation in Indian Self-Determination and Education Assistance Act appeals and hearings; (11) provides guidance and assistance on State and Federal health reform efforts, including access and civil rights

aspects and State Medicaid waiver applications; (12) advises on the administration of the contract health services (CHS) appeals system and is a participant with the Office of Public Health in the Director's CHS appeal decisions; and (13) manages the retrieval and transmittal of information in response to requests received under the Freedom of Information Act (FOIA) or the Privacy Act, and ensures the security of IHS documents used in such responses that contain sensitive and/or confidential information.

Division of Health Professions Support (GAA7). (1) Develops the IHS program to recruit, select, assign, and retain health care professionals, in accordance with policies and guidance provided by the Division of Human Resources; (2) assesses IHS professional staffing needs; (3) provides research and analysis functioned for Chief Medical Officers, Clinical Directors, and senior clinicians; (4) manages and supports health professions education programs and activities; and (5) develops and administers Indian Health Professions programs authorized by the Indian Health Care Improvement Act (IHCIA), as amended.

Office of Public Health (GAB). (1) Advises and supports the Director, IHS, on policy, budget formulation, and resources allocation regarding the operation and management of IHS direct, tribal and urban public health programs, quality assurance, and self-determination; (2) provides agency-wide leadership and consultation to IHS direct, tribal, and urban public health programs on IHS goals, objectives, policies, standards, and priorities; (3) represents the IHS within the HHS and external organizations for purposes of liaison, professional collaboration, cooperative ventures, and advocacy; (4) manages and provides national leadership and consultation for IHS and Area Offices on strategic and tactical planning, program evaluation and assessment, public health and medical services, research agendas, and special public health initiatives for the agency; (5) manages the design, development, and assessment, for facilities implementation of resource requirements and resources allocation methodology models for the agency; (6) carries out IHS responsibilities as required by the United States Federal Response Plan under Emergency Support Function No. 8; (7) assures agency compliance with the Code of Federal Regulations 45, Part 46, Protection of Human Subjects; and (8) administers the functions related to clinical services, managed care, hospitals and ambulatory care centers,

community and environmental health, and facilities and environmental engineering.

Division of Clinical and Preventive Services (GAB1). (1) Serves as the primary source of technical and policy advice for IHS, and Area Offices and IHS direct, tribal, and urban public health programs on the full scope of clinical health care programs, including their quality assurance and preventive aspects, and tort claims; (2) provides leadership in articulating the clinical needs of the AI/AN population and competing health care needs; (3) advocates the resource needs of specialized health care delivery providers of clinical services disciplines; (4) provides consultation and technical support to IHS direct, tribal, and urban health programs including, but not limited to, alcohol and substance abuse, dental services, diabetes and other chronic disease prevention, emergency medical services training and material support, mental health, nutrition services training and education, services for children with special needs, and sensory disabilities services; and (5) administers the program functions that include, but are not limited to, alcohol and substance abuse, chronic disease such as diabetes and cancer, clinical engineering, dental services, emergency medical services, health records, maternal and child health, mental health and social services, pharmacy services, nursing services, and nutrition and dietetics.

Division of Managed Care (GAB2). (1) Serves as the primary source of technical and policy advice for IHS, and Area Offices and IHS direct, tribal, and urban public health programs on the full scope of clinical health programs, including their quality assurance and preventive aspects, managed care services, third party collections and reimbursements, health care facility accreditation, risk management and quality assurance; (2) administers and implements guidelines for the IHS contract health services (CHS) program including funds management, alternate resources, the Catastrophic Health Emergency Fund (CHEF), claims adjudication, and manages the national IHS payment policy with a fiscal intermediary; (3) provides leadership at a national and State level for Medicare and Medicaid and the private insurance sector; (4) serves as liaison with the Health Care Financing Administration for rate setting; (5) performs analytical studies to address managed care issues; (6) serves as the focal point regarding Medicaid and Medicare managed care activities, including the review, evaluation, and monitoring of sections

1115 and 1915(b) Medicaid waiver proposals and other state and federal health care reform activities; and (7) assures training on negotiation of provider agreements for Medicaid and private insurance network provider participation.

Division of Community and Environmental Health (GAB3). (1) Serves as the primary source of technical and policy advice for IHS Headquarters and Area Offices on the full scope of preventive, community, and environmental health programs and health data issues; (2) provides leadership in identifying and articulating preventive, community, and environmental health needs of AI/AN populations and supports efforts to build tribal capacity; (3) advocates for preventive, community, and environmental health care providers; (4) provides and directs public health surveillance, intervention and evaluation programs and the information systems to support them; (5) maintains, analyzes, makes accessible, and publishes results from national program databases; (6) performs statistical and epidemiological consultation for the IHS in response to special conditions and communicable disease outbreaks of public health significance; and (7) performs functions related to public health programs such as environmental health, injury prevention, institutional environmental health, chronic disease prevention, infectious disease control, public health nursing, public health education, HeadStart, dental public health, community health representatives, and nutrition.

Division of Facilities and Environmental Engineering (GAB4). (1) Serves as the primary source of technical and policy advice for IHS Headquarters and Area Offices, and IHS direct, tribal, and urban public health programs on the full scope of health care and sanitation facilities construction and management, environmental engineering, and realty services management; (2) develops objectives, priorities, standards, and methodologies for the conduct and evaluation of environmental and facilities engineering activities; (3) maintains needs based workload methodology for equitable resource distribution; and (4) provides leadership, consultation, and staff development to assure functional and well maintained health care facilities, and the availability of water, sewer, and solid waste facilities.

Section GA-30, Indian Health Service—Order of Succession

During the absence or disability of the Director, IHS, or in the event of a vacancy in that office, the following IHS Headquarters officials, in the order listed below, shall act as Director, IHS. In the event of a planned extended period of absence the IHS Director may specify a different order of succession. The order of succession will be:

- (1) Deputy Director
- (2) Director of Headquarters Operations
- (3) Director of Field Operations
- (4) Director, Office of Management Support
- (5) Director, Office of Public Health
- (6) Chief Medical Officer

Section GA-40, Indian Health Service—Delegations of Authority

All delegations of authority and redelegations of authority made to IHS officials that were in effect immediately prior to this reorganization, and that are consistent with this reorganization shall continue in effect pending further redelegation.

Chapter GF IHS Area Offices

Section GF.00, IHS Area Offices—Mission

The IHS Area Offices carry out the mission of the IHS by providing a system of health care unique to the Area population.

Section GF.10, IHS Area Offices—Organization

An Area Office is a bureau-level organization under the direction of an Area Director, who reports to the Director, IHS. Area Office Directors supervise clinical directors, who administer programs of direct care to the Area population. The following are the Area Offices of the IHS:

- Aberdeen Area Office (GFA)
- Alaska Area Office (GFB)
- Albuquerque Area Office (GFC)
- Bemidji Area Office (GFE)
- Billings Area Office (GFF)
- California Area Office (GFG)
- Nashville Area Office (GFH)
- Navajo Area Office (GFJ)
- Oklahoma City Area Office (GFK)
- Phoenix Area Office (GFL)
- Portland Area Office (GFM)
- Tucson Area Office (GFN)

Section GF.20, IHS Area Offices—Functions

The specific functions of the IHS Area Offices vary, however, each Area Office includes functions organized to support major categories of administrative management and clinical activities, such as:

Administration and Management—Financial management, administrative and office services, contract/grant administration, procurement, personnel management, facilities management, management information systems, contract health care services, and equal employment opportunity;

Program Planning, Analysis and Evaluation Programs—Program planning, statistical analysis, legislative initiatives, research and evaluation, health records, management information systems, and patient registration/third party collection;

Tribal Activity Programs—Provision of Public Law 93-638, Indian Self-Determination and Educational Assistance Act, health services delivery, community health representative services, urban health, alcoholism and substance abuse, and health education;

Health Programs—Primary care, clinical activities, mental health, nursing services, dental services, health promotion and disease prevention, professional recruitment and community services, and the Joint Commission on Accreditation of Healthcare Organizations;

Environmental Health/Sanitation Facilities Construction Programs—Environmental health and engineering/sanitation facilities construction programs for IHS Area Office, and

Information Resources Management Programs—Automated data processing (ADP), ADP planning and operations, management information systems, office automation systems, voice and data telecommunications management.

Section GF.30, IHS Area Offices—Order of Succession

The order of succession for Area Directors at the IHS Area Offices are determined by Area and continue in effect until changed.

Section GF.40, IHS Area Offices—Delegations of Authority

All delegations and redelegations of authority made to officials in the IHS Area Offices that were in effect immediately prior to this reorganization, and that are consistent with this reorganization, shall continue in effect pending further redelegation.

This reorganization shall be effective on March 1, 1997.

Dated: December 2, 1996.

Michael H. Trujillo,
Assistant Surgeon General, Director, Indian Health Service.

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DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR-2880-N-13]

Notice of Proposed Information Collection for Public Comment

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: February 18, 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, SW., Room 4255, Washington, DC 20410-5000.

FOR FURTHER INFORMATION CONTACT: Mildred M. Hamman, (202)-708-0846, 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 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 submissions of responses.

This Notice also lists the following information: