

retrovirus vectors in gene therapies for the treatment of patients with severe combined immune deficiency disease to the meeting and the meeting will be held on October 10 at the Hilton DC North—Gaithersburg, 620 Perry Pkwy., Gaithersburg, MD from 8 a.m. to 5 p.m.

FOR FURTHER INFORMATION CONTACT: Gail Dapolito or Rosanna L. Harvey, Center for Biologics Evaluation and Research (HFM-71), Food and Drug Administration, 1401 Rockville Pike, Rockville, MD 20852, 301-827-0314 or call the FDA Advisory Committee Information Line, 1-800-741-8138 (301-443-0572 in the Washington, DC area), code 12389. Please call the Information Line for up-to-date information on this meeting.

SUPPLEMENTARY INFORMATION: In the **Federal Register** of September 27, 2002 (67 FR 61142), FDA announced that a meeting of the Biological Response Modifiers Advisory Committee would be held on October 10, 2002. This amendment is to update information provided earlier pertaining to the meeting. On page 61142, beginning in the last column, the *Date and Time*, *Location*, *Agenda*, *Procedure*, and *Closed Committee Deliberations* portions of the meeting are amended to read as follows:

Date and Time: The meeting will be held on October 10, 2002, from 8 a.m. to approximately 5:30 p.m.

Location: Hilton DC North—Gaithersburg, Grand Ballrooms A, B, C, and D, 620 Perry Pkwy., Gaithersburg, MD.

Agenda: On October 10, 2002, the committee will discuss safety issues recently identified related to retrovirus vectors in gene therapies for the treatment of patients with severe combined immune deficiency disease and receive updates on individual research programs in the Division of Cell and Gene Therapies and the Division of Therapeutic Proteins.

Procedure: On October 10, 2002, from 8 a.m. to 5 p.m., the meeting is open to the public. Interested persons may present data, information, or views, orally or in writing, on issues pending

before the committee. Written submissions may be made to the contact person by October 9. Oral presentations from the public will be scheduled between approximately 11:30 a.m. to 12:30 p.m. Time allotted for each presentation may be limited. Those desiring to make formal oral presentations should notify the contact person before October 9, 2002, and submit a brief statement of the general nature of the evidence or arguments they wish to present, the names and addresses of proposed participants, and an indication of the approximate time requested to make their presentation.

Closed Committee Deliberations: On October 10, 2002, between approximately 5 p.m. and 5:30 p.m., the meeting will be closed to permit discussion where disclosure would constitute a clearly unwarranted invasion of personal privacy (5 U.S.C. 552b(c)(6)). The committee will discuss reports of individual research programs in the Center for Biologics Evaluation and Research.

This notice is issued under the Federal Advisory Committee Act (5 U.S.C. app. 2) and 21 CFR part 14, relating to advisory committees.

Dated: October 2, 2002.

Linda Arey Skladany,

Senior Associate Commissioner for External Relations.

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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 summary 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.

*Drug Abuse Warning Network (OMB number 0930-0078, revision—*The Drug Abuse Warning Network (DAWN) is an on-going data system that currently collects information on drug abuse-related medical emergencies and deaths as reported from about 466 hospitals and 137 medical examiners/coroners (ME/C) nationwide. DAWN provides national and metropolitan estimated of substances involved with drug-related ED visits; disseminates information about substances involved in deaths investigated by participating ME/Cs; provides a means for monitoring drug abuse patterns, trends, and the emergence of new substances; assesses health hazards associated with drug use; and generates information for national and local drug abuse policy and program planning. DAWN data are used by Federal, State, and local agencies, as well as universities, pharmaceutical companies, and the press.

The current emergency department (ED) sample supports estimates for the coterminous U.S. and 21 major metropolitan areas. Beginning in 2003, the DAWN case definition will be changed to obtain more consistent and reliable data on drug abuse cases and also will capture additional cases where drug use/misuse led to ED visits or deaths for conditions such as adverse drug reactions, underage drinking and malicious poisonings. To achieve better geographic and population coverage, the ED sample will be expanded to support estimates for the full U.S. and 48 metropolitan areas. By the end of 2005, the sample will include approximately 841 hospitals. To achieve complete coverage, approximately 66 non-participating ME/C jurisdictions in the 48 metropolitan areas targeted for the ED expansion will be added in lieu of a sample. Facilities (EDs and ME/Cs) will continue to use the current forms in early 2003 to complete reporting on events occurring through December 2002, but will use the revised forms for all events occurring from 1/1/2003 forward.

TOTAL REPORTING BURDEN FOR DAWN: CLOSEOUT 2002¹

	Number of respondent facilities	Estimated number of responses per respondent	Estimated time per response	Gross burden hours	IR ² reporting hours	Total adjusted burden hours
EMERGENCY DEPARTMENTS						
Current Forms	166	36	9 min.	896	448	448
Current eHERS ³	300	36	9min (.15 hr)	1,620	810	810

TOTAL REPORTING BURDEN FOR DAWN: CLOSEOUT 2002¹—Continued

	Number of respondent facilities	Estimated number of responses per respondent	Estimated time per response	Gross burden hours	IR ² reporting hours	Total adjusted burden hours
ED Logs	166	16	2 min (.03 hr)	88	44	44
Subtotal						1,302
MEDICAL EXAMINERS/CORONERS						
Current Forms	20	70	15 min (.25 hr)	350	175	175
Current eMERS ⁴	119	70	15 min (.25 hr)	2,082	1,041	1,041
ME Logs	20	40	2 min (.03 hr)	26	13	13
Subtotal						1,229
Total						2,531

¹ Number of respondents and respondent burden from December 1, 2002 through March 31, 2003 (EDs) and December 1, 2002 through September 30, 2003 (ME/Cs), using the current reporting forms.

² There is no burden associated with reporting by Independent Reporters (IRs), so these hours are not included in Total Adjusted Burden. Half (50 percent) of all respondents are Independent Reporters.

³ eHERS is the electronic Hospital Emergency Reporting System.

⁴ eMERS is the electronic Medical Examiner Reporting System.

TOTAL REPORTING BURDEN FOR DAWN: JANUARY 1, 2003–NOVEMBER 30, 2005¹

	Number of respondent facilities	Estimated number of responses per respondent	Estimated time per response	Gross burden hours	IR ² reporting hours	Total adjusted burden hours
EMERGENCY DEPARTMENTS						
Revised ³ Forms	100	354	12 min (.20 hr)	7,080	3,540	3,540
Revised eHERS ⁴	786	1,596	12 min (.20 hr)	250,891	125,446	125,445
Subtotal						128,985
MEDICAL EXAMINERS/CORONERS						
Revised ³ Forms	20	60	15 min (.25 hr)	300	150	150
Revised eMERS ⁵	259	264	15 min (.25 hr)	17,094	8,547	8,547
Subtotal						8,697
Total						137,682

¹ Number of respondents and respondent burden shown as totals from January 1, 2003 through November 30, 2005, using the revised reporting forms.

² There is no burden associated with reporting by Independent Reporters (IRs), so these hours are not included in Total Adjusted Burden. Half (50 percent) of all respondents are Independent Reporters.

³ Burden associated with transmittal forms is included in the overall burden associated with identifying and reporting a DAWN case. Transmittal forms are tally sheets used as part of the reporting process, and burden cannot be segregated from completing episode forms.

⁴ eHERS is the electronic Hospital Emergency Reporting System.

⁵ eMERS is the electronic Medical Examiner Reporting System.

TOTAL AND ANNUALIZED BURDEN, ENTIRE CLEARANCE PERIOD: DECEMBER 1, 2003–NOVEMBER 30, 2005

	Total adjusted burden hours
Emergency Departments, Total Burden	130,287
Medical Examiners/Coroners, Total Burden	9,926
Total Burden (ED and ME/C)	140,213
Annualized Burden	46,738

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

Dated: October 1, 2002.

Richard Kopanda,

Executive Officer, SAMHSA.

[FR Doc. 02–25512 Filed 10–7–02; 8:45 am]

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DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR–4736–N–15]

Notice of Proposed Information Collection for Public Comment for the Housing Choice Voucher Program: Application, Utilities, Inspection, Financial Reports, Request for Lease Approval, Certificate of Family Participation, Housing Voucher, Portability Information, Housing Assistance Payments Contracts (Tenant-Based)

AGENCY: Office of the Assistant Secretary for Public and Indian Housing.

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: *Comment Due Date:* December 9, 2002.

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 & Urban

Development, 451 7th Street, SW., Room 4249, Washington, DC 20410–5000.

FOR FURTHER INFORMATION CONTACT:

Mildred M. Hamman, (202) 708–0614, extension 4128, for copies of the proposed forms and other available documents. (This is not a toll-free number). For hearing- and speech-impaired persons, this telephone number may be accessed via TTY (Text telephone) by calling the Federal Information Relay Services at 1–800–877–8339 (toll-free).

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:

Title of Proposal: Housing Choice Voucher Program: Application, Utilities, Inspection, Financial Reports, Request for Lease Approval, Certificate of Family Participation, Housing Voucher, Portability Information, Housing Assistance Payments (HAP) Contracts—Tenant-Based.

OMB Control Number: 2577–0169.

Description of the Need for the Information and Proposed Use: Housing Agencies (HAS) will prepare an application for funding which specifies the number of units requested, as well as the HA's objectives and plans for administering the Housing Choice Voucher Program. The application is reviewed by the HUD Field Office and ranked according to the HA's administrative capability, the need for housing assistance, and other factors specified in the Notice of Funding Availability (NOFA). The HAS must establish a utility allowance schedule for all utilities and other services. Units

must be inspected, using HUD-prescribed forms to determine if the units meet the housing quality standards (HQS) of the Program. HAS are also required to maintain financial reports in accordance with accepted accounting standards. The required financial statements are similar to those prepared by any responsible business or organization at the end of the fiscal year. The family must complete and submit to the HA a Request for Lease Approval when it finds a unit which is suitable for its needs, a Certificate of Family Participation, and Housing Voucher. Initial HAS will use a standardized form to submit portability information to the receiving HA who will also use the form for monthly portability billing. HAS and Owners will enter into HAP Contracts each providing information on rents, payments, certifications, notifications, and Owner agreement in a form acceptable to the HA.

Agency form numbers: HU–52515, HUD–52517, HUD–52580, HUD–52580–A, HUD–52646, HUD–52665, HUD–52667, HUD–52672, HUD–52673, HUD–52581, HUD–52641, HUD–52641–A, HUD–52642, HUD–52642–A (Forms HUD–52595 and HUD–52663 are canceled.)

Members of the Affected Public: State and Local Governments, businesses or other for profits.

Estimation of the Total Number of Hours Needed to Prepare the Information Collection including the Number of Respondents, Frequency of response, and hours of response: The number of respondents (2500 HAS + 410,000 families + 100,000 tenant-based owners + 100 project-based owners) = 512,600 total respondents, hours per response varies for each form, frequency, annually and on-occasion, total annual burden hours 650,975.¹

Status of the Proposed Information Collection: Extension with change only adding the HAP Contracts.

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

Dated: September 30, 2002.

Paula O. Blunt,

General Deputy Assistant Secretary for Public and Indian Housing.

BILLING CODE 4210–33–M

¹ The cancellation of two forms and the transfer of elevated blood level match which is now covered under Part 35 reduced the burden hours by 6,025 hours. The addition of the information collection in the HAP Contracts will void the decrease keeping the burden hour the same.