

review process. For proposed projects serving more than one State, the applicant is advised to contact the SPOC of each affected State. A current listing of SPOCs is included in the application guidance materials. The SPOC should send any State review process recommendations directly to: Office of Extramural Activities Review, Substance Abuse and Mental Health Services Administration, Parklawn Building, Room 17-89, 5600 Fishers Lane, Rockville, Maryland 20857.

The due date for State review process recommendations is no later than 60 days after the specified deadline date for the receipt of applications. SAMHSA does not guarantee to accommodate or explain SPOC comments that are received after the 60-day cut-off.

Dated: April 4, 1996.

Richard Kopanda,

*Acting Executive Officer, SAMHSA.*

[FR Doc. 96-8827 Filed 4-8-96; 8:45 am]

BILLING CODE 4162-20-P

## DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR-3961-N-02]

### Office of the Assistant Secretary for Community Planning and Development; Fiscal Year 1995 Notice of Funding Availability for the Early Childhood Development Program; Correction

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

**ACTION:** Notice of funding availability (NOFA) for fiscal year 1995; correction.

**SUMMARY:** On March 28, 1996 (61 FR 13950), HUD published a NOFA that announced the availability of \$21 million to assist nonprofit organizations in providing early childhood development services for lower-income families who reside in public housing, and for homeless families or those at risk of becoming homeless. The purpose of this notice is to provide a Standard Form-424 (Application for Federal Assistance) that was inadvertently omitted from the March 28, 1996 NOFA.

**FOR FURTHER INFORMATION CONTACT:** Elizabeth A. Bulter, Office of Economic Development, Office of Community Planning and Development, Department of Housing and Urban Development, Room 7134, 451 Seventh Street, SW, Washington, DC 20410, fax (202) 708-7543. A telecommunications device for hearing- or speech-impaired persons (TTY) is available at 1-800-877-8339

(Federal Information Relay Service TTY). (Except for the "800" number, these are not toll-free numbers.)

**SUPPLEMENTARY INFORMATION:** A Notice of Funding Availability (NOFA) announcing HUD's Fiscal Year (FY) of \$21 million under the Early Childhood Development Program was published on March 28, 1996 (61 FR 13950). The Early Childhood Development Program is designed to determine the extent to which the availability of early childhood development Services in or near lower-income housing projects facilitates the employability of the parents or guardians of children who are residing in public housing. The program provides early childhood development services in or near low-income housing projects to families who are homeless or at risk of becoming homeless. These funds may be used for the operating expenses and/or for minor renovations of child care facilities located in or near public housing developments.

Attached to the March 28, 1996 NOFA was the application kit for FY 1995 assistance under the Early Childhood Development Program. A copy of the Standard Form-424 (Application for Federal Assistance) should have been included in the application kit. HUD, however, inadvertently failed to include this form in the March 28, 1996 NOFA. This notice provides a Standard Form-424 for use by applicants for FY 1995 assistance under the Early Childhood Development Program.

BILLING CODE 4210-29-M

**Application for Federal Assistance**

OMB Approval No. 0348-0043

<b>1. Type of Submission:</b> <table style="width: 100%;"><tr><td style="width: 50%;"><b>Application</b> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction</td><td style="width: 50%;"><b>Preapplication</b> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction</td></tr></table>		<b>Application</b> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<b>Preapplication</b> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<b>2. Date Submitted</b>	<b>Applicant Identifier</b>																												
<b>Application</b> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<b>Preapplication</b> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction																																
<b>5. Applicant Information</b> <b>Legal Name</b>  <b>Address (give city, county, State, and zip code):</b>     <b>6. Employer Identification Number (EIN):</b> <table style="border: 1px solid black; width: 150px; height: 20px; margin: 5px 0;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> <b>8. Type of Application:</b> <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision  If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/>  A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other (specify):												<b>3. Date Received by State</b>	<b>State Application Identifier</b>																				
<b>4. Date Received by Federal Agency</b>	<b>Federal Identifier</b>																																
<b>10. Catalog of Federal Domestic Assistance Number:</b>  Title: <table style="border: 1px solid black; display: inline-table; text-align: center; width: 100px;"><tr><td style="width: 20px; height: 20px;">1</td><td style="width: 20px; height: 20px;">4</td><td style="width: 20px; height: 20px;">-</td><td style="width: 20px; height: 20px;">8</td><td style="width: 20px; height: 20px;">6</td><td style="width: 20px; height: 20px;">0</td></tr></table>		1	4	-	8	6	0	<b>7. Type of Applicant:</b> (enter appropriate letter in box) <input type="checkbox"/>  A. State    H. Independent School Dist. B. County    I. State Controlled Institution of Higher Learning C. Municipal    J. Private University D. Township    K. Indian Tribe E. Interstate    L. Individual F. Intermunicipal    M. Profit Organization G. Special District    N. Other (Specify):																									
1	4	-	8	6	0																												
<b>12. Areas Affected by Project</b> (cities, counties, States, etc.):		<b>9. Name of Federal Agency:</b>																															
<b>13. Proposed Project:</b> <table style="width: 100%;"><tr><td style="width: 50%;">Start Date</td><td style="width: 50%;">Ending Date</td></tr></table>		Start Date	Ending Date	<b>11. Descriptive Title of Applicant's Project:</b>																													
Start Date	Ending Date																																
<b>14. Congressional Districts of:</b> <table style="width: 100%;"><tr><td style="width: 50%;">a. Applicant</td><td style="width: 50%;">b. Project</td></tr></table>		a. Applicant	b. Project	<b>15. Estimated Funding:</b> <table style="width: 100%;"><tr><td style="width: 20%;">a. Federal</td><td style="width: 10%;">\$</td><td style="width: 10%;"></td><td style="width: 10%;">.00</td></tr><tr><td>b. Applicant</td><td>\$</td><td></td><td>.00</td></tr><tr><td>c. State</td><td>\$</td><td></td><td>.00</td></tr><tr><td>d. Local</td><td>\$</td><td></td><td>.00</td></tr><tr><td>e. Other</td><td>\$</td><td></td><td>.00</td></tr><tr><td>f. Program Income</td><td>\$</td><td></td><td>.00</td></tr><tr><td>g. Total</td><td>\$</td><td></td><td>.00</td></tr></table>		a. Federal	\$		.00	b. Applicant	\$		.00	c. State	\$		.00	d. Local	\$		.00	e. Other	\$		.00	f. Program Income	\$		.00	g. Total	\$		.00
a. Applicant	b. Project																																
a. Federal	\$		.00																														
b. Applicant	\$		.00																														
c. State	\$		.00																														
d. Local	\$		.00																														
e. Other	\$		.00																														
f. Program Income	\$		.00																														
g. Total	\$		.00																														
<b>16. Is Application Subject to Review by State Executive Order 12372 Process?</b> a. <b>Yes</b> This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date: _____ b. <b>No</b> <input type="checkbox"/> Program is not covered by E.O. 12372 or <input type="checkbox"/> Program has not been selected by State for review.		<b>17. Is the Applicant Delinquent on Any Federal Debt?</b> <input type="checkbox"/> Yes    If "Yes," explain below or attach an explanation <input type="checkbox"/> No																															
<b>18. To the best of my knowledge and belief, all data in this application/preapplication are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.</b>																																	
<b>a. Typed Name of Authorized Representative</b>		<b>b. Title</b>	<b>c. Telephone Number</b>																														
<b>d. Signature of Authorized Representative</b>		<b>e. Date Signed</b>																															

Previous Editions Not Usable  
Authorized for Local Reproductionform SF-424 (4/92)  
Prescribed by OMB Circular A-102

**Instructions for the SF-424**

Public reporting burden for this collection of information is estimated to average 45 minutes 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 Office of Management and Budget, Paperwork Reduction Project (0348-0043), Washington, D.C. 20503. Please do not return your completed form to the Office of Management and Budget; send it to the address provided by the sponsoring agency.

This is a standard form used by applicants as a required facesheet for preapplications and applications submitted for Federal assistance. It will be used by Federal agencies to obtain applicant certification that States which have established a review and comment procedure in response to executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission.

- | Item | Entry  | Item | Entry   |
|------|--|------|---|
| 1.   | Self-explanatory.  | 12.  | List only the largest political entities affected (e.g., State, counties, cities).  |
| 2.   | Date application submitted to Federal agency (or State if applicable) and applicant's control number (if applicable).  | 13.  | Self-explanatory.   |
| 3.   | State use only (if applicable).  | 14.  | List the applicant's Congressional District and any District(s) affected by the program or project.   |
| 14.  | If this application is to continue or revise an existing award, enter present Federal identifier number. If for a new project, leave blank.  | 15.  | Amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 15. |
| 5.   | Legal name of applicant, name of primary organizational unit which will undertake the assistance activity, complete address of the applicant, and name and telephone number of the person to contact on matters related to this application.   | 16.  | Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.   |
| 6.   | Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service.  | 17.  | This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.   |
| 7.   | Enter the appropriate letter in the space provided.  | 18.  | To be signed by the authorized representative of the applicant. A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)   |
| 8.   | Check appropriate box and enter appropriate letter(s) in the space(s) provided:<br><ul style="list-style-type: none"> <li>- "New" means a new assistance award.</li> <li>- "Continuation" means an extension for an additional funding budget period for a project with a projected completion date.</li> <li>- "Revision" means any change in the Federal Government's financial obligation or contingent liability from an existing obligation.</li> </ul> |      |   |
| 9.   | Name of Federal agency from which assistance is being requested with this application.   |      |   |
| 10.  | Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested.  |      |   |
| 11.  | Enter a brief descriptive title of the project. If more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For preapplications, use a separate sheet to provide a summary description of this project.  |      |   |

Dated: April 3, 1996.  
Andrew M. Cuomo,  
*Assistant Secretary for Community Planning  
and Development.*  
[FR Doc. 96-8749 Filed 4-8-96; 8:45 am]  
BILLING CODE 4210-29-C

[Docket No. FR-4019-D-01]

**Office of the Assistant Secretary for  
Housing-Federal Housing  
Commissioner's Revocation and  
Redelegation of Authority to Deputy  
Assistant Secretary for Operations**

**AGENCY:** Office of the Assistant  
Secretary for Housing-Federal Housing  
Commissioner, HUD.

**ACTION:** Notice of revocation, and  
redelegation of authority to the Deputy  
Assistant Secretary for Operations.

**SUMMARY:** To assist in the efficient  
management of the Office of Housing,  
the Assistant Secretary for Housing-  
Federal Housing Commissioner is  
herein transferring, from the Deputy  
Assistant Secretary for Multifamily  
Housing Programs to the Deputy  
Assistant Secretary for Operations,  
authority regarding asset sales of  
Secretary-held multifamily mortgages.

**EFFECTIVE DATE:** March 25, 1996.

**FOR FURTHER INFORMATION CONTACT:**

Robert G. Hunt, Director, Management  
Services Division, Office of Housing,  
Room 9116, Department of Housing and  
Urban Development, Washington, DC  
20410, (202) 708-0826. A  
telecommunications device for the  
hearing impaired (TDD) is available at  
202-708-4594. [These are not toll-free  
numbers.].

**SUPPLEMENTARY INFORMATION:** In this  
document, the Assistant Secretary for  
Housing-Federal Housing Commissioner  
is transferring responsibilities related to  
the asset sales of Secretary-held  
multifamily mortgages. These  
responsibilities, previously handled by  
the Deputy Assistant Secretary for  
Multifamily Housing Programs, will  
now be handled by the Deputy Assistant  
Secretary for Operations. The Assistant  
Secretary for Housing-Federal Housing  
Commissioner has determined that,  
from an organizational standpoint, these  
functions more appropriately belong  
within the operations section of the  
Office of Housing.

Accordingly, the Assistant Secretary  
for Housing-Federal Housing  
Commissioner redelegates authority as  
follows:

**Section A. Authority Redelegated**

The Deputy Assistant Secretary for  
Operations is redelegated:

1. The authority to recommend the  
terms and conditions under which the  
Department offers for sale Secretary-  
held multifamily mortgages and the  
accompanying assigned mortgage notes,  
including all related assets, if any; upon  
approval of the recommendations, the  
authority to offer for sale such  
mortgages and assigned mortgage notes,  
including all related assets, if any; and  
the authority to execute agreements in  
the name of the Secretary pursuant to  
which the Secretary-held multifamily  
mortgages and the accompanying  
assigned mortgage notes, including all  
related assets, if any, may be sold.

2. The authority to take or cause to be  
taken, and direct any action necessary to  
initiate or respond to correspondence on  
behalf of the Department concerning the  
sale of Secretary-held multifamily  
mortgages and the accompanying  
assigned mortgage notes, including all  
related assets, if any;

3. The authority to take or cause to be  
taken, and direct any action necessary to  
consummate the sale of Secretary-held  
multifamily mortgages and the  
accompanying assigned mortgage notes,  
including all related assets, if any.  
Without limiting the generality of the