

award, and the budget/project period. The NoA is the legally binding document and is signed by an authorized grants official within the IHS.

2. Administrative Requirements

Grants are administered in accordance with the following regulations, policies, and OMB cost principles:

A. The criteria as outlined in this Program Announcement.

B. Administrative Regulations for Grants:

- 45 CFR, Part 92, Uniform Administrative Requirements for Grants and Cooperative Agreements to State, Local and Tribal Governments.

- 45 CFR, Part 74, Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals, and other Non-profit Organizations.

C. Grants Policy:

- HHS Grants Policy Statement, Revised 01/07.

D. Cost Principles:

- Title 2: Grant and Agreements, Part 225—Cost Principles for State, Local, and Indian Tribal Governments (OMB A-87).

- Title 2: Grant and Agreements, Part 230—Cost Principles for Non-Profit Organizations (OMB Circular A-122).

E. Audit Requirements:

- OMB Circular A-133, Audits of States, Local Governments, and Non-profit Organizations.

3. Indirect Costs

This section applies to all grant recipients that request reimbursement of indirect costs in their grant application. In accordance with HHS Grants Policy Statement, Part II-27, IHS requires applicants to obtain a current indirect cost rate agreement prior to award. The rate agreement must be prepared in accordance with the applicable cost principles and guidance as provided by the cognizant agency or office. A current rate covers the applicable grant activities under the current award's budget period. If the current rate is not on file with the DGM at the time of award, the indirect cost portion of the budget will be restricted. The restrictions remain in place until the current rate is provided to the DGM.

Generally, indirect costs rates for IHS grantees are negotiated with the Division of Cost Allocation <http://rates.psc.gov/> and the Department of Interior (National Business Center) <http://www.aqd.nbc.gov/services/ICS.aspx>. If your organization has questions regarding the indirect cost policy, please call (301) 443-5204 to request assistance.

4. Reporting Requirements

Failure to submit required reports within the time allowed may result in suspension or termination of an active grant, withholding of additional awards for the project, or other enforcement actions such as withholding of payments or converting to the reimbursement method of payment. Continued failure to submit required reports may result in one or both of the following: (1) The imposition of special award provisions; and (2) the non-funding or non-award of other eligible projects or activities. This requirement applies whether the delinquency is attributable to the failure of the grantee organization or the individual responsible for preparation of the reports.

The reporting requirements for this program are noted below.

A. Progress Reports

Program progress reports are required semi-annually of each funding year. These reports will include a brief comparison of actual accomplishments to the goals established for the period, or, if applicable, provide sound justification for the lack of progress, and other pertinent information as required/ outlined in award letter. A final report must be submitted within 90 days of expiration of the budget/project period.

B. Financial Reports

Semi-annual Financial Status Reports (FSR) reports must be submitted within 30 days after the budget period ends.

Final FSRs are due within 90 days of expiration of the project period. Standard Form 269 (long form for those reporting on program income; short form for all others) will be used for financial reporting.

Federal Cash Transaction Reports are due every calendar quarter to the Division of Payment Management, Payment Management Branch, Department of Health and Human Services at: <http://www.dpm.gov>. Failure to submit timely reports may cause a disruption in timely payments to your organization.

Grantees are responsible and accountable for accurate reporting of the Progress Reports and Financial Status Reports which are generally due semi-annually. Financial Status Reports (SF-269) are due 90 days after each budget period and the final SF-269 must be verified from the grantee records on how the value was derived.

Telecommunication for the hearing impaired is available at: TTY (301) 443-6394.

VII. Agency Contacts

Grants (Business):

Mr. Andrew Diggs, 801 Thompson Ave., Reyes Bldg., Suite 360, Rockville, MD 20852, Telephone: (301) 443-5204, E-mail: Andrew.Diggs@ihs.gov.

Program (Programmatic/Technical):

Judith Thierry, 801 Thompson Ave., Reyes Bldg., Suite 300, Rockville, MD 20852, Telephone: (301) 443-5070, E-mail: Judith.Thierry@ihs.gov.

The Public Health Service (PHS) strongly encourages all grant and contract recipients to provide a smoke-free workplace and promote the non-use of all tobacco products. In addition, Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of the facility) in which regular or routine education, library, day care, health care or early childhood development services are provided to children. This is consistent with the HHS mission to protect and advance the physical and mental health of the American people.

Dated: August 12, 2010.

Randy Grinnell,

Deputy Director, Indian Health Service.

[FR Doc. 2010-20362 Filed 8-17-10; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Statement of Organization, Functions and Delegations of Authority

This notice amends Part R of the Statement of Organization, Functions and Delegations of Authority of the Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA) (60 FR 56605, as amended November 6, 1995; as last amended at 75 FR 48980-48983 dated August 12, 2010).

This notice reflects organizational changes in the Health Resources and Services Administration. Specifically, this notice updates the Bureau of Health Professions (RP) functional statement as a result of the Affordable Care Act, to better align functional responsibility to improve coordination and functional management; establishing clear lines of authority, responsibility, and accountability for resources and effectiveness; improving programmatic and administrative efficiencies; and optimizing use of available staff resources.

Chapter RP—Bureau of Health Professions

Section RP–10, Organization

Delete in its entirety and replace with the following:

The Bureau of Health Professions (RP) is headed by the Associate Administrator, who reports directly to the Administrator, Health Resources and Services Administration. BHP includes the following components:

- (1) Office of the Associate Administrator (RP);
- (2) Office of Administrative Management Services (RP1);
- (3) Office of Shortage Designation (RP2);
- (4) Office of Policy Coordination (RP3);
- (5) Division of Public Health and Interdisciplinary Education (RPF);
- (6) Division of Medicine and Dentistry (RPC);
- (7) Division of Nursing (RPB);
- (8) Division of Practitioner Data Banks (RPG);
- (9) Division of Student Loans and Scholarships (RPD);
- (10) Division of Workforce and Performance Management (RPV); and
- (11) National Center for Analysis (RPW).

Section RP–20, Functions

- (1) Delete the functional statement for the Bureau of Health Professions (RP) and replace in its entirety.

Bureau of Health Professions (RP)

The Bureau of Health Professions' (BHP) programs are designed to improve the health of the Nation's underserved communities and vulnerable populations by assuring a diverse, culturally competent workforce is ready to provide access to quality health care services. BHP program components provide workforce studies, identification of shortage designations, training grants for health professions, financial support to students, protection to the public from unsafe health care practitioners and support for the Nation's freestanding children's hospitals by providing funding for graduate medical education to these institutions. The Health Professions Training programs award grants to health professions schools and training programs in every State, which use the funds to develop, expand, and enhance their efforts to train the workforce America needs.

Office of the Associate Administrator (RP)

The Office of the Associate Administrator (OAA) provides overall

leadership, direction, coordination, and planning in support of the BHP programs to ensure alignment and support of the Agency mission and strategic objectives. Specifically, the OAA: (1) Directs and provides policy guidance for workforce recruitment, student assistance, training, and placement of health professionals to serve in underserved areas; (2) establishes program goals, priorities and provides oversight of program quality and integrity in execution; (3) maintains effective relationships within HRSA and with other Federal and non-Federal agencies, State and local governments, and other public and private organizations concerned with health personnel development and improving access to health care for the Nation's underserved; (4) plans, directs, and coordinates Bureau-wide management and administrative activities; (5) leads and guides Bureau programs in recruiting and retaining a diverse workforce; and (6) coordinates, reviews, and provides clearance of correspondence and official documents entering and leaving the Bureau.

Office of Administrative Management Services (RP1)

Collaborates with BHP leadership to plan, coordinate, and direct Bureau-wide administrative management activities. Specifically: (1) Plans and directs financial management activities including budget formulation, presentation, and execution functions and supports linking of the budget and planning processes; (2) provides human resource services regarding all aspects of personnel management, workforce planning as well as the allocation and utilization of personnel resources; (3) conducts all business management aspects of the review, negotiation, award, and administration of grants, cooperative agreements and contracts; (4) coordinates, reviews, and provides clearance of correspondence and official documents entering and leaving the Bureau as needed; and (5) provides other support services including the acquisition, management, and maintenance of supplies, equipment and space, training, and travel.

Office of Shortage Designation (RP2)

Directly supports national efforts to address equitable distribution of health professionals for access to health care to underserved populations. Specifically: (1) Recommends health professional shortage areas and medically-underserved populations; (2) proactively collaborates with other Federal, State, and private sector partners regarding health professional

shortage areas and medically-underserved populations; (3) approves designation requests and finalizes designation policies and procedures for both current and proposed designation criteria; (4) negotiates and approves State designation agreements, and (5) oversees grants to State primary care offices.

Office of Policy Coordination (RP3)

Serves as the focal point for coordination and integration of Bureau policy development, analyses, and evaluation. Specifically: (1) Coordinates Bureau-wide, cross-cutting initiatives; (2) links Bureau policy activities to HRSA-wide policy development, analyses, and evaluation; (3) serves as a key point of contact to coordinate public relations and media communications as well as activities related to congressional inquiries, and other stakeholder groups in conjunction with the Agency and Department; (4) prepares policy analysis papers and other planning documents as required, (5) analyzes issues arising from legislation, budget proposals, regulatory actions and other program or policy actions; and (6) assumes special projects or takes the lead on certain issues as tasked by the Bureau Associate or Deputy Associate Administrator.

Division of Public Health and Interdisciplinary Education (RPF)

Serves as the Bureau lead for increasing the public health workforce, interdisciplinary health professions issues and programs, including geriatric training, and activities to increase the diversity of the health professional workforce. Specifically: (1) Provides grants and technical assistance for programs of public health in the development and improvement of education for public health or specialized training in public health to expand and enhance training opportunities and competencies, critical to the current and future public health workforce; (2) plans, promotes, supports, and evaluates academic-community partnerships in development of interdisciplinary, community-based programs designed to improve the quality of health professions inter-professional education and training, continuing education for health care professionals, and/or provides health career recruitment programs for K–12 students; (3) develops, supports, recommends, coordinates and evaluates health resources and health career opportunities for diverse and disadvantaged populations; (4) provides support and guidance for career

development in geriatric specialists through faculty development, fellowships, and interdisciplinary education focused on older Americans; (5) promotes the dissemination and application of findings arising from supported programs; (6) provides leadership and staff support for the Advisory Committee on Interdisciplinary, Community-Based Linkages; and (7) maintains effective relationships within HRSA and with other Federal and non-Federal agencies, State and local governments, and other public and private organizations concerned with health personnel development and improving access to health care for the Nation's underserved.

Division of Medicine and Dentistry (RPC)

Serves as the Bureau lead in support and evaluation of medical and dental personnel development and utilization including, primary care physicians, dentists, dental hygienists, physician assistants, and other primary care specialties to provide health care in underserved areas. Specifically: (1) Administers grants to educational institutions for the development, improvement, and operation of educational programs for primary care physicians (pre-doctoral, residency), physician assistants; including support for community-based training and funding for faculty development to teach in primary care specialties training; (2) provides technical assistance and consultation to grantee institutions and other governmental and private organizations on the operation of these educational programs, which includes funding for the Nation's free standing children's hospitals to meet the costs of providing graduate medical education; (3) evaluates programmatic data and promotes the dissemination and application of findings arising from supported programs; (4) collaborates within the Bureau to conduct, support, or obtain analytical studies to determine the present and future supply and requirements of physicians, dentists, dental hygienists, physician assistants, and other health professionals by specialty, geographic location, and for State planning efforts; (5) supports and conducts programs with respect to activities associated with the international migration, domestic training, and utilization of foreign medical graduates and U.S. citizens studying abroad; (6) supports joint degree programs to provide interdisciplinary and inter-professional graduate training in public health and other health professions; (7) provides

leadership and staff support for the Advisory Committee on Training in Primary Care Medicine and Dentistry and for the Council on Graduate Medical Education; and (8) represents the Bureau, Agency, and Federal Government, as designated, on national committees and maintains effective relationships within HRSA and with other Federal and non-Federal agencies, State and local governments, and other public and private organizations concerned with health personnel development and improving access to health care for the Nation's underserved.

Division of Nursing (RPB)

Serves as a principal Agency source of leadership for nursing education and practice, including increasing the diversity of the nursing workforce to improve access to health care in underserved areas. Specifically: (1) Provides grants and technical assistance for schools of nursing in the development, improvement of education for nursing or specialized training in primary care to enhance training opportunities and competencies critical to the current and future nursing workforce; (2) addresses nursing workforce shortages through projects that focus on expanding enrollment in baccalaureate programs, developing internship and residency programs, or providing education in new technologies, including distance learning, nurse practice projects that focus on establishing/expanding practice arrangements in non-institutional settings, providing care for underserved populations and other high-risk groups, skill-building in managed care, quality improvement and other skills needed in existing and emerging organized health care systems, or developing cultural competencies; (3) develops, supports, recommends, coordinates and evaluates health resources and health career opportunities for diverse and disadvantaged populations; (4) promotes the involvement of States and communities in developing and administering nursing programs and assists States and communities in improving access to nursing services and educational programs; (5) facilitates coordination of nursing-related issues with other governmental agencies and consults with them on national or international nursing workforce planning and development issues; (6) promotes the dissemination and application of findings arising from supported programs; (7) leads initiatives in the area of international nursing information exchange and nursing

workforce planning and development; (8) the Director, on behalf of the Secretary, serves as the Chair of the National Advisory Council on Nurse Education and Practice, and provides staff support; and (9) maintains effective relationships within HRSA with external health professional groups, with other Federal and non-Federal agencies, State and local governments, and other public and private organizations with a common interest in the Nation's capacity to deliver nursing services.

Division of Practitioner Data Banks (RPG)

Coordinates with the Department and other Federal entities, State licensing boards, and national, State, and local professional organizations, to promote quality assurance efforts and deter fraud and abuse by administering the National Practitioner Data Bank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB). Specifically: (1) Monitors adverse licensure information on all licensed health care practitioners and health care entities; (2) develops, proposes, and monitors efforts for (a) credentials assessment, granting of privileges, and monitoring and evaluating programs for physicians, dentists, and other health care professionals including quality assurance, (b) professional review of specified medical events in the health care system including quality assurance, and (c) risk management and utilization reviews; (3) encourages and supports evaluation and demonstration projects and research concerning quality assurance, medical liability and malpractice; (4) ensures integrity of data collection and follows all disclosure procedures without fail; (5) conducts and supports research based on NPDB and HIPDB information; (6) maintains active consultative relations with professional organizations, societies, and Federal agencies involved in the NPDB and HIPDB; (7) works with the Secretary's office to provide technical assistance to States undertaking malpractice reform; and (8) maintains effective relations with the Office of the General Counsel, the Office of Inspector General, and HHS concerning practitioner licensing and data bank issues.

Division of Student Loans and Scholarships (RPD)

Serves as the focal point for overseeing Federal loan and scholarship programs supporting health professionals. Specifically: (1) Monitors and assesses educational and financial institutions with respect to capabilities

and management of Federal support for students and the tracking of obligatory service requirements; (2) develops and conducts training activities for staff of educational and financial institutions; (3) coordinates financial aspects of programs with educational institutions; (4) develops program data needs and reporting requirements; and (5) maintains effective relationships within HRSA and with other Federal and non-Federal agencies, State and local governments, and other public and private organizations concerning student assistance.

Division of Workforce and Performance Management (RPV)

Serves as the Bureau focal point for internal program planning, coordination, reporting, evaluation, and analysis. Specifically: (1) Leads, guides and coordinates program planning, reporting, and evaluation activities of the Bureau Divisions and Offices; (2) provides staff services to the Associate Administrator for program and strategic planning and to the budgetary and regulatory processes; (3) assumes special projects or takes the lead on certain issues as tasked by the Bureau Associate or Deputy Associate Administrator; and (4) maintains effective relationships within HRSA and with other Federal and non-Federal agencies, State and local governments, and other public and private organizations concerning health personnel development and improving access to health care for the Nation's underserved; and (5) works collaboratively with the National Center for Workforce Analysis.

National Center for Workforce Analysis (RPW)

Provides leadership in the development and dissemination of accurate and timely data for analysis and research regarding the Nation's health workforce in order to inform decisionmaking for policymakers and to support goals related to the Nation's health professionals' workforce. Specifically: (1) Develops the capacity to directly collect health professions workforce data to quantify and measure supply, demand, distribution, shortages and surpluses at the national level, for selected disciplines and selected States and regions; (2) collaborates and conducts studies to assess and monitor factors, such as policy actions likely to impact future supply, demand, distribution and/or use of health professionals; (3) develops and coordinates the Bureau data collection and modeling on health professions' workforce in conjunction with other

entities involved in data collection and analysis; (4) maintains effective relationships and conducts data collection and assesses quality within HRSA staff, other Federal and non-Federal agencies, and organizations on the health professions workforce; (5) produces reports and disseminates data on the health professions workforce within HRSA, to other Federal and non-Federal agencies, State and local governments, other public and private organizations, and the public concerned with health personnel development and improving access to health care for the Nation's underserved; and (6) works collaboratively with the Division of Workforce and Performance Management.

Section RP-30, Delegations of Authority

All delegations of authority and re-delegations of authority made to HRSA officials that were in effect immediately prior to this reorganization, and that are consistent with this reorganization, shall continue in effect pending further re-delegation.

This reorganization is effective upon date of signature.

Dated: August 11, 2010.

Mary K. Wakefield,

Administrator.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Statement of Organization, Functions, and Delegations of Authority

Part C (Centers for Disease Control and Prevention) of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (45 FR 67772-76, dated October 14, 1980, and corrected at 45 FR 69296, October 20, 1980, as amended most recently at 75 FR 45134-45142, dated August 2, 2010) is amended to reflect the establishment of the Office for State, Tribal, Local, and Territorial Support, Centers for Disease Control and Prevention.

Section C-B, Organization and Functions, is hereby amended as follows:

Delete in its entirety the title of the Office of State and Local Support (CO) and insert the following:

Office for State, Tribal, Local and Territorial Support (CQ). The mission of the Office for State, Tribal, Local, and

Territorial Support (OSTLTS) is to improve the capacity and performance of the public health system. To carry out its mission, OSTLTS: (1) Provides CDC-wide guidance and strategic direction to activities related to State, tribal, local, and territorial (STLT) public health agencies; (2) supports the improvement of performance and capacity at the state, tribal, local and territorial levels through the identification, validation, dissemination, acceleration and adoption of policies, standards, leading practices, tools and other resources; (3) provides guidance and strategic direction for the recruitment, development, and management of field staff provided to local public health agencies by CDC direct assistance finding; and (4) enhances shared leadership of public health policy and practice with local public health agencies through increased collaboration and communication.

Office of the Director (CQA). (1) Manages, directs, and coordinates the strategy, operations, and activities of OSTLTS; (2) coordinates cross-cutting CDC activities related to STLT health; (3) provides guidance, strategic direction, and oversight for the investment of OSTLTS resources and assets; (4) oversees and maintains existing government relations, partnerships, and alliances with national public health organizations that represent the public health community, especially state and local public health organizations and their regional and national affiliate organizations, including but not limited to emergency planning, preparedness, and response partners; (5) serves as one of the principal CDC liaisons to other federal agencies (such as the Department of Health and Human Services (HHS), Office of the Assistant Secretary for Preparedness and Response, the Agency for Healthcare Research and Quality, and the Centers for Medicare and Medicaid Services, the Department of Homeland Security, etc), and organizations concerning state, territorial, and local public health agencies and tribal governments; (6) communicates OSTLTS public health activities and issues to internal and external stakeholders; (7) tracks and analyzes proposed legislation, policy, and new laws for their impact on STLT public health programs and activities; (8) develops, supports, and assesses cross-agency research and science relevant to OSTLTS mission-critical activities and program direction; (9) provides guidance on policy, performance, legislative issues, and long term strategies for program development