

and past and present projects to address those needs; and (7) allocates financial resources nationwide based on need and workload using the national data inventories.

Division of Environmental Health Services (GAB22). (1) Develops, implements, and manages IHS Environmental Health Services programs including the Injury Prevention and Institutional Environmental Health programs, and serves as the primary source of technical and policy advice for IHS Headquarters and Area offices on the full scope of environmental health issues and activities; (2) maintains interagency relationships with other Federal agencies and tribes to maximize interagency and intertribal responses to environmental health issues and maximize benefits to tribes by coordinating program efforts; (3) provides leadership in identifying and articulating environmental health needs of AI/AN populations and support efforts to build tribal capacity; (4) provides personnel support services and advocates for environmental health providers; (5) maintains, analyzes, makes accessible, and publishes results from national data bases; (6) manages resource allocation activities in accordance with established criteria based on workload; (7) develops and evaluates standards and guidelines for environmental health programs and activities; and (8) performs functions related to environmental health programs such as injury prevention, emergency response, water quality, food sanitation, occupational health and safety, solid and hazardous waste management, environmental health issues in health care and non-health care institutions, and vector control.

Division of Facilities Operations (GAB23). (1) Develops, implements, and manages the programs affecting health care facilities operations, including routine maintenance and improvement (M&I), quarters, realty, and clinical engineering programs; (2) develops, implements, monitors, and evaluates agency program activities, objectives, policies, plans, guidelines, and standardized data systems for health care facilities operations; (3) serves as principal resource for coordination of facilities operations and provides consultation to IHS and the tribes on health care facilities operations; (4) maintains realty and quarters management systems; (5) maintains clinical engineering management systems; (6) formulates financial resources allocation methodologies nation-wide based on need and workload data; (7) maintains nation-

wide data on Federal and tribal facilities for program budget justification; and (8) develops and evaluates technical standards and guidelines for health care facilities operations.

Division of Facilities Planning and Construction (GAB24). (1) Develops, implements, and manages IHS Health Care Facilities Planning and Construction program, including the facilities planning process, facilities design process, facilities acquisition, and construction project management; (2) develops, implements, monitors, and evaluates agency program activities, objectives, policies, plans, guidelines, and standardized data systems for health care facilities planning and construction; (3) develops and maintains construction priority systems and develops project budget documents for the health care facilities construction program; (4) serves as the principal resource in providing leadership, guidance, and coordination of health care facilities engineering activities for the IHS Headquarters, Area offices, and I/T/Us; (5) monitors construction activities and the improvement, alteration, and repair of health care facilities; and (6) develops and evaluates technical standards and guidelines for health care facilities construction.

Division of Engineering Services (Dallas, Seattle) (GAB25). (1) Administers health care facilities engineering and construction projects for specified Area offices and administers the engineering and construction of certain projects for other Federal agencies through interagency agreements; (2) carries out management activities relating to IHS-owned and utilized health care facilities, including construction, contracting, realty, and leasing services; (3) serves as the source of engineering and contracting expertise for assigned programs/projects and other technical programmatic areas affecting the planning, design, alteration, leasing, and construction of IHS health care and sanitation facilities for Indian homes and communities; (4) assists in the development of Area office annual work plans, and in studies, investigations, surveys, audits, facilities planning, and technical standards development, related to IHS tribal health care facilities.

Section GAB-20, Office of Public Health—Delegations of Authority. All delegations and redelegations made to officials in the Office of Public Health 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 the date of signature.

Dated: October 13, 2000.

Michael H. Trujillo,

Director, Assistant Surgeon General.

[FR Doc. 00-28695 Filed 11-8-00; 8:45 am]

BILLING CODE 4160-16-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Submission for OMB Review; Comment Request

Periodically, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish a list of information collection requests under OMB review, in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these documents, call the SAMHSA Reports Clearance Officer on (301) 443-7978.

Administrative Reporting Form (ARF) for the Women, Co-occurring Disorders and Violence Cooperative Agreement Program (Phase II)—New—The Women, Co-occurring Disorders, and Violence Study is funded by SAMHSA's Center for Substance Abuse Treatment (CSAT), Center for Substance Abuse Prevention (CSAP), and Center for Mental Health Services (CMHS) to produce knowledge on the development and effectiveness of integrated services for women with co-occurring mental health and substance abuse disorders who are victims of violence. Fourteen sites were funded in Phase I, and ten sites are expected to be funded in Phase II. During Phase I of the study (2 years), sites developed integrated service models. In Phase II, sites that successfully reapplied will test their interventions in a multi-site outcome study contrasting comprehensive, integrated, trauma-specific and Consumer/Survivor/Recovering Person (C/S/R) involved services to services as usual.

The Administrative Reporting Form (ARF) is a program monitoring instrument which is to be completed jointly by the project director, project staff members, and directors of participating organizations at each study site annually. The ARF collects information about the staffing and governance of each project, project accomplishments in the previous year, and specific project components.

Information collected with the ARF will be used in three ways. First, evaluators will use information from the ARF to describe the process of project

implementation at each of the study sites. This information will ultimately contribute to "how-to" knowledge products for communities attempting to integrate services. Second, site visiting teams will use information from the ARF in their assessments of the sites and will make recommendations to each

site of how the site can improve its project. Third, descriptive information from the ARF will be used to characterize each site's intervention in terms of the players involved, the services provided, the manner in which those services are integrated, and the manner in which C/S/R persons are

involved. These characterizations will inform the interpretation of the client-level data in the outcome study.

The estimated annual burden for these reporting requirements is summarized below.

Respondent type	Number of respondents	Responses/ respondent	Burden/ response (hours)	Total burden hours
Project Directors	10	1	10	100

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to: Stuart Shapiro, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: November 2, 2000.

Richard Kopanda,

Executive Officer, SAMHSA.

[FR Doc. 00-28609 Filed 11-8-00; 8:45 am]

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DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR-4561-N-75]

Notice of Submission of Proposed Information Collection to OMB; Rental Rehabilitation Program

AGENCY: Office of the Chief Information Officer, 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:* December 11, 2000.

ADDRESSES: Interested persons are invited to submit comments regarding this proposal. Comments should refer to the proposal by name and/or OMB approval number (2506-0080) and 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:

Wayne Eddins, Reports Management Officer, Q, Department of Housing and Urban Development 451 Seventh Street, Southwest, Washington, DC 20410; e-mail Wayne_Eddins@HUD.gov; telephone (202) 708-2374. This is not a toll-free number. Copies of the proposed forms and other available documents submitted to OMB may be obtained from Mr. Eddins.

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. Chapter 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 name and telephone number of an agency official familiar with the proposal and of the OMB Desk Officer for the Department.

This Notice also lists the following information:

Title of Proposal: Rental Rehabilitation Program.

OMB Approval Number: 2506-0080.

Form Numbers: HUD-40014, 40014B, 40021, 40070, 40018, 40018A, 40022.

Description of the Need for the Information and its Proposed Use: Although the Rental Rehabilitation Program (RRP) has been terminated, the statute originally authorizing the RRP still imposes data collection and reporting requirements upon HUD and grantees, State and local governments. The information will be used by HUD to account for program funds and to satisfy statutory reporting requirements.

Respondents: Federal Government, State, Local or Tribal Government.

Frequency of Submission: On occasion, annually and recordkeeping.

Reporting Burden:

	Number of respondents	×	Frequency of response	×	Hours per response	=	Burden hours
150			6		1.74		1,571