Direct comments to OMB: Written comments and/or suggestions regarding the item(s) contained in this notice, especially regarding the estimated public burden and associated response time, should be directed to the: Office Management and Budget, Office of Regulatory Affairs, New Executive Office Building, room 10235, Washington, D.C. 20503, Attention: Desk Officer for NIH. To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact: Michele M. Doody, M.S., National Cancer Institute, EPN 408, 6130 Executive Boulevard, Rockville, MD 20892–7364, or call non-toll-free number 301–496–6600.

COMMENTS DUE DATE: Comments regarding this information collection are best assured of having their full effect if received within 30-days of the date of this publication.

Dated: August 5, 1996.

Philip D. Amoruso,

NCI Executive Officer.

[FR Doc. 96–20520 Filed 8–12–96; 8:45 am]

BILLING CODE 4140–01–M

National Institutes of Health

Opportunity for Licensing: Homologous Recombination and Cloning of DNA and Control of Gene Expression

AGENCY: National Institute of Diabetes and Digestive and Kidney Diseases, National Institutes of Health, Public Health Service, DHHS.

ACTION: Notice.

SUMMARY: The National Institutes of Health is seeking licensees and/or CRADA partners for the further development, evaluation, and commercialization of homologous recombination and cloning of DNA and control of gene expression. The inventions claimed in the patents and patent applications referenced below under Supplementary Information are available for either exclusive or non-exclusive licensing (in accordance with 35 U.S.C. 207 and 37 CFR Part 404) and/or further development under a CRADA for clinical and research applications.

ADDRESSES: Questions about this licensing opportunity should be addressed to: Larry Tiffany, J.D., Technology Licensing Specialist, Office of Technology Transfer, National Institutes of Health, 6011 Executive Boulevard, Suite 325, Rockville, Maryland 20852–3804; telephone: 301/496–7735, ext. 206; fax: 301/402–0220.

Questions about a CRADA opportunity should be addressed to: Dr. Cyrus R. Creveling, Director, Office of Technology Transfer, National Institute of Diabetes and Digestive and Kidney Diseases, Building 31, Room 9A35, 9000 Rockville Pike, Bethesda, MD 20892; telephone: 301/496–5360; fax: 301/496–2830.

SUPPLEMENTARY INFORMATION: The isolation and cloning of genomic DNA fragments is a fundamental technique in molecular biology. Several methods are available to amplify and isolate selected DNA fragments, the common being polymerase chain reaction (PCR). Major limitations in PCR are its error rate and the small fragment size which may be reliably amplified. The *E. coli* enzyme RecA has the ability to specifically target single-stranded DNA to complementary target duplex DNA to create a three-stranded complex.

The present technology involves the use of *E. coli* RecA protein and peptides derived from it for: (1) Targeting restriction endonuclease cleavage to unique predetermined sites, (2) sequence specific mapping and manipulation of complex genomes, (3) diagnosing a genetic mutation, and (4) developing therapeutics: site specific gene inactivation, correction of gene mutations, control of gene expression.

These inventions are embodied in the following patents and patent applications:

U.S. Patent 5,460,941—''Method of Targeting DNA''

U.S. Patent 5,510,473—''Cloning of the RecA Gene from Thermus Aquaticus YT–1''—and its DIV, U.S. Patent Application Serial No. 08/446,413

U.S. Patent Application Serial No. 08/483,115—''RecA Peptide''

U.S. Patent Application Serial No. 60/001,384—''RecA Assisted Cloning of DNA''

Information about the patent applications and pertinent information not yet publicly described can be obtained under a Confidential Disclosure Agreement. Respondees interested in licensing the invention(s) will be required to submit an Application for License to Public Health Service Inventions.

To expedite the research, development, and commercialization of these compounds, the National Institutes of Health will also consider a CRADA with a pharmaceutical or biotechnology company in accordance with the regulations governing the transfer of Government-developed agents. Any proposal to use or develop these compounds will be considered. Respondees interested in submitting a CRADA proposal should be aware that it may be necessary to secure a license to the above patent rights in order to commercialize products arising from a CRADA.

Dated: August 5, 1996.

Barbara M. McGarey,

Deputy Director, Office of Technology Transfer.

[FR Doc. 96–20521 Filed 8–12–96; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR–4086–N–22]

Office of the Assistant Secretary for Public and Indian Housing; Notice of Proposed Information Collection for Public Comment

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 15, 1996.

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, D.C. 20410–5000.

FOR FURTHER INFORMATION CONTACT: Mildred M. Hamman, (202)–708–0846, 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: Public and Indian Housing—LOCCS/VRS Payment Vouchers.

OMB Control Number: 2577–0166.

Description of the need for the information and proposed use: Form HUD–50080 will be used by grant recipients to request funds from HUD through LOCCS/VRS voice activated payment system. The information collected on this form will also be used as an internal control measure to ensure the lawful and appropriate disbursement of Federal funds, as well as provide a service to program recipients.

Form Number: HUD 50080 Series.

Members of affected public: PHAs; IHAs.

Frequency of submission: On occasion.

Reporting Burden: Estimation of the total number of hours needed to prepare the information collection including number of respondents, frequency of response, and hours of response: on an annual basis, 5312 respondents, 21.6 responses per respondent, 114,762 total responses, 28,690.5 (114,762*.25) total burden hours.

Status of the proposed information collection: Reinstatement, with change, of a previously approved collection for which approval has expired.

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

Dated: July 26, 1996.

Michael B. Janis,

General Deputy Assistant Secretary for Public and Indian Housing.

BILLING CODE 4210–33–M

LOCCS / VRS
Economic Development and Supportive Services
Payment Voucher

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0166 (exp. 8/31/95)

Public reporting burden for this collection of information is estimated to average 0.25 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2577-0166), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. This agency may not conduct or sponsor, and a person is not required to respond to, a collection information unless that collecton displays a valid OMB control number.

Do not send this form to the above address.

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1. Voucher Number :	2. LOCCS Pgrm. Area:	3. Period Covered by this Request (mm/yy):
073	EDSS	from: to:
5. Voice Response No. (5 digits, hyphen, 5 more) :	6. Grantee Organization's Name :	
8. Grant or Project No:	6a. Grantee Organization's TIN :	

9. Line Item No.	Type of Funds Requested	Amount :(dollars) * (cents)
4210	Supportive Services	*
4220	Economic Development Activities	*
4230	Administrative Costs	*
4240	Service Coordinator(s) / Case Manager(s) Salary	*
4250	Other Program Costs	*
		*
		*
		*
		*
		*
		*
		*
	10. Voucher Total:	$ *

DRAFT

I certify the data reported and funds requested on this voucher are correct and the amount requested is not in excess of immediate disbursement needs for this program. In the event the funds provided become more than necessary, such excess will be promptly returned, as directed by HUD.

11. Name & Phone Number (including area code) of the Person who Completed this Form:	12. Name & Title of Authorized Signatory (type or print clearly) :	
	13. Signature : X	14. Date of Request :

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)

Privacy Statement: Public Law 97-255, Financial Integrity Act, 31 U.S.C. 3512, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions. The purpose of the data is to safeguard the Line of Credit Control System (LOCCS) from unauthorized access. The data are used to ensure that individuals who no longer require access to LOCCS have their access capability promptly deleted. Failure to provide the information requested on the form may delay the processing of your approval for access to LOCCS. While the provision of the SSN is voluntary, HUD uses it as a unique identifier for safeguarding the LOCCS from unauthorized access. This information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law.

form **HUD-50080-EDSS** (07/15/96)

LOCCS / VRS
Comprehensive Improvement Assistance Program
Payment Voucher

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0166 (exp. 8/31/95)

Public reporting burden for this collection of information is estimated to average 0.25 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2577-0166), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. This agency may not conduct or sponsor, and a person is not required to respond to, a collection information unless that collecton displays a valid OMB control number.

Do not send this form to the above address.

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1. Voucher Number :	2. LOCCS Pgrm. Area:	3. Period Covered by this Request (mm/yy):	4. 1 = Partial Disbursement 2 = Final Disbursement
029	CIAP	from: to:	

5. Voice Response No. (5 digits, hyphen, 5 more) :	6. Grantee Organization's Name :	7. Payee Organization's Name :
8. Grant or Project No:	6a. Grantee Organization's TIN :	7a. Payee Organization's TIN:

9. Line Item No.	Type of Funds Requested	Amount :(dollars) * (cents)
1406	Operations	*
1408	Management Improvements	*
1410	Administration	*
1430	Fees & Costs	*
1440	Site Acquisition	*
1450	Site Improvement	*
1460	Dwelling Structures	*
1465	Dwelling Equipment - Non-Expendable	*
1470	Non-Dwelling Structures	*
1475	Non-Dwelling Equipment	*
1495	Relocation Costs	*
1498	Mod Used for Development	*
1500	FY 1992 & Prior Year Grants	*
	10. Voucher Total:	$ *

DRAFT

I certify the data reported and funds requested on this voucher are correct and the amount requested is not in excess of immediate disbursement needs for this program. In the event the funds provided become more than necessary, such excess will be promptly returned, as directed by HUD.

11. Name & Phone Number (including area code) of the Person who Completed this Form:	12. Name & Title of Authorized Signatory (type or print clearly) :	
	13. Signature : X	14. Date of Request :

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)

Privacy Statement: Public Law 97-255, Financial Integrity Act, 31 U.S.C. 3512, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions. The purpose of the data is to safeguard the Line of Credit Control System (LOCCS) from unauthorized access. The data are used to ensure that individuals who no longer require access to LOCCS have their access capability promptly deleted. Failure to provide the information requested on the form may delay the processing of your approval for access to LOCCS. While the provision of the SSN is voluntary, HUD uses it as a unique identifier for safeguarding the LOCCS from unauthorized access. This information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law.

form **HUD-50080-CIAP** (07/15/96)

LOCCS / VRS
Comprehensive Grant Program
Payment Voucher

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0166 (exp. 8/31/95)

Public reporting burden for this collection of information is estimated to average 0.25 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2577-0166), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. This agency may not conduct or sponsor, and a person is not required to respond to, a collection information unless that collecton displays a valid OMB control number.

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1. Voucher Number : **028**	2. LOCCS Pgrm. Area: **COMP**	3. Period Covered by this Request (mm/yy): from: to:	4. ☐ 1 = Partial Disbursement ☐ 2 = Final Disbursement
5. Voice Response No. (5 digits, hyphen, 5 more) :	6. Grantee Organization's Name :	7. Payee Organization's Name :	
8. Grant or Project No:	6a. Grantee Organization's TIN :	7a. Payee Organization's TIN:	

9. Line Item No.	Type of Funds Requested	Amount : (dollars) * (cents)
1406	Operations	*
1408	Management Improvements	*
1410	Administration	*
1411	Audit Costs (CGP)	*
1430	Fees & Costs	*
1440	Site Acquisition	*
1450	Site Improvement	*
1460	Dwelling Structures	*
1465	Dwelling Equipment - Non-Expendable	*
1470	Non-Dwelling Structures	*
1475	Non-Dwelling Equipment	*
1490	Replacement Reserve (CGP)	*
1495	Relocation Costs	*
1498	Mod Used for Development	*
	10. Voucher Total:	$ *

DRAFT

I certify the data reported and funds requested on this voucher are correct and the amount requested is not in excess of immediate disbursement needs for this program. In the event the funds provided become more than necessary, such excess will be promptly returned, as directed by HUD.

11. Name & Phone Number (including area code) of the Person who Completed this Form:	12. Name & Title of Authorized Signatory (type or print clearly) :	
	13. Signature : X	14. Date of Request :

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)

Privacy Statement: Public Law 97-255, Financial Integrity Act, 31 U.S.C. 3512, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions. The purpose of the data is to safeguard the Line of Credit Control System (LOCCS) from unauthorized access. The data are used to ensure that individuals who no longer require access to LOCCS have their access capability promptly deleted. Failure to provide the information requested on the form may delay the processing of your approval for access to LOCCS. While the provision of the SSN is voluntary, HUD uses it as a unique identifier for safeguarding the LOCCS from unauthorized access. This information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law.

form **HUD-50080-COMP** (07/15//96)

LOCCS / VRS
Drug Elimination Program
Payment Voucher

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0166 (exp. 8/31/95)

Public reporting burden for this collection of information is estimated to average 0.25 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2577-0166), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. This agency may not conduct or sponsor, and a person is not required to respond to, a collection information unless that collecton displays a valid OMB control number.

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1. Voucher Number :	2. LOCCS Pgrm. Area:	3. Period Covered by this Request (mm/yy):	4. 1 = Partial Disbursement 2 = Final Disbursement
018	DRUG	from: to:	
5. Voice Response No. (5 digits, hyphen, 5 more) :	6. Grantee Organization's Name :	7. Payee Organization's Name :	
8. Grant or Project No:	6a. Grantee Organization's TIN :	7a. Payee Organization's TIN:	

9. Line Item No.	Type of Funds Requested	Amount : (dollars) * (cents)
9110	Reimbursement of Law Enforcement	*
9120	Employment of Security Personnel	*
9130	Employment of Investigators	*
9140	Voluntary Tenant Patrol	*
9150	Physical Improvements	*
9160	Drug Prevention	*
9170	Drug Intervention	*
9180	Drug Treatment	*
9190	Other Program Costs	*
9191	FY 1991 Grant Costs	*
		*
		*
		*
	10. Voucher Total:	$ *

DRAFT

I certify the data reported and funds requested on this voucher are correct and the amount requested is not in excess of immediate disbursement needs for this program. In the event the funds provided become more than necessary, such excess will be promptly returned, as directed by HUD.

11. Name & Phone Number (including area code) of the Person who Completed this Form:	12. Name & Title of Authorized Signatory (type or print clearly) :	
	13. Signature : X	14. Date of Request :

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)

Privacy Statement: Public Law 97-255, Financial Integrity Act, 31 U.S.C. 3512, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions. The purpose of the data is to safeguard the Line of Credit Control System (LOCCS) from unauthorized access. The data are used to ensure that individuals who no longer require access to LOCCS have their access capability promptly deleted. Failure to provide the information requested on the form may delay the processing of your approval for access to LOCCS. While the provision of the SSN is voluntary, HUD uses it as a unique identifier for safeguarding the LOCCS from unauthorized access. This information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law.

form **HUD-50080-DRUG** ~~(1/93)~~ 7/15/96

LOCCS / VRS
Family Investment Centers Program
Payment Voucher

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0166 (exp. 8/31/95)

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1. Voucher Number :	2. LOCCS Pgrm. Area:	3. Period Covered by this Request (mm/yy):	4. 1 = Partial Disbursement 2 = Final Disbursement
060	FIC	from: to:	
5. Voice Response No. (5 digits, hyphen, 5 more) :	6. Grantee Organization's Name :	7. Payee Organization's Name :	
8. Grant or Project No:	6a. Grantee Organization's TIN :	7a. Payee Organization's TIN:	

9. Line Item No.	Type of Funds Requested	Amount : (dollars) * (cents)
9610	Administrative Costs	*
9620	Other Program Costs	*
9630	Supportive Services	*
9640	Conversion/Renovation Activities	*
		*
		*
		*
		*
		*
		*
		*
		*
*		*
	10. Voucher Total:	$ *

DRAFT

I certify the data reported and funds requested on this voucher are correct and the amount requested is not in excess of immediate disbursement needs for this program. In the event the funds provided become more than necessary, such excess will be promptly returned, as directed by HUD.

11. Name & Phone Number (including area code) of the Person who Completed this Form:	12. Name & Title of Authorized Signatory (type or print clearly) :	
	13. Signature : X	14. Date of Request :

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)

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form **HUD-50080-FIC** ~~(5/94)~~
7/15/96

LOCCS / VRS
Hope - Elderly Independence
Payment Voucher

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0166 (exp. 8/31/95)

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1. Voucher Number :	2. LOCCS Pgrm. Area:	3. Period Covered by this Request (mm/yy):	4. ☐ 1 = Partial Disbursement ☐ 2 = Final Disbursement
041	HEI	from: to:	

5. Voice Response No. (5 digits, hyphen, 5 more) :	6. Grantee Organization's Name :	7. Payee Organization's Name :
8. Grant or Project No:	6a. Grantee Organization's TIN :	7a. Payee Organization's TIN:

9. Line Item No.	Type of Funds Requested	Amount : (dollars) * (cents)
2000	Hope Grant - Year 1 Approved Budget	*
3000	Hope Grant - Year 2 Approved Budget	*
4000	Hope Grant - Year 3 Approved Budget	*
5000	Hope Grant - Year 4 Approved Budget	*
6000	Hope Grant - Year 5 Approved Budget	*
		*
		*
		*
		*
		*
		*
		*
	10. **Voucher Total:**	*

DRAFT

I certify the data reported and funds requested on this voucher are correct and the amount requested is not in excess of immediate disbursement needs for this program. In the event the funds provided become more than necessary, such excess will be promptly returned, as directed by HUD.

11. Name & Phone Number (including area code) of the Person who Completed this Form:	12. Name & Title of Authorized Signatory (type or print clearly) :	
	13. Signature : X	14. Date of Request :

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form **HUD-50080-HEI** (~~4/93~~)
7/15/96

LOCCS / VRS
Indian HOME Program
Payment Certification
Voucher

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0166 (exp. 8/31/95)

Public reporting burden for this collection of information is estimated to average 0.25 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2577-0166), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. This agency may not conduct or sponsor, and a person is not required to respond to, a collection information unless that collecton displays a valid OMB control number.

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1. Voucher/Certification Number :	2. LOCCS Pgrm. Area:	3. Period Covered by this Request (mm/yy):
027	HOMI	from: to:

5. Voice Response No. (5 digits, hyphen, 5 more) :	6. Indian Tribe's Name :
8. Grant No:	6a. Indian Tribe's Taxpayer ID No. :

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9. Line Item No.	Type of Funds Requested	Amount : (dollars) * (cents)
1000	Non-Administrative Costs	*
2000	Administrative Costs	*
		*
		*
		*
		*
		*
		*
		*
		*
		*
		*
		*
	10. Voucher/Certification Total:	$ *

I certify the data reported and funds requested on this voucher are correct and the amount requested is not in excess of immediate disbursement needs for this program. In the event the funds provided become more than necessary, such excess will be promptly returned, as directed by HUD.

11. Name & Phone Number (including area code) of the Person who called:	12. Name & Title of Authorized Signatory (type or print clearly) :	
	13. Signature : X	14. Date of Request :

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)

Privacy Statement: Public Law 97-255, Financial Integrity Act, 31 U.S.C. 3512, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions. The purpose of the data is to safeguard the Line of Credit Control System (LOCCS) from unauthorized access. The data are used to ensure that individuals who no longer require access to LOCCS have their access capability promptly deleted. Failure to provide the information requested on the form may delay the processing of your approval for access to LOCCS. While the provision of the SSN is voluntary, HUD uses it as a unique identifier for safeguarding the LOCCS from unauthorized access. This information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law.

form **HUD-50080-HOMI** (07/15/96)

LOCCS / VRS
HOPE 1 Implementation Grant
Payment Voucher

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0166 (exp. 8/31/95)

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1. Voucher Number : **021**	2. LOCCS Pgrm. Area: **HOP1**	3. Period Covered by this Request (mm/yy): from: to:	4. 1 = Partial Disbursement 2 = Final Disbursement
5. Voice Response No. (5 digits, hyphen, 5 more) :	6. Grantee Organization's Name :	7. Payee Organization's Name :	
8. Grant or Project No:	6a. Grantee Organization's TIN :	7a. Payee Organization's TIN:	

9. Line Item No.	Type of Funds Requested	Amount : (dollars) * (cents)
9410	Architecture & Engineering	*
9415	Implementation of Homeownership Program	*
9420	Rehabilitation Costs	*
9425	Administrative Costs	*
9430	Development of RMCs/RCs	*
9435	Counseling & Training	*
9440	Relocation	*
9445	Temporary Relocation	*
9450	Assistance for Operating Expenses	*
9455	Replacement Reserves	*
9460	Replacement Housing	*
9465	Legal Fees	*
9470	Ongoing Training Needs	*
9475	Economic Development	*
9480	Other Eligible Activities	*
	10. Voucher Total:	$ *

DRAFT

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11. Name & Phone Number (including area code) of the Person who Completed this Form:	12. Name & Title of Authorized Signatory (type or print clearly) :	
	13. Signature : X	14. Date of Request :

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form **HUD-50080-HOP1-b** (07/15/96)

LOCCS / VRS
Lead-Based Paint Risk Assessment
Payment Voucher

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0166 (exp. 8/31/95)

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1. Voucher Number :	2. LOCCS Pgrm. Area:	3. Period Covered by this Request (mm/yy):	4.
036	LBP	from: to:	☐ 1 = Partial Disbursement ☐ 2 = Final Disbursement

5. Voice Response No. (5 digits, hyphen, 5 more) :	6. Grantee Organization's Name :	7. Payee Organization's Name :
8. Grant or Project No:	6a. Grantee Organization's TIN :	7a. Payee Organization's TIN:

9. Line Item No.	Type of Funds Requested	Amount : (dollars) * (cents)
1410	Administration	*
1430	Fees & Costs	*
		*
		*
		*
		*
		*
		*
		*
		*
		*
		*
	10. Voucher Total:	$ *

DRAFT

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11. Name & Phone Number (including area code) of the Person who Completed this Form:	12. Name & Title of Authorized Signatory (type or print clearly) :	
	13. Signature : X	14. Date of Request :

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form **HUD-50080-LBP** (07/15/96)

LOCCS / VRS
Moving to Opportunity for Fair Housing
Payment Voucher

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0166 (exp. 8/31/95)

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1. Voucher Number :	2. LOCCS Pgrm. Area:	3. Period Covered by this Request (mm/yy):	4. ☐ 1 = Partial Disbursement ☐ 2 = Final Disbursement
056	MTO	from: to:	

5. Voice Response No. (5 digits, hyphen, 5 more) :	6. Grantee Organization's Name :	7. Payee Organization's Name :
8. Grant or Project No:	6a. Grantee Organization's TIN :	7a. Payee Organization's TIN:

9. Line Item No.	Type of Funds Requested	Amount : (dollars) * (cents)
2000	MTO Grant - Year 1 Approved Budget	*
3000	MTO Grant - Year 2 Approved Budget	*
	10. Voucher Total:	$ *

DRAFT

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11. Name & Phone Number (including area code) of the Person who Completed this Form:	12. Name & Title of Authorized Signatory (type or print clearly) :	
	13. Signature : X	14. Date of Request :

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form **HUD-50080-MTO** (07/15/96)

LOCCS / VRS
Public Housing Development
Line Item Based Payment Voucher

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0166 (Exp.08/31/95)

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1. Voucher Number :	2. LOCCS Pgrm. Area:	3. Period Covered by this Request (mm/yy):	4.
032	PDEV	from: to:	☐ 1 = Partial Disbursement ☐ 2 = Final Disbursement

5. Voice Response No. (5 digits, hyphen, 5 more) :	6. Grantee Organization's Name :	7. Payee Organization's Name :
8. Grant or Project No:	6a. Grantee Organization's TIN :	7a. Payee Organization's TIN:

9. Line Item No.	Type of Funds Requested	Amount : (dollars) * (cents)
1410	Administration	*
1425	Initial Operating Deficit	*
1430	Planning (except HUD technical service fee)	*
1440	Site Acquisition & Expenses	*
1450	Site Improvements	*
1475	Non-Dwelling Equipment	*
1480	Construction Work/Contract Work In Progress	*
1495	Relocation Costs	*
1499	Development Used for Mod	*
1500	FY 94 & Prior Year Grants & Loans	*
		*
		*
	10. **Voucher Total:**	*

DRAFT

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11. Name & Phone Number (including area code) of the Person who Completed this Form:	12. Name & Title of Authorized Signatory (type or print clearly) :	
	13. Signature : X	14. Date of Request :

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form **HUD-50080-PDEV** (07/15/96)

LOCCS / VRS
Service Coordinators for Public Housing
Payment Voucher

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0166 (exp. 8/31/95)

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1. Voucher Number :	2. LOCCS Pgrm. Area:	3. Period Covered by this Request (mm/yy):	4. 1 = Partial Disbursement 2 = Final Disbursement
064	**SCPH**	from: to:	

5. Voice Response No. (5 digits, hyphen, 5 more) :	6. Grantee Organization's Name :	7. Payee Organization's Name :
8. Grant or Project No:	6a. Grantee Organization's TIN :	7a. Payee Organization's TIN:

9. Line Item No.	Type of Funds Requested	Amount : (dollars) * (cents)
9810	Administrative Costs (Excluding Salaries)	*
9820	Other Program Expenses	*
9830	Supportive Services	*
9840	Training	*
9850	Salaries	*
		*
		*
		*
		*
		*
		*
		*
	10. Voucher Total:	$ *

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11. Name & Phone Number (including area code) of the Person who Completed this Form:	12. Name & Title of Authorized Signatory (type or print clearly) :	
	13. Signature : X	14. Date of Request :

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form **HUD-50080-SCPH** (07/15/96)

LOCCS / VRS
Special Purpose Grants
Payment Voucher

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0166 (exp. 8/31/95)

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1. Voucher Number :	2. LOCCS Pgrm. Area:	3. Period Covered by this Request (mm/yy):	4. 1 = Partial Disbursement 2 = Final Disbursement
044	PSPG	from: to:	

5. Voice Response No. (5 digits, hyphen, 5 more) :	6. Grantee Organization's Name :	7. Payee Organization's Name :
8. Grant or Project No:	6a. Grantee Organization's TIN :	7a. Payee Organization's TIN:

9. Line Item No.	Type of Funds Requested	Amount : (dollars) * (cents)
1000	Personnel	*
1100	Fringe Benefits	*
1200	Travel	*
1300	Equipment	*
1400	Supplies	*
1500	Contractual / Sub-Grantees	*
1600	Construction	*
1700	Other	*
1800	Indirect Charges	*
		*
		*
		*
	10. Voucher Total:	$ *

Draft

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11. Name & Phone Number (including area code) of the Person who Completed this Form:	12. Name & Title of Authorized Signatory (type or print clearly) :	
	13. Signature : X	14. Date of Request :

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form **HUD-50080-SPG** (07/15/96

LOCCS / VRS
Traditional Indian Housing Development
Payment Voucher

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0166 (Exp. 08/31/95)

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1. Voucher Number :	2. LOCCS Pgrm. Area:	3. Period Covered by this Request (mm/yy):	4.
031	TIHD	from: to:	☐ 1 = Partial Disbursement ☐ 2 = Final Disbursement

5. Voice Response No. (5 digits, hyphen, 5 more) :	6. Grantee Organization's Name :	7. Payee Organization's Name :
8. Grant or Project No:	6a. Grantee Organization's TIN :	7a. Payee Organization's TIN:

9. Line Item No	Type of Funds Requested	Amount : (dollars) * (cents)
1406	Operations	*
1410	Administration	*
1425	Initial Operating Deficit	*
1430	Planning	*
1440	Site Acquisition	*
1450	Site Improvements	*
1451	Off Site Sewer & Water	*
1475	Non-Dwelling Equipment	*
1480	Construction Work/Contracts in Progress	*
1495	Relocation Costs	*
1499	Development Used for Mod	*
1500	FY 1994 & Prior Year Grants	*
	10. Voucher Total:	$ *

I certify the data reported and funds requested on this voucher are correct and the amount requested is not in excess of immediate disbursement needs for this program. In the event the funds provided become more than necessary, such excess will be promptly returned, as directed by HUD.

11. Name & Phone Number (including area code) of the Person who Completed this Form:	12. Name & Title of Authorized Signatory (type or print clearly) :	
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form **HUD-50080-TIHD** (07/15/96)

LOCCS / VRS
Tenant Opportunities Program
Payment Voucher

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0166 (exp. 8/31/95)

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1. Voucher Number	2. LOCCS Pgrm. Area:	3. Period Covered by this Request (mm/yy):	4. 1 = Partial Disbursement 2 = Final Disbursement
025	TOP	from: to:	

5. Voice Response No. (5 digits, hyphen, 5 more) :	6. Grantee Organization's Name :	7. Payee Organization's Name :
8. Grant or Project No:	6a. Grantee Organization's TIN :	7a. Payee Organization's TIN:

9. Line Item No.	Type of Funds Requested	Amount : (dollars) * (cents)
9510	Organize Community	*
9520	Operating Procedures	*
9530	Develop MOU	*
9540	Plan for Technical Assistance	*
9550	Consultant Contracts	*
9560	Implement Property Management	*
9570	Self-Sufficiency Programs	*
9580	Miscellaneous Activities	*
1500	FYs 1988-1991 Grants	*
9590	Travel	*
		*
		*
		*
	10. Voucher Total:	$ *

DRAFT

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11. Name & Phone Number (including area code) of the Person who Completed this Form:	12. Name & Title of Authorized Signatory (type or print clearly) :	
	13. Signature : X	14. Date of Request :

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)

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form **HUD-50080-TOP** (07/15/96)

LOCCS / VRS
Urban Revitalization Program
Payment Voucher

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0166 (exp. 8/31/95)

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1. Voucher Number :	2. LOCCS Pgrm. Area:	3. Period Covered by this Request (mm/yy):	4. 1 = Partial Disbursement 2 = Final Disbursement
058	URP	from: to:	

5. Voice Response No. (5 digits, hyphen, 5 more) :	6. Grantee Organization's Name :	7. Payee Organization's Name :
8. Grant or Project No:	6a. Grantee Organization's TIN :	7a. Payee Organization's TIN:

9. Line Item No.	Type of Funds Requested	Amount : (dollars) * (cents)
1408	Management Improvement	*
1410	Administration	*
1430	Fees & Costs	*
1440	Site Acquisition	*
1450	Site Improvement	*
1460	Dwelling Structures	*
1465	Dwelling Equipment - Non-Expendable	*
1470	Non-Dwelling Structures	*
1475	Non-Dwelling Equipment	*
1495	Relocation Costs	*
		*
		*
		*
	10. Voucher Total:	$ *

DRAFT

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form **HUD-50080-URP** (07/15/96)

LOCCS / VRS
PH Apprenticeship Demonstration Program in Construction Trades
(Urban Youth Corp) Payment Voucher

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0166 (exp. 8/31/95)

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1. Voucher Number :	2. LOCCS Pgrm. Area:	3. Period Covered by this Request (mm/yy):	4. ☐ 1 = Partial Disbursement 2 = Final Disbursement
067	UYC	from. to.	
5. Voice Response No. (5 digits, hyphen, 5 more) :	6. Grantee Organization's Name :	7. Payee Organization's Name :	
8. Grant or Project No:	6a. Grantee Organization's TIN :	7a. Payee Organization's TIN:	

9. Line Item No.	Type of Funds Requested	Amount : (dollars) * (cents)
9910	Administrative Costs	*
9920	Stipends	*
9930	Supportive Services	*
9940	Uniforms and Tools	*
9950	Subgrants	*
9970	Other Program Costs	*
		*
		*
		*
		*
		*
	10. Voucher Total:	$ *

DRAFT

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11. Name & Phone Number (including area code) of the Person who Completed this Form:	12. Name & Title of Authorized Signatory (type or print clearly) :	
	13. Signature : X	14. Date of Request :

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form **HUD-50080-UYC** (07/15/96)

LOCCS / VRS
Vacancy Reduction Program
Payment Voucher

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0166 (exp. 8/31/95)

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1. Voucher Number : **059**	2. LOCCS Pgrm. Area: **VRP**	3. Period Covered by this Request (mm/yy): from: to:	4. ☐ 1 = Partial Disbursement ☐ 2 = Final Disbursement
5. Voice Response No. (5 digits, hyphen, 5 more) :	6. Grantee Organization's Name :	7. Payee Organization's Name :	
8. Grant or Project No:	6a. Grantee Organization's TIN :	7a. Payee Organization's TIN:	

9. Line Item No.	Type of Funds Requested	Amount : (dollars) * (cents)
1408	Management Improvement	*
1410	Administration	*
1430	Fees & Costs	*
1440	Site Acquisition	*
1450	Site Improvement	*
1460	Dwelling Structures	*
1465	Dwelling Equipment - Non-Expendable	*
1470	Non-Dwelling Structures	*
1475	Non-Dwelling Equipment	*
1495	Relocation Costs	*
		*
		*
	10. Voucher Total:	$ *

DRAFT

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11. Name & Phone Number (including area code) of the Person who Completed this Form:	12. Name & Title of Authorized Signatory (type or print clearly) :	
	13. Signature : X	14. Date of Request :

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form **HUD-50080-VRP** (07/15/96)

LOCCS / VRS
Special Purpose Grants
Payment Voucher

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0166 (exp. 8/31/95)

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1. Voucher Number :	2. LOCCS Pgrm. Area:	3. Period Covered by this Request (mm/yy):	4. ☐ 1 = Partial Disbursement ☐ 2 = Final Disbursement
062	YAP	from: to:	

5. Voice Response No. (5 digits, hyphen, 5 more) :	6. Grantee Organization's Name :	7. Payee Organization's Name :
8. Grant or Project No:	6a. Grantee Organization's TIN :	7a. Payee Organization's TIN:

9. Line Item No.	Type of Funds Requested	Amount : (dollars) * (cents)
9910	Administrative Costs	*
9920	Stipends	*
9930	Supportive Services	*
9940	Uniforms and Tools	*
9950	Subgrants	*
9960	Data Collection/Evaluation	*
9970	Other Program Costs	*
		*
		*
		*
		*
		*
		*
	10. Voucher Total:	$ *

DRAFT

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form **HUD-50080-YAP** (07/15/96)

LOCCS / VRS
Youth Development Initiative
Payment Voucher

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0166 (exp. 8/31/95)

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1. Voucher Number :	2. LOCCS Pgrm. Area:	3. Period Covered by this Request (mm/yy):	4. ☐ 1 = Partial Disbursement ☐ 2 = Final Disbursement
063	YDI	from: to:	

5. Voice Response No. (5 digits, hyphen, 5 more) :	6. Grantee Organization's Name :	7. Payee Organization's Name :
8. Grant or Project No:	6a. Grantee Organization's TIN :	7a. Payee Organization's TIN:

9. Line Item No.	Type of Funds Requested	Amount : (dollars) * (cents)
9710	Administrative Costs	*
9720	Other Program Expenses	*
9730	Supportive Services	*
9740	Conversion/Renovation	*
9750	Service Coordinator	*
9760	Acquisition	*
9770	New Construction	*
		*
		*
		*
		*
		*
		*
	10. Voucher Total:	$ *

DRAFT

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	13. Signature : X	14. Date of Request :

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form **HUD-50080-YDI** (07/15/96)

LOCCS / VRS
Youth Sports Program
Payment Voucher

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0166 (exp. 8/31/95)

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1. Voucher Number : **024**	2. LOCCS Pgrm. Area: **YSP**	3. Period Covered by this Request (mm/yy): from: to:	4. ☐ 1 = Partial Disbursement ☐ 2 = Final Disbursement
5. Voice Response No. (5 digits, hyphen, 5 more) :	6. Grantee Organization's Name :	7. Payee Organization's Name :	
8. Grant or Project No:	6a. Grantee Organization's TIN :	7a. Payee Organization's TIN:	

9. Line Item No.	Type of Funds Requested	Amount : (dollars) * (cents)
9210	Youth Sports Efforts	*
9220	Recreational Facilities	*
9230	Youth Drug Education Facilities	*
9240	Youth Educational/Vocational Activities	*
		*
		*
		*
		*
		*
		*
		*
		*
		*
	10. Voucher Total:	$ *

DRAFT

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form **HUD-50080-YSP** (07/15/96)

[FR Doc. 96–20616 Filed 8–12–96; 8:45 am]
BILLING CODE 4210–33–C