

directly to an agency of the Federal Government or to an authorized ACES Registration Authority providing ACES-related services under a contract with GSA. Compliance with all of the attending requirements is enforced through binding contracts, periodic monitoring by GSA, annual audits by independent auditing firms, and annual re-accreditation by GSA. Only fully accredited Registration Authorities will be permitted to accept and maintain identity information provided by the public.

The identity information collected will be used only to establish and verify the identity and eligibility of applicants for ACES certificates; no other use of the information is permitted.

Participation in the ACES Program is strictly voluntary, but participation will only be permitted upon presentation of identity information by the applicant, and verification of that information by an authorized ACES Registration Authority.

ACES is designed to permit on-line, arms-length registration through the Internet, which significantly reduces the public's reporting burden. Based upon preliminary tests run on similar systems for gathering identity-related information from the public (*e.g.*, U.S. Passports, initial issuance of state-issued driver's license, etc.), the individual reporting burden for providing identity information for the initial ACES certificate is estimated at an average of 15 minutes, including gathering the information together and entering the data into the electronic forms provided by the authorized ACES Registration Authorities.

No reliable information is yet available to support any estimate relating to the number of individuals who will seek to register to participate in the ACES Program. Thus, no estimate of the overall reporting burden is being provided at this time.

C. Purpose

GSA is responsible for assisting Federal agencies with the implementation and use of digital signature technologies to enhance electronic access to government information and services by all eligible persons. In order to ensure that the ACES program certificates are issued to the proper individuals, GSA will continue to collect identity information from persons who elect to participate in ACES.

D. Annual Reporting Burden:

Respondents: 1,000,000.

Annual Responses: 1.

Average hours per response: 0.25

Burden Hours: 250,000.

Obtaining Copies of Proposal:

Requesters may obtain a copy of the information collection documents from the General Services Administration, Regulatory and Federal Assistance Publications Division (MVA), 1800 F Street, NW., Room 4035, Washington, DC 20405, telephone (202) 208-7312, or by faxing your request to (202) 501-4067. Please cite OMB Control No. 3090-0270, Access Certificates for Electronic Services (ACES).

Dated: May 21, 2003.

Michael W. Carleton,

Chief Information Officer (I).

[FR Doc. 03-13459 Filed 5-29-03; 8:45 am]

BILLING CODE 6820-DH-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Guide to Community Preventive Services (GCPS) Task Force Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Centers for Disease Control and Prevention (CDC) announces the following meeting:

Name: Task Force on Community Preventive Services.

Times and Dates: 8:30 a.m.-6 p.m., June 11, 2003. 8:30 a.m.-12:30 p.m., June 12, 2003.

Place: The Sheraton Colony Square, 188 14th Street, NE., Atlanta, Georgia 30361, telephone (404) 892-6000.

Status: Open to the public, limited only by the space available. Persons interested in reserving a space for this meeting should call 770/488-8189 by close of business on June 6, 2003.

Purpose: The mission of the Task Force is to develop and publish a Guide to Community Preventive Services, which is based on the best available scientific evidence and current expertise regarding essential public health services, and what works in the delivery of those services.

Matters to be Discussed: Agenda items include briefings on administrative information, methods and intervention reviews; a strategic planning session; and sessions to approve recommendations for the following interventions: School-based Tobacco Use Prevention Education; 1 on 1 Education to Promote Cancer Screening; Improving Pregnancy Outcomes; Collaborative Care for Improving Treatment for Depression, Nutrition and Obesity.

Agenda items are subject to change as priorities dictate.

Contact Person or Additional Information: Peter Briss, M.D., M.P.H., Acting Chief, Community Guide Branch, Division of Prevention Research and Analytic Methods, Epidemiology Program Office, CDC, 4770

Buford Highway, M/S K-73, Atlanta, Georgia, telephone 770/488-8189.

The Director, Management Analysis and Services office has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both CDC and the Agency for Toxic Substances and Disease Registry.

Dated: May 23, 2003.

Alvin Hall,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 03-13510 Filed 5-29-03; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Disease, Disability, and Injury Prevention and Control Special Emphasis Panel: Program Announcements for Cooperative Agreements Between the Centers for Disease Control and Prevention (CDC)/ Agency for Toxic Substances and Disease Registry (ATSDR) and the Association of American Medical Colleges, Program Announcement #00075; Association of Schools of Public Health, Program Announcement #99122; and Association of Teachers of Preventive Medicine, Program Announcement #714

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the CDC announces the following meeting:

Name: Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP): Program Announcements for Cooperative Agreements between CDC/ATSDR, and the Association of American Medical Colleges, Program Announcement #00075; Association of Schools of Public Health, Program Announcement #99122; and Association of Teachers of Preventive Medicine, Program Announcement #714.

Times and Dates: 12 p.m.-12:30 p.m., June 16, 2003. (Open.)

12:30 p.m.-6 p.m., June 16, 2003. (Closed.)

8 a.m.-6 p.m., June 17, 2003. (Closed.)

8 a.m.-2 p.m., June 18, 2003. (Closed.)

Place: Westin Atlanta North, 7 Concourse Parkway, NE., Atlanta, GA 30328, Telephone 770.395.3900.

Status: Portions of the meeting will be closed to the public in accordance with provisions set forth in section 552b(c) (4) and (6), title 5 U.S.C., and the Determination of the Director,

Management Analysis and Services Office, CDC, pursuant to Public Law 92-463.

Matters to be Discussed: The meeting will include the review, discussion, and evaluation of applications received in response to Program Announcements #00075, 99122, and 714.

Contact Person for More Information:

Joan F. Karr, Ph.D., Scientific Review Administrator, Public Health Practice Program Office, CDC, 4770 Buford Highway, MS-K38, Atlanta, GA 30341, Telephone 770.488.2597.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Dated: May 27, 2003.

Alvin Hall,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention (CDC).

[FR Doc. 03-13655 Filed 5-29-03; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS-10086]

Emergency Clearance: Notice of Funding Availability and Public Information Collection Requirements Submitted to the Office of Management and Budget (OMB)

AGENCY: Centers for Medicare & Medicaid Services (CMS).

SUMMARY: Part I of this notice serves as an announcement for emergency clearance of public information collection requirements that have been submitted to the Office of Management and Budget (OMB). The Congress recognized that States face formidable challenges in their efforts to fulfill their legal responsibilities under the Americans with Disabilities Act. The Congress appropriated funds for these "Real Choice Systems Change Grants" specifically to improve community-integrated services. We cannot reasonably comply with the normal clearance procedures because of the potential for public harm: the funds set aside for the grants would revert to the general fund and States, together with their disability and aging communities that have already undertaken extensive

planning efforts for these grant opportunities, would be significantly harmed.

Part II of this notice serves as an announcement for solicitation of applications for the Real Choice Systems Change Grants for Community Living. Specifically, this notice announces the availability of approximately \$35 million in grant funding. These grants are a part of the President's New Freedom Initiative, which calls for the removal of barriers to community living for people with disabilities. CMS is the designated HHS agency with administrative responsibility for this program. These grants are designed to assist states develop enduring infrastructures that support people of any age who have a disability or long-term illness to live and participate in their communities. Applicants include states, state instrumentalities, and other eligible entities as further described in the notice. Also included in this notice is information about the application process.

A second **Federal Register** notice is being published regarding the remaining \$5 million of the Real Choice Systems Change Grants for Community Living. In the second notice, the Centers for Medicare & Medicaid Services, in collaboration with the Administration on Aging, will announce a competition for grants to be awarded as cooperative agreements for projects that support the development of state Aging and Disability Resource Center (Resource Center) programs. Resource Center programs will provide person-centered "one-stop shop" entry points into the long-term care system at the community level. Resource Centers will serve individuals who need long-term care, their family caregivers, and those planning for future long-term care needs. They will also serve as a resource for health and long-term care professionals and others who provide services to the elderly and to people with disabilities.

DATES: *Deadline for Submission of Grant Applications:* To be considered under the Fiscal Year 2003 funding cycle, grant applications must be submitted by July 29, 2003. All application materials must be submitted by the due date. No materials will be accepted after the deadline. The types of grants and maximum grant awards are summarized in the Real Choice Systems Change Grants for Community Living—FY2003 table.

Applicants' Teleconference (aka: Bidders' Teleconference): Information regarding the time and call-in number

will be available on the CMS Web site at: <http://www.cms.hhs.gov/newfreedom/default.asp>. We anticipate that the teleconference will be scheduled early in the month of June. Additionally, CMS staff will be available for questions and answers on an ongoing basis.

APPLICATION MATERIALS: An application kit containing all instructions and forms needed to apply for the Real Choice Systems Change Grants for Community Living can be downloaded from the New Freedom Initiative Web site at: <http://www.cms.hhs.gov/newfreedom/default.asp>. If an organization does not have access to the Internet, an application kit may be obtained by writing or calling: Judith Norris, Centers for Medicare & Medicaid Services, OICS, AGG, Grants Management Staff, Mail Stop C2-21-15, 7500 Security Boulevard, Baltimore, Maryland 21244-1850; E-mail: jnorris1@cms.hhs.gov; 410-786-5130.

SUBMISSION OF APPLICATION:

Applications are due by the closing date listed under *Deadline for Submission of Grant Applications* in the DATE section of this notice. Applications must be submitted both electronically and in paper form. Applications mailed through the U. S. Postal Services or a commercial delivery service will be considered "on time" if received by close of business on the closing date, or postmarked (first class mail) by the date specified and received within five business days. If express, certified, or registered mail is used, the applicant should obtain a legible dated mailing receipt from the U. S. Postal Service. Private metered postmarks are not acceptable as proof of timely mailings. Applications that do not meet the above criteria will be considered late applications.

Submissions by facsimile (fax) transmission will not be accepted. An original proposal should be submitted with two copies to: Marian Webb, Centers for Medicare & Medicaid Services, OICS, AGG, Grants Management Staff, Mail Stop: C2-21-15, 7500 Security Boulevard, Baltimore, Maryland 21244-1850. Additional application instructions are included in the solicitation.

Applicants will not receive official notification that their application has been received on time by CMS. Those submitting late applications will be notified that their applications were not considered in the competition and will be returned without review.

FOR FURTHER INFORMATION CONTACT:

Questions about CMS's announcement of funding availability or application