

VI.2. Administrative and National Policy Requirements

Grantees are subject to the requirements in 45 CFR Parts 74 (non-governmental) or 45 CFR Part 92 (governmental).

VI.3. Reporting

All grantees are required to submit semi-annual program and financial reports (SF-269) with a final report due 90 days after the project end date. A suggested format for the program report will be sent to all grantees after the awards are made.

VII. Agency Contacts

Program Office Contact: Debbie Brown, Office of Community Services, 370 L'Enfant Promenade, SW., Suite 500 West, Aerospace Building, Washington, DC 20447-0002, e-mail: dbrown@acf.hhs.gov, Telephone: (202) 401-3446.

Grants Management Office Contact: Barbara Ziegler Johnson, Office of Grants Management, Division of Discretionary Grants, 370 L'Enfant Promenade, SW., Aerospace Building, Washington, DC 20447-0002, e-mail: bziegler-johns1@acf.hhs.gov, Telephone: (202) 401-4646.

General Contact: Office of Community Services, Operations Center, 1815 North Fort Myer Drive, Suite 300, Arlington, Virginia 22209, e-mail: ocs@lcgnet.com, Telephone: (800) 281-9519.

VIII. Other Information

Additional information about this program and its purpose can be located on the following Web site: <http://www.acf.hhs.gov/programs/ocs>.

Dated: August 12, 2004.

Clarence H. Carter,

Director, Office of Community Services.

[FR Doc. 04-18783 Filed 8-16-04; 8:45 am]

BILLING CODE 4184-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 2004N-0026]

Agency Information Collection Activities; Announcement of Office of Management and Budget Approval; Human Cells, Tissues, and Cellular and Tissue-Based Products; Establishments Registration and Listing

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing that a collection of information entitled "Human Cells, Tissues, and Cellular and Tissue-Based Products; Establishments Registration and Listing" has been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995.

FOR FURTHER INFORMATION CONTACT: JonnaLynn P. Capezzuto, Office of Management Programs (HFA-250), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301-827-4659.

SUPPLEMENTARY INFORMATION: In the **Federal Register** of May 27, 2004 (69 FR 30315), the agency announced that the proposed information collection had been submitted to OMB for review and clearance under 44 U.S.C. 3507. 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. OMB has now approved the information collection and has assigned OMB control number 0910-0469. The approval expires on July 31, 2007. A copy of the supporting statement for this information collection is available on the Internet at <http://www.fda.gov/ohrms/dockets>.

Dated: August 6, 2004.

Jeffrey Shuren,

Assistant Commissioner for Policy.

[FR Doc. 04-18723 Filed 8-16-04; 8:45 am]

BILLING CODE 4160-01-S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Provider Information Collection Activities; Proposed Collection; Comment Request

In compliance with the requirement for the opportunity for public comment on proposed data collection projects (Section 3506(c)(2)(A) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Pub. L. 104-13), the Health Resources and Services Administration (HRSA) publishes periodic summaries of proposed projects being developed for submission to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the clearance requests submitted to OMB for review,

call the HRSA Reports Clearance Officer at (301) 443-1129.

Comments are invited on: (a) Whether the information shall have practical utility; (b) the accuracy of the provider's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Proposed Project: Ryan White Comprehensive AIDS Resources Emergency (CARE) Act Grant Application Forms for the Division of Community Based Programs: New

The purpose of the Ryan White CARE Act is to provide emergency assistance to localities that are disproportionately affected by the human immunodeficiency virus (HIV) epidemic and to make financial assistance available for the development, organization, coordination, and operation of more effective and cost-efficient systems for the delivery of essential services to persons with HIV disease. The Ryan White CARE Act also provides grants to States, eligible metropolitan areas, community-based programs, and early intervention programs for the delivery of services to individuals and families with HIV infection.

The HRSA's HIV/AIDS Bureau (HAB) administers Titles I, II, III, IV, and Part F of the Ryan White CARE Act of 1990, as amended by the Ryan White CARE Act Amendments of 1996 and 2000 (codified under Title XXVI of the Public Health Service Act).

In order to ensure funds are allocated to those areas in need of financial assistance, information is needed to assist reviewers in making funding recommendations to HAB. The grant application forms are designed to collect information from service providers currently receiving or seeking funds from the following programs: Title III, Title III Planning, Title III Capacity Development, Title IV, Title IV Youth, and Community-Based Dental Partnership Program. The forms focus on five areas: (1) Line item budget; (2) epidemiology profile; (3) patients served; (4) service matrix; and (5) linkages to research. The specific requirements of the program dictates which forms are required for each grant application.

The grant application forms will be included in the application guidance for each program. The forms will be completed by the service providers

seeking funds from the six programs listed above. Responding service providers will return the completed forms as part of a complete application packet. The forms will be submitted on

paper, as part of a grant application submitted via the United States Postal Service or alternate delivery service, or as an Internet web-based response form

as part of an electronic grant application.

The estimated response burden for service providers is as follows:

Grant application form	Estimated number of provider respondents	Estimated responses per provider	Hours per response	Total hour burden
Line Item Budget	510	1	1	510
Epidemiology Profile	510	1	4	2,040
Patients Served	440	1	2	880
Service Matrix	440	1	.5	220
Linkages to Research	440	1	.5	220
Total	510		8	3,870

Send comments to Susan G. Queen, Ph.D., HRSA Reports Clearance Officer, Room 14-33, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: August 10, 2004.

Tina M. Cheatham,

Director, Division of Policy Review and Coordination.

[FR Doc. 04-18720 Filed 8-16-04; 8:45 am]

BILLING CODE 4165-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Submission for OMB Review; Comment Request

Periodically, the Health Resources and Services Administration (HRSA) publishes abstracts of information collection requests under review by the Office of Management and Budget, in compliance with the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35). To request a copy of the clearance requests submitted to the Office of Management and Budget

(OMB) for review, call the HRSA Reports Clearance Office on (301)-443-1129.

The following request has been submitted to the Office of Management and Budget for review under the Paperwork Reduction Act of 1995:

Proposed Project: Ryan White CARE Act: Title III Client Level Data Project, CDP (OMB No. 0915-0275)—Extension

The CDP was originally established in 1994 to collect information from grantees and their subcontracted service providers funded under Titles I and II of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990, as amended by the Ryan White CARE Act Amendments of 1996 and 2000, (codified under Title XXVI) of the Public Health Service (PHS) Act. This effort will collect client level data from a limited number of Ryan White CARE Act Title III Grantees. HRSA's HIV/AIDS Bureau administers funds for all titles of the CARE Act. The Title III program is authorized by Section 2651 of the PHS Act.

The PHS Act specifies that HRSA is responsible for the administration of grant funds, the allocation of funds, the evaluation of programs for the population served, and the improvement of the quantity and quality

of care. Accurate records on the grantees receiving CARE Act funding, the services provided, and the clients served are critical to the implementation of the legislation and thus are necessary for HRSA to fulfill its responsibilities.

Client level information will be collected from 24 CARE Act funded grantees regarding the number of clients served, services provided, demographic information about clients served, and health status of clients served. In addition, client level information will be collected that measures mortality status and additional indicators of health status and whether standards of care are being followed by providers.

The primary purposes of the CDP are to examine client level demographic and service data on HIV/AIDS infected/affected clients being served by the Ryan White CARE Act and demonstrate the usefulness of these data for planning and evaluation purposes. Through this system, HRSA seeks to supplement the information collected in the CARE Act Data Report (CADR). The CADR collects data aggregated at the grantee level and contains duplicated counts of clients who have received services from more than one provider during a given reporting period.

The burden estimate for this project is as follows:

Grantee	Number of respondents	Responses per respondents	Total responses	Hours per response	Total burden hours
CDP Report	24	700	16,800	1.5	25,200

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to: Desk Officer, Health Resources and Services Administration, Human Resources and Housing Branch, Office of Management and Budget, New

Executive Office Building, Room 10235, Washington, DC 20503.

Dated: August 10, 2004.

Tina M. Cheatham,

Director, Division of Policy Review and Coordination.

[FR Doc. 04-18721 Filed 8-16-04; 8:45 am]

BILLING CODE 4165-15-P