

<input type="checkbox"/> 10. Medical Examination	<input type="checkbox"/> 23. Time And Attendance
<input type="checkbox"/> 11. Pay including Overtime	<input type="checkbox"/> 24. Training
<input type="checkbox"/> 12. Performance Evaluation/ Appraisal	<input type="checkbox"/> 25. Other
<input type="checkbox"/> 13. Promotion/Non-Selection	

17. (A) Describe the action taken against you that you believe was discriminatory; (B) Give the date the action occurred, and the name of each person responsible for the action; (C) Describe how you were treated differently than other employees or applicants because of your race, color, religion, sex (gender, sexual harassment, pregnancy, sexual orientation, gender identity, or transgender status), national origin, age (40 years or older), disability (mental and/or physical), genetic information, or in retaliation for your participation in the EEO complaint process or opposition to alleged discriminatory practices; (D) indicate what harm, if any, came to you in your work situation as a result of this action. (You may attach extra sheets.)

18. What remedial or corrective action are you seeking?

PART IV EEO COUNSELOR CONTACT

19. When did the most <u>recent</u> discriminatory event occur? Month _____ Day _____ Year _____	24. When did you receive your Notice of Right to File a Discrimination Complaint? Month _____ Day _____ Year _____
20. When did you first become aware of the alleged discrimination? Month _____ Day _____ Year _____	25. On this same matter, have you filed a grievance or appeal under: - Negotiated Grievance procedures <input type="checkbox"/> YES <input type="checkbox"/> NO - Agency grievance procedure <input type="checkbox"/> YES <input type="checkbox"/> NO - MSPB appeal procedure <input type="checkbox"/> YES <input type="checkbox"/> NO
21. When did you contact an EEO Counselor? Month _____ Day _____ Year _____	If you filed a grievance or appeal, provide date filed, case number, and present status.
22. Did you discuss <u>ALL</u> actions raised in item 17 with an EEO Counselor? <input type="checkbox"/> YES <input type="checkbox"/> NO (If no, explain on attached sheet)	
23. Name and Telephone number of EEO Counselor Name _____ Telephone No. _____	

[FR Doc. 2016-28486 Filed 11-25-16; 8:45 am]

BILLING CODE 4910-9X-C

DEPARTMENT OF THE TREASURY**Community Development Financial
Institutions Fund****Announcement Type: Notice and
Request for Public Comment**

SUMMARY: The U.S. Department of the Treasury, as part of its continuing effort to reduce paperwork and respondent burden, invites the general public and other Federal agencies to take this

opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995, Public Law 104-13 (44 U.S.C. 3506(c)(2)(A)). Currently, the Community Development Financial Institutions Fund (CDFI Fund), U.S. Department of the Treasury, is soliciting comments concerning the Certification of Material Events Form.

DATES: Written comments must be received on or before January 27, 2017 to be assured of consideration.

ADDRESSES: Submit your comments via email to David Meyer, Certification,

Compliance Monitoring and Evaluation (CCME) Program Manager, CDFI Fund, at ccme@cdfi.treas.gov.

FOR FURTHER INFORMATION CONTACT: David Meyer, CCME Program Manager, CDFI Fund, U.S. Department of the Treasury, 1500 Pennsylvania Avenue NW., Washington, DC. 20220. The Certification of Material Events Form may be obtained from the CDFI Fund's Web site at <http://www.cdfifund.gov/ccme>. Other information regarding the CDFI Fund and its programs may be obtained through the CDFI Fund's Web site at <http://www.cdfifund.gov>.

SUPPLEMENTARY INFORMATION:

Title: Certification of Material Events Form.

OMB Number: 1559–0037.

Abstract: This information collection captures information related to specified “material events” that recipients are required to report per their assistance agreements for the Community Development Financial Institution Program, New Markets Tax Credit Program, Bank Enterprise Award Program, Capital Magnet Fund Program, and CDFI Bond Guarantee Program. The revised form requires recipients to indicate their material event, explain the event, and their organizational response.

Type of Review: Regular Review.

Affected Public: CDFIs and CDEs; including business or other for-profit institutions, non-profit entities, and State, local and Tribal entities participating in CDFI Fund programs.

Estimated Number of Respondents: 200.

Estimated Annual Time per Respondent: .25 hours.

Estimated Total Annual Burden Hours: 50 hours.

Requests for Comments: Comments submitted in response to this notice will be summarized and/or included in the request for OMB approval. All comments will become a matter of public record. Comments are invited on: (a) Whether the collection of information is necessary for the proper performance of the functions of the CDFI Fund, including whether the information shall have practical utility; (b) the accuracy of the CDFI Fund’s estimate of the burden of the collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; (d) ways to minimize the burden of the collection of information on respondents, including through the use of technology; and (e) estimates of capital or start-up costs and costs of operation, maintenance, and purchase of services to provide information.

Authority: 12 U.S.C. 4701 *et seq.*; 26 U.S.C. 45D.

Mary Ann Donovan,

Director, Community Development Financial Institutions Fund.

[FR Doc. 2016–28572 Filed 11–25–16; 8:45 am]

BILLING CODE 4810–70–P

DEPARTMENT OF THE TREASURY

Bureau of the Fiscal Service

Proposed Collection of Information: Request To Reissue U.S. Savings Bonds to a Personal Trust

ACTION: Notice and request for comments.

SUMMARY: The Department of the Treasury, as part of its continuing effort to reduce paperwork and respondent burden, invites the general public and other Federal agencies to take this opportunity to comment on a proposed and/or continuing information collection, as required by the Paperwork Reduction Act of 1995, Public Law 104–13 (44 U.S.C. 3506(c)(2)(A)). Currently the Bureau of the Fiscal Service within the Department of the Treasury is soliciting comments concerning the Request to Reissue U.S. Savings Bonds to a Personal Trust.

DATES: Written comments should be received on or before January 27, 2017 to be assured of consideration.

ADDRESSES: Direct all written comments and requests for further information to Bureau of the Fiscal Service, Bruce A. Sharp, 200 Third Street A4–A, Parkersburg, WV 26106–1328, or bruce.sharp@fiscal.treasury.gov.

SUPPLEMENTARY INFORMATION:

Title: Request to Reissue U.S. Savings Bonds to a Personal Trust.

OMB Number: 1530–0036.

Form Number: FS Form 1851.

Abstract: The information is necessary to support a request for reissue of savings bonds in the name of the trustee of a personal trust estate.

Current Actions: Extension of a previously approved collection.

Type of Review: Regular.

Affected Public: Households and Individuals.

Estimated Number of Respondents: 18,000.

Estimated Time per Respondent: 15 minutes.

Estimated Total Annual Burden Hours: 4,500.

REQUEST FOR COMMENTS: Comments submitted in response to this notice will be summarized and/or included in the request for OMB approval. All comments will become a matter of public record. Comments are invited on: (a) Whether the collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency’s estimate of the burden of the collection of information; (c) ways to enhance the

quality, utility, and clarity of the information to be collected; (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology; and (e) estimates of capital or start-up costs and costs of operation, maintenance, and purchase of services to provide information.

Dated: November 21, 2016.

Bruce A. Sharp,

Bureau Clearance Officer.

[FR Doc. 2016–28410 Filed 11–25–16; 8:45 am]

BILLING CODE 4810–AS–P

DEPARTMENT OF THE TREASURY

Bureau of the Fiscal Service

Proposed Collection of Information: Minority Bank Deposit Program (MBDP) Certification Form for Admission

ACTION: Notice and request for comments.

SUMMARY: The Department of the Treasury, as part of its continuing effort to reduce paperwork and respondent burden, invites the general public and other Federal agencies to take this opportunity to comment on a proposed and/or continuing information collection, as required by the Paperwork Reduction Act of 1995. Currently the Bureau of the Fiscal Service within the Department of the Treasury is soliciting comments concerning the Minority Bank Deposit Program (MBDP) Certification Form for Admission.

DATES: Written comments should be received on or before January 27, 2017 to be assured of consideration.

ADDRESSES: Direct all written comments and requests for further information to Bureau of the Fiscal Service, Bruce A. Sharp, 200 Third Street A4–A, Parkersburg, WV 26106–1328, or bruce.sharp@fiscal.treasury.gov.

SUPPLEMENTARY INFORMATION:

Title: Minority Bank Deposit Program (MBDP) Certification Form for Admission

OMB Number: 1530–0001.

Form Numbers: FS Form 3144.

Abstract: The information collected on this form is used by financial institutions to apply for participation in the Minority Bank Deposit Program. Institutions approved for acceptance in the program are entitled to special assistance and guidance from Federal agencies, State and local governments, and private sector organizations.

Current Actions: Extension of a previously approved collection.