

relationships with health-related organizations of States and other jurisdictions; and (8) serves as a focal point for information on health service programs and related efforts, including voluntary professional and other private sector activities.

3. Division of Health Resources

Directs and coordinates field development and implementation of HRSA programs and activities designed to increase the capacity and capability of health facilities construction, maternal and child health care programs and other health-related programs in the States served by the cluster; (2) provides continuous program monitoring of HRSA grants and contracts for compliance with applicable laws, regulations, policies and performance standards; (3) assures implementation of loan programs; (4) provides for development, implementation, and monitoring of the annual field work plan related to assigned program areas, including setting objectives responsive to national and field priorities based on guidance provided by appropriate HRSA bureau components and assigns division resources required to attain these objectives; (5) coordinates with other field office staff and headquarters staff to develop and consolidate objectives crossing program and division lines; (6) serves as a source of expertise on resource development, maternal and child health programs, HIV/AIDS programs, health professions programs and as field program liaison with HRSA headquarters on technical programmatic matters, (7) establishes effective communication and working

relationships with health-related organizations of States and other jurisdictions, (8) serves as a focal point for information on health resource programs and related efforts, including voluntary, professional and other private sector activities.

Section RF-30 Delegations of Authority: All delegations and redelegations of authority which were in effect immediately prior to the effective date hereof have been continued in effect in them or their successors pending further redelegation. I hereby ratify and affirm all actions taken by any DHHS official which involved the exercise of these authorities prior to the effective date of this delegation.

This reorganization is effective upon date of signature.

Dated: August 12, 1998.

Claude Earl Fox,
Administrator.

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BILLING CODE 4160-15-P

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.

1999 National Household Survey on Drug Abuse—(0930-0110)—Revision—The National Household Survey on Drug Abuse (NHSDA) is a survey of the civilian, noninstitutionalized population of the United States 12 years old and older. The data are used to determine the prevalence of use of tobacco products, alcohol, illicit substances, and illicit use of prescription drugs. The results are used by SAMHSA, ONDCP, Federal government agencies, and other organizations and researchers to establish policy, direct program activities, and better allocate resources. For 1999, the tobacco component of the core questionnaire will be revised and expanded to permit a more comprehensive set of data on tobacco product use, including information on usual brand.

The sample size of the survey will be expanded to permit prevalence estimates for each of the fifty states and the District of Columbia. In addition, beginning in 1999 the survey will be administered using computer assisted interviewing (CAI); during the first quarter of 1999 a paper and pencil (PAPI) version of the interview will be administered to a supplemental sample of respondents to facilitate analysis of response differences associated with differing methodologies (i.e., computer assisted vs. paper and pencil interviewing). The total annual burden estimate is 301,675 hours as shown below:

Instrument	Number of respondents	Responses per respondent	Hours per response	Total burden
Electronic Screening (CAI/main study)	227,258	1	0.050	11,363
Electronic Screening (PAPI sample)	74,417	1	0.050	3,721
Questionnaire and Verification Form (CAI/main study)	70,000	1	1.000	70,000
Questionnaire and Verification Form (PAPI sample)	20,000	1	1.200	24,000
Screening Verification (CAI/main study)	6,818	1	0.067	457
Screening Verification (PAPI sample)	2,233	1	0.067	150
Interview Verification (CAI/main study)	10,500	1	0.067	704
Interview Verification (PAPI sample)	3,000	1	0.067	201
Total				110,596

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

Dated: August 8, 1998.

Richard Kopanda,

Executive Officer, SAMHSA.

[FR Doc. 98-22490 Filed 8-20-98; 8:45 am]

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DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR-4341-N-23]

Federal Property Suitable as Facilities To Assist the Homeless

AGENCY: Office of the Assistant Secretary for Community Planning and Development, HUD.