

CORRECTED SCHIP ALLOTMENTS FOR FEDERAL FISCAL YEAR 2001¹—Continued

A State	B Number of children (00)	C State cost factor	D Product	E Proportion of total ⁴	F Adjusted proportion of total ⁴ (percent)	G Allotment ²
American Samoa	1.20	.....	538,650
N. Mariana Islands	1.10	.....	493,763
Total commonwealths and territories only				100.00	.....	44,887,500
Total states and commonwealths and territories						4,249,200,000

(¹) Corrects chart that was originally published in the **Federal Register** on January 3, 2001 on pages 379-380.

(²) Total amount available for allotment to the 50 States and the District of Columbia is \$4,204,312,500; determined as the fiscal year appropriation (\$4,275,000,000) reduced by the total amount available for allotment to the Commonwealths and Territories under section 2104(c) of the Act (\$10,687,500) and amounts for Special Diabetes Grants (\$60,000,000) under sections 4921 and 4922 of the Balanced Budget Act of 1997 (BBA 1997) (Public Law 105-33).

(³) Total amount available for allotment to the Commonwealths and Territories is \$10,687,500 (determined as .25 percent of \$4,275,000,000, the fiscal year appropriation) plus \$34,200,000 as specified in section 2104(c)(4)(B) of the Act.

(⁴) Percent share of total amount available for allotment to the Commonwealths and Territories is as specified in section 2104(c) of the Act.

(Authority: Section 1102 of the Social Security Act, 42 U.S.C. 1302)
(Catalog of Federal Domestic Assistance Program No. 93.767, State Children's Health Insurance Program)

Dated: January 12, 2001.

Brian P. Burns,

Deputy Assistant Secretary for Information Resources Management.

[FR Doc. 01-1690 Filed 1-19-01; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources And Services Administration

Agency Information Collection Activities: Proposed Collection: Comment Request

In compliance with the requirement for 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, Public Law 104-13), the Health Resources and Services Administration (HRSA) publishes periodic summaries of proposed projects being developed for submission to OMB under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans and draft

instruments, call the HRSA Reports Clearance Officer on (301) 443-1129.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency'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: Uniform Data System (OMB No. 0915-0193)—Revision

This is to request a revision of approval of the Uniform Data System (UDS), which contains the annual reporting requirements for the cluster of primary care grantees funded by the Bureau of Primary Health Care (BPHC), Health Resources and Services Administration (HRSA). The UDS includes reporting requirements for grantees of the following primary care programs: Community Health Centers, Migrant Health Centers, Health Care for the Homeless, Outreach and Primary Health Services for Homeless Children and Public Housing Primary Care. Authorizing Legislation is found in Public Law 104-299, Health Center

Consolidation Act of 1996, enacting Section 330 of the Public Health Service Act.

The Bureau of Primary Health Care collects data on its programs to ensure compliance with legislative mandates and to report to Congress and policy makers on program accomplishments. To meet these objectives, BPHC requires a core set of information collected annually that is appropriate for monitoring and evaluating performance and reporting on annual trends. The UDS includes two components: the Universal Report, completed by all grantees, provides data on services, staffing, and financing; and the Grant Report, completed by grantees funded under the Homeless or Public Housing Program as well as one of the other programs, provides data on characteristics of users whose services fall within the scope of the Homeless or Public Housing Program grant. Grantees are also asked to provide information on the charges, collections, bad debt write off and contractual disallowances by payor sources (Medicaid, Medicare, self pay and private insurance). In addition, grantees need to include categories to some of the lists (e.g., services, ICD codes, CPT codes) and annotating the forms to indicate which lines are subtotals and the lines to which they sum.

Estimates of annualized reporting burden are as follows:

Type of report	Number of respondents	Hours per response	Total burden hours
Universal Report	712	24	17,088
Grant Report	96	16	1,536
Total	712	.....	18,624

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: January 12, 2001.

Jane M. Harrison,

Director, Division of Policy Review and Coordination.

[FR Doc. 01-1611 Filed 1-19-01; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources And Services Administration

Agency Information Collection Activities: Proposed Collection: Comment Request

In compliance with the requirement for 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, Public Law 104-13), the Health Resources and Services Administration (HRSA) publishes periodic summaries

of proposed projects being developed for submission to OMB under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, call the HRSA Reports Clearance Officer on (301) 443-1129.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency'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: Grantee Data Reporting System for the Rural Health Outreach Grant Program (RHOGP): New

The Rural Health Outreach Grant Program (RHOGP) is one of the major grant programs managed and funded by the Office of Rural Health Policy, Health

Resources and Services Administration. The overall objectives of the program are to expand access to, coordinate, restrain the cost of, and improve the quality of essential health care services, including preventive and emergency services, through the development of integrated health care delivery systems or networks in rural areas and regions. While each project has different objectives and activities, all grantee projects involve the use of Networks of three or more organizations working together to improve health care in their communities. Projects may be carried out by networks of the same providers (e.g., all hospitals) or more diversified networks.

The proposed data collection instruments are intended to strengthen the Office of Rural Health Policy's (ORHP) Outreach Grant Program's existing grantee evaluation process and grantee data collection. This information collection activity will provide ORHP with an increased capacity for monitoring and evaluation and will permit the efficient review of the grant projects in relation to HRSA's strategic objectives.

The estimated response burden is as follows:

Form	Number of respondents	Responses per respondent	Hours per response	Total burden hours
Grantee Reporting Form	53	1	8	424
Year 1 Progress Report	140	1	8	1120
Year 2 Progress Report	140	1	8	1120
Final Report	53	1	12	636
Total	193	.....	.....	3300

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: January 11, 2001.

Jane M. Harrison,

Director, Division of Policy Review and Coordination.

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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 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: Scholarship Program for Students of Exceptional Financial Need (EFN) and Program of Financial Assistance for Disadvantaged Health Professions Students (FADHPS): Regulatory Requirements (OMB No. 0915-0028)—Reinstatement, With Change

The EFN Scholarship Program, authorized by section 736 of the Public Health Service (PHS) Act, and the FADHPS Program, authorized by section 740(a)(2)(F) of the PHS Act, provides financial assistance to schools of allopathic and osteopathic medicine and dentistry for awarding tuition scholarships to health professions students who are of exceptional financial need. To be eligible for support under the FADHPS Program, a student must also be from a