Dated: August 19, 1997.

LaVerne Y. Stringfield,

Committee Management Officer, NIH.
[FR Doc. 97–22544 Filed 8–22–97; 8:45 am]
BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Division of Research Grants; Closed Meetings

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following Division of Research Grants Special Emphasis Panel (SEP) meetings:

Purpose/Agenda: To review individual grant applications.

Name of SEP: Clinical Sciences. Date: September 4, 1997.

Time: 1 p.m.

Place: NIH, Rockledge 2, Room 4114, Telephone Conference.

Contact Person: Dr. Scott Osborne, Scientific Review Administrator, 6701 Rockledge Drive, Room 4114, Bethesda, Maryland 20892, (301) 435–1782.

Name of SEP: Clinical Sciences. Date: September 5, 1997.

Time: 8:30 a.m.

Place: Marriott Residence Inn, Bethesda, Maryland.

Contact Person: Dr. Scott Osborne, Scientific Review Administrator, 6701 Rockledge Drive, Room 4114, Bethesda, Maryland 20892, (301) 435–1782.

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

Name of SEP: Multidisciplinary Sciences. Date: November 3–4, 1997.

Time: 8:30 a.m.

Place: Holiday Inn, Chevy Chase,

Maryland.

Contact Person: Dr. Bill Bunnag, Scientific Review Administrator, 6701 Rockledge Drive, Room 5212, Bethesda, Maryland 20892, (301) 435–1177

The meetings will be closed in accordance with the provisions set forth in secs. 552b(c)(4) and 552b(c)(6), Title 5, U.S.C. Applications and/or proposals and the discussions could reveal confidential trade secrets or commercial property such as patentable material and personal information concerning individuals associated with the applications and/or proposals, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

(Catalog of Federal Domestic Assistance Program Nos. 93.306, 93.333, 93.337, 93.393– 93.396, 93.837–93.844, 93.846–93.878, 93.892, 93.893, National Institutes of Health, HHS.)

Dated: August 19, 1997.

LaVerne Y. Stringfield,

Committee Management Officer, National Institutes of Health.

[FR Doc. 97–22542 Filed 8–22–97; 8:45 am] BILLING CODE 4140–01–M

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR-4263-N-10]

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: October 24, 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 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 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: Periodical Estimate for Partial Payment and Related Schedules.

OMB Control Number: 2577-0025.

Description of the need for the information and proposed use: Housing Agencies (HAs) are responsible for contract administration for project development. The contract/subcontractor reports details and summaries on payments, change orders, and schedule of material stored for the project. The information is used to make sure that the total development cost are kept at the lowest possible cost and consistent with HUD construction requirements.

Members of affected public: State, Local or Tribal Government Estimation of the total number of hours needed to prepare the information collection including number of respondents, frequency of response, and hours of response: 1,740 respondents; forms are submitted when requesting payments; 3.5 hours per response HUD–51001, 1 hour per response for HUD–51002, 1.5 hours per response for HUD–51003, 2.5 hours per response for HUD–51004; 20,155 hours total reporting burden.

Status of the proposed information collection: Extension.

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

Dated: August 19, 1997.

Kevin Emanuel Marchman,

Acting Assistant Secretary for Public and Indian Housing.

BILLING CODE 4210-33-M

Periodic Estimate for Partial Payment

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB Approval No. 2577-0025 (exp. 9/30/97)

Submit original and one copy to the Public Housing Agency. Complete instructions are on the back of this form.

Public reporting burden for this collection of information is estimated to average 3.5 hours 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. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collecton displays a valid OMB control number.

This information is collected under the authority of Section 6(c) of the U.S. Housing Act of 1937 and HUD regulations. HAs are responsible for contract administration to ensure that the work for project development is done in accordance with State laws and HUD requirements. The contractor/subcontractor reports provide details and summaries on payments, change orders, and schedule of materials stored for the project. The information will be used to ensure that the total development costs, identified in the ACC, are kept as low as possible and consistent with HUD construction requirements. Responses to the collection are necessary to obtain a hencefit. The information requirement are not provided that the construction requirements is the collection are necessary to obtain a hencefit.

me of Public Housing Agency	Poriodic	Estimate Number Period			
ne of Fublic Housing Agency	Periodic	, Estimate Number	40		a.
			,19	το	,1
ition of Project				Project Nu	mber
ne of Contractor				Contract N	lumber
Item Number (1)	Description of Item (2)		ompleted to Date (3)	9	
		\$			
		Ψ			

Instructions

Headings. Enter all identifying data required. Periodic estimates must be numbered in sequence beginning with the number 1.

Columns 1 and 2. The "Item Number" and "Description of Item" must correspond to the number and descriptive title assigned to each principal division of work in the "Schedule of Amounts for Contract Payments", form HUD-51000.

Column 3. Enter the accumulated value of each principal division of work completed as of the closing date of the periodic estimate. Enter the total in the space provided.

Certifications. The certification of the contractor includes the analysis of amounts used to determine the net balance due. In the first paragraph, enter the name of the Public Housing Agency, the contractor, and the date of the contract. Enter the calculations used in arriving at the "Balance Due This Payment" on lines 1 through 16.

Enter the contractor's name and signature in the certification following line 16.

The latter portion of this certification relating to payment of legal rates of wages, is required by the contract before any payment may be made. However, if the contractor does not choose to certify on behalf of his/her subcontractors to wage payments made by them, he/she may modify the language to cover only himself / herself and attach a list of all subcontractors who employed labor on the site during the period covered by the Periodic Estimate, together with the individual certifications of each.

Certification of the Contractor or Duly Au	thorized Representativ	ve		
According to the best of my knowledge and belief, I	•			are correct; that all work has been performed
and material supplied in full accordance with the iter	ns and conditions of the cor	•	ne of owner)	40 and duly subhasimad
and (contractor) deviations, substitutions, alterations, and additions; t	hat the following is a true and	dateddated	ne Contract Accou	, 19, and duly authorized
covered by this estimate, and that no part of the "Ba			ie comact Accoun	in top to and more any or the period
Original Contract Amount			\$	
Approved Change Orders:				
2. Additions (Total from Col. 3, form HUD-5100)	2) \$			
3. Deductions (Total from Col. 5, form HUD-510	002) \$	(net)	\$	
4. Current Adjusted Contract Amount (line 1 plus	s or minus net)			\$
Computation of Balance Due this Payment				
5. Value of Original Contract work completed to	date (from other side of this	form)	\$	
Completed Under Approved Change Orders				
6. Additions (from Col. 4, form HUD-51002)	\$		\$	
7. Deductions (from Col.5, form HUD-51002)	\$	(net)	\$	
8. Total Value of Work in Place (line 5 plus or mi	nus net line 7)		\$	
9. Less: Retainage,%			\$	
10. Net amount earned to date (line 8 less line 9	9)		\$	1 11111111
11. Less: Previously earned (line 10, last Period	dic Estimate)		\$	
12. Net amount due, work in place (line 10 less l	ine 11)		\$	
Value of Materials Properly Stored				
13. At close of this period (from form HUD-5100	4) \$			
14. Less: Allowed last period	\$			
15. Increase (decrease) from amount allowed la	st period		\$	
16. Balance Due This Payment			\$	
I further certify that all just and lawful bills against th	e undersigned and his/her s	subcontractors for labo	r material and en	uinment employed in the performance of this
contract have been paid in full in accordance with the	~			
or that there is an honest dispute with respect to, the			ie undersigned un	a moment added in action of inplied with,
or that there is an richest dispute with respect to, the	o labor provioleno el ano es	THE COL		
Name of Contractor	Signature of Authorized Rep	presentative	Title	Date
Certificate of Authorized Project Representative	and of Contracting Office	er		
Each of us certifies that he/she has checked and ve			to the best of his/h	er knowledge and belief it is a true statement
of the value of work performed and material supplied				-
authorized assistants; and that such work has been p				
and duly authorized deviations, substitutions, altera-				
We, therefore, approve as the "Balance Due this Pa		• •	•	
Authorized Project Representative:	Date:	Contracting Officer:		Date:
Warning: HUD will prosecute false claims and st	atements Conviction may	result in criminal and/o	r civil penalties (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Previous editions are obsolete ref. Handbooks 7417.1 & 7450.1 form **HUD-51001** (3/92)

Schedule of Change Orders

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB Approval No. 2577-0025 (exp. 9/30/97)

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. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collecton displays a valid OMB control number

This information is collected under the authority of Section 6(c) of the U.S Housing Act of 1937 and HUD regulations. HAs are responsible for contract administration to ensure that the work for project development is done in accordance with State laws and HUD requirements. The contractor/subcontractor reports provide details and summaries on payments, change orders, and schedule of materials stored for the project. The information will be used to ensure that the total development costs, identified in the ACC, are kept as low as possible and consistent with HUD construction requirements. Responses to the collection are necessary to obtain a benefit. The information requested does not lend itself to confidentiality.

Instructions: Contractors use this form for reporting the details of approved Change Orders. Attach an original (or a opy) to each copy of the Periodic Estimate for Partial Payment (form HUD-51001) submission, and send to the Public Housing Agency. Complete all entries. Only Change Orders which bear the signatures required by the contract are to be recorded.

Name of Public Housing Ager	ncy	S	upporting Periodic Estimate or Partial Payment Number	Period			
					,19	to	,19
Location of Project						Project Number	
Name of Contractor		and the state of t				Contract Number	
Hamo or osimuolo.							
Approved	Change Orders		Additions			Deductions	
Change Order Number (1)	Dated (2)	Total Amount of Change Orde (3)	Value of Worl or Completed to D (4)	k ate	of C	otal Amount Change Order (5)	
(1)	(2)	\$	\$	\$		(5)	
				1			
7	Totals	\$	\$	\$			
Authorized Project Represe	entative:	<u>i</u>		I	Date:		_

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)

Schedule of Materials Stored

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB Approval No. 2577-0025 (exp. 9/30/97)

Public reporting burden for this collection of information is estimated to average 1.5 hours 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. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collecton displays a valid OMB control number.

This information is collected under the authority of Section 6(c) of the U.S Housing Act of 1937 and HUD regulations. HAs are responsible for contract administration to ensure that the work for project development is done in accordance with State laws and HUD requirements. The contractor/subcontractor reports provide details and summaries on payments, change orders, and schedule of materials stored for the project. The information will be used to ensure that the total development costs, identified in the ACC, are kept as low as possible and consistent with HUD construction requirements. Responses to the collection are necessary to obtain a benefit. The information requested does not lend itself to confidentiality.

Instructions: This form is to be used to support the Periodic Estimate for Partial Payment (form HUD-51001). The contractor must prepare a separate schedule for his/her materials and for those of his/her subcontractors. Attach an original (or a copy) to each copy of the Summary of Materials Stored (form HUD-51004). Enter all identifying data and list materials stored. The listing of materials stored must correspond to the arrangement established on the Schedule of Contract Payments (form HUD-51000) and each item will be keyed by corresponding item number. This form must be signed as noted.

Name of Public Housing Agenc	y		for Partial Payment N	umber	Period				
1 4 11 2 2 - 1 4 4 4 4 4						,19		,19	
Name and Location of Project							Projec	Number	
Name of Construction							Contro	ct Number	
Name of General Contractor							Contra	Ct Number	
Name of Subcontractor							Subco	ntract Number	
Item Number*	Description and Qual	ity	Quantity	Unit of	Measure	Unit Price a		Total Price	
Amount Carried Forward								\$	
Total Amount or Amount (Carried Forward							\$	
Prepared by (Contractor's Rep	resentative) :	Date	Checked by (Owner's	Represent	ative) :			Date	

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)

^{*} As identified in Schedule of Amounts for Contract Payments, form HUD-51000. Previous editions are obsolete

Summary of Materials Stored

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB Approval No. 2577-0025 (exp. 9/30/97)

Public reporting burden for this collection of information is estimated to average 2.5 hours 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. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collecton displays a valid OMB control number.

This information is collected under the authority of Section 6(c) of the U.S Housing Act of 1937 and HUD regulations. HAs are responsible for contract administration to ensure that the work for project development is done in accordance with State laws and HUD requirements. The contractor/subcontractor reports provide details and summaries on payments, change orders, and schedule of materials stored for the project. The information will be used to ensure that the total development costs, identified in the ACC, are kept as low as possible and consistent with HUD construction requirements. Responses to the collection are necessary to obtain a benefit. The information requested does not lend itself to confidentiality.

Instructions: This form is for the Contractor to summarize the value of materials stored at the site (as shown on the schedule, form HUD-51003). Use a separate line for the contractor and each of his/her subcontractors. Prepare an original and one copy, attach form HUD-51003, and send to the Public Housing Agency with the Periodic Estimate for Partial Payment, form HUD-51001. Payment Value. No more than 90 percent of the estimated value of the stored materials will be allowed, and only the net amount will be carried to line 13 on the back of the Periodic Estimate for Partial Payment, form HUD-51001. Signatures. This form must be signed by those employees of the contractor and of the Public Housing Agency who prepare and check the Schedule of Materials Stored, form HUD-51003.

Name of Public Housing Agency:		Supporting Periodic Estimate for Partial Payment Number:	Period :		
		loi Fariiai Fayineni Number.	,1	9 to	,19
Location of Project:					Number:
Location of Freedi.				,	
Name of General Contractor:				Contrac	t Number:
Name of General Contractor or Subcontracto	r				Amounts
General Contractor				\$	
Subcontractors:				\$	
Subcontractors.				Ψ	
			Total	\$	
			Less 10% \$		
			Net	\$	
					la
Prepared by	Date	Checked by			Date
I certify that I or my authorized representa	tives have examined and c	 hecked in detail the invoic	es representing the c	ost of mat	terials set forth in
appended "Schedule of Materials Stored",	form HUD-51003, dated	neones in secan the invent	oo roproooniing in o		19 ,
submitted by			consisting o		sheets with an
indicated cost of \$		unit prices set forth in the	schedule are the sam		than the invoices
examined, and that such materials were s				, 19	
Name of Owner	By (Authorized Representative)	Title			Date
Warning: HUD will prosecute false claims and	d statements. Conviction may i	result in criminal and/or civil p	enalties. (18 U.S.C. 1001,	010, 1012;	31 U.S.C. 3729, 3802)
	····· ,			form	HUD-51004 (3/92)
Previous editions are obsolete			ref.	Handbook	s 7417.1 & 7450.1

[FR Doc. 97-22459 Filed 8-22-97; 8:45 am]

BILLING CODE 4210-33-C