

**SYSTEM LOCATION:**

Description of change: Prior to "Detroit Computing Center," insert "Internal Revenue Service, Office of Professional Responsibility, 1099 14th Street, NW, and the".

\* \* \* \* \*

**ROUTINE USES OF RECORDS MAINTAINED IN THE SYSTEM, INCLUDING CATEGORIES OF USERS AND THE PURPOSE OF SUCH USES:**

Description of changes: The period at the end of routine use 6 is replaced with a semicolon, ";", and the following routine uses are added at the end thereof:

"(7) Disclose information to a contractor when necessary to perform a government contract;

(8) Disclose information (including addresses) sufficient to identify all persons enrolled to practice, the roster of all persons censured, suspended, or disbarred from practice before the Internal Revenue Service, and the roster of all disqualified appraisers."

\* \* \* \* \*

**SAFEGUARDS:**

Description of change: After the sentence, add "Security controls will be no less than those provided in IRM 25.10.1, Information Technology Security Policy and Guidance."

\* \* \* \* \*

**SYSTEM MANAGER(S) AND ADDRESS:**

Description of change: "Office of Director of Practice, C:AP:P" is removed and is replaced with "Office of Professional Responsibility".

\* \* \* \* \*

**RECORDS ACCESS PROCEDURES:**

Description of change: "Office of Director of Practice, C:AP:P" is removed and is replaced with "Office of Professional Responsibility".

\* \* \* \* \*

**Treasury/IRS 37.010****SYSTEM NAME:**

Roster of Former Enrollees.

**SYSTEM LOCATION:**

Description of change: "Office of Director of Practice, 901 D Street, SW" is removed and is replaced with "Office of Professional Responsibility, 1099 14th Street, NW".

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**ROUTINE USES OF RECORDS MAINTAINED IN THE SYSTEM, INCLUDING CATEGORIES OF USERS AND THE PURPOSE OF SUCH USES:**

Description of change: The period at the end of routine use 6 is replaced with a semicolon, ";", and the following routine use is added at the end thereof:

"(7) Disclose information to a contractor when necessary to perform a government contract."

\* \* \* \* \*

**SAFEGUARDS:**

Description of change: After the sentence, add "Security controls will be no less than those provided in IRM 25.10.1, Information Technology Security Policy and Guidance."

\* \* \* \* \*

**SYSTEM MANAGER(S) AND ADDRESS:**

Description of change: "Office of Director of Practice, C:AP:P" is removed and is replaced with "Office of Professional Responsibility".

\* \* \* \* \*

**RECORDS ACCESS PROCEDURES:**

Description of change: "Office of Director of Practice, C:AP:P" is removed and is replaced with "Office of Professional Responsibility".

\* \* \* \* \*

**Treasury/IRS 37.011****SYSTEM NAME:**

Present Suspensions from Practice before the Internal Revenue Service.

**SYSTEM LOCATION:**

Description of change: "Office of Director of Practice, 901 D Street, SW" is removed and is replaced with "Office of Professional Responsibility, 1099 14th Street, NW".

\* \* \* \* \*

**ROUTINE USES OF RECORDS MAINTAINED IN THE SYSTEM, INCLUDING CATEGORIES OF USERS AND THE PURPOSE OF SUCH USES:**

Description of changes: The period at the end of routine use 6 is replaced with a semicolon, ";", and the following routine uses are added at the end thereof:

"(7) Disclose information to a contractor when necessary to perform a government contract;

(8) Disclose information sufficient to identify (including addresses) of all persons enrolled to practice, the roster of all persons censured, suspended, or disbarred from practice before the Internal Revenue Service, and the roster of all disqualified appraisers."

\* \* \* \* \*

**SAFEGUARDS:**

Description of change: After the sentence, add "Security controls will be no less than those provided in IRM 25.10.1, Information Technology Security Policy and Guidance."

\* \* \* \* \*

**SYSTEM MANAGER(S) AND ADDRESS:**

Description of change: "Office of Director of Practice, C:AP:P" is removed and is replaced with "Office of Professional Responsibility".

\* \* \* \* \*

**RECORDS ACCESS PROCEDURES:**

Description of change: "Office of Director of Practice, C:AP:P" is removed and is replaced with "Office of Professional Responsibility".

\* \* \* \* \*

Dated: August 25, 2003.

**W. Earl Wright, Jr.,**

*Acting Chief Management and Administrative Programs Officer.*

[FR Doc. 03-22408 Filed 9-2-03; 8:45 am]

**BILLING CODE 4830-01-P**

**DEPARTMENT OF VETERANS AFFAIRS**

**[OMB Control No. 2900-0554]**

**Agency Information Collection Activities Under OMB Review****AGENCY:** Veterans Health

Administration, Department of Veterans Affairs.

**ACTION:** Notice.

**SUMMARY:** In compliance with the Paperwork Reduction Act (PRA) of 1995 (44 U.S.C. 3501-21), this notice announces that the Veterans Health Administration (VHA), Department of Veterans Affairs, has submitted the collection of information abstracted below to the Office of Management and Budget (OMB) for review and comment. The PRA submission describes the nature of the information collection and its expected cost and burden and includes the actual data collection instrument.

**DATES:** Comments must be submitted on or before October 3, 2003.

**FOR FURTHER INFORMATION OR A COPY OF THE SUBMISSION CONTACT:** Denise McLamb, Records Management Service (005E3), Department of Veterans Affairs, 810 Vermont Avenue, NW., Washington, DC 20420, (202) 273-8030, FAX (202) 273-5981 or e-mail: [denise.mclamb@mail.va.gov](mailto:denise.mclamb@mail.va.gov). Please refer to "OMB Control No. 2900-0554."

Send comments and recommendations concerning any aspect of the information collection to VA's OMB Desk Officer, OMB Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, DC 20503 (202) 395-7316. Please refer to "OMB Control No. 2900-0554" in any correspondence.

**SUPPLEMENTARY INFORMATION:***Titles:*

a. Homeless Providers Grant and Per Diem Program, Capital Grant Application, VA Form 10-0361-CG.

b. Homeless Providers Grant and Per Diem Program, Life Safety Code Application, VA Form 10-0361-LSC.

c. Homeless Providers Grant and Per Diem Program, Per Diem Only Application, VA Form 10-0361-PDO.

d. Homeless Providers Grant and Per Diem Program, Special Needs Application, VA Form 10-0361-SN.

e. Compliance Reports for Per Diem and Special Needs Grants. No form needed. May be reported to VA in standard business narrative.

f. Homeless Providers Grant and Per Diem Program, Technical Assistance Application, VA Form 10-0361-TA.

g. Compliance Reports for Technical Assistance Grants. No form needed. May be reported to VA in standard business narrative.

*OMB Control Number:* 2900-0554.

*Type of Review:* Extension of a currently approved collection.

*Abstract:* The information collected on VA Form 10-0361 series, Homeless Providers Grant and Per Diem Program, will be used to determine applicants eligibility to receive a grant/or per diem payments which provide supportive housing/services to assist homeless veterans transition to independent living. The collected information will be used to apply the specific criteria to rate and rank each application; and to obtain information necessary to ensure that Federal funds are awarded to applicants who are financially stable and who will conduct program for which a grant and/or per diem award was made. If this data were not collected, VA would not be able to implement the provisions of Public Law 107-95.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The **Federal Register** notice with a 60-day comment period soliciting comments on this collection of information was published on May 30, 2003, at pages 32582-32583.

*Estimated Annual Burden:* 14,340 hours.

a. Homeless Providers Grant and Per Diem Program, Capital Grant Application, VA Form 10-0361-CG—3,500 hours.

b. Homeless Providers Grant and Per Diem Program, Life Safety Code Application, VA Form 10-0361-LSC—2,000 hours.

c. Homeless Providers Grant and Per Diem Program, Per Diem Only Application, VA Form 10-0361-PDO—3,000 hours.

d. Homeless Providers Grant and Per Diem Program, Special Needs Application, VA Form 10-0361-SN—4,000 hours.

e. Compliance Reports for Per Diem and Special Needs Grants—1,500 hours.

f. Homeless Providers Grant and Per Diem Program, Technical Assistance Application, VA Form 10-0361-TA—250 hours.

g. Compliance Reports for Technical Assistance Grants—90 hours.

*Estimated Average Burden Per Respondent:*

a. Homeless Providers Grant and Per Diem Program, Capital Grant Application, VA Form 10-0361-CG—35 hours.

b. Homeless Providers Grant and Per Diem Program, Life Safety Code Application, VA Form 10-0361-LSC—10 hours.

c. Homeless Providers Grant and Per Diem Program, Per Diem Only Application, VA Form 10-0361-PDO—20 hours.

d. Homeless Providers Grant and Per Diem Program, Special Needs Application, VA Form 10-0361-SN—20 hours.

e. Compliance Reports for Per Diem and Special Needs Grants—5 hours.

f. Homeless Providers Grant and Per Diem Program, Technical Assistance Application, VA Form 10-0361-TA—10 hours.

g. Compliance Reports for Technical Assistance Grants—2.25 hours.

*Frequency of Response:* On occasion.

*Estimated Number of Respondents:* 1,015.

a. Homeless Providers Grant and Per Diem Program, Capital Grant Application, VA Form 10-0361-CG—100.

b. Homeless Providers Grant and Per Diem Program, Life Safety Code Application, VA Form 10-0361-LSC—200.

c. Homeless Providers Grant and Per Diem Program, Per Diem Only Application, VA Form 10-0361-PDO—150.

d. Homeless Providers Grant and Per Diem Program, Special Needs Application, VA Form 10-0361-SN—200.

e. Compliance Reports for Per Diem and Special Needs Grants—300.

f. Homeless Providers Grant and Per Diem Program, Technical Assistance Application, VA Form 10-0361-TA—25.

g. Compliance Reports for Technical Assistance Grants—40.

Dated: August 15, 2003.

By direction of the Secretary:

**Jacqueline Parks,**

*IT Specialist, Records Management Service.*  
[FR Doc. 03-22404 Filed 9-2-03; 8:45 am]

**BILLING CODE 8320-01-P**

## **DEPARTMENT OF VETERANS AFFAIRS**

**[OMB Control No. 2900-0427]**

### **Agency Information Collection Activities Under OMB Review**

**AGENCY:** Veterans Health Administration, Department of Veterans Affairs.

**ACTION:** Notice.

**SUMMARY:** In compliance with the Paperwork Reduction Act (PRA) of 1995 (44 U.S.C. 3501-21), this notice announces that the Veterans Health Administration (VHA), Department of Veterans Affairs, has submitted the collection of information abstracted below to the Office of Management and Budget (OMB) for review and comment. The PRA submission describes the nature of the information collection and its expected cost and burden and includes the actual data collection instrument.

**DATES:** Comments must be submitted on or before October 3, 2003.

**FOR FURTHER INFORMATION OR A COPY OF THE SUBMISSION CONTACT:** Denise McLamb, Records Management Service (005E3), Department of Veterans Affairs, 810 Vermont Avenue, NW., Washington, DC 20420, (202) 273-8030, FAX (202) 273-5981 or e-mail to: [denise.mclamb@mail.va.gov](mailto:denise.mclamb@mail.va.gov). Please refer to "OMB Control No. 2900-0427."

Send comments and recommendations concerning any aspect of the information collection to VA's OMB Desk Officer, OMB Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, DC 20503, (202) 395-7316. Please refer to "OMB Control No. 2900-0427" in any correspondence.

### **SUPPLEMENTARY INFORMATION:**

*Title and Form Number:* Former POW Medical History, VA Form 10-0048.

*OMB Control Number:* 2900-0427.

*Type of Review:* Extension of a currently approved collection.

*Abstract:* VA Form 10-0048 will be used to collect data in response to Public Law 97-37 that liberalizes eligibility requirements and extends the existing benefits. The form is completed by veterans and submitted to a VA physician during a medical examination. Without this information VA physician would be unable to assess