

includes the Head Start National Reporting System (NRS). The Committee is to provide recommendations for integrating NRS with other ongoing assessments of the effectiveness of the program. The Committee will work in coordination with the existing Technical Work Group (TWG) which helped develop NRS, and make recommendations for how NRS data can be included in the broader Head Start measurement found in the Family and Child Experiences Survey (FACES), the national Head Start Impact Study, Head Start's Performance Based Outcome System, and the going evaluation of the Early Head Start program.

DATES: June 15, 2005, 2 p.m.–5 p.m., dinner recess; June 16, 2005, 9 a.m.–3:30 p.m.

PLACE: Hyatt Bethesda, One Bethesda Metro Center, Bethesda, Maryland 20814.

AGENDA: The Committee will be sworn in and will structure a plan that will enable it to accomplish its mission. Written and oral presentations related to existing Head Start evaluations will be the major parts of the meeting. Time allotted for each invited presentation will be limited.

SUPPLEMENTARY INFORMATION: This, the first meeting of the newly formed Committee, is open to the public. Persons wishing to bring written statements or papers focused on relevant, existing research with Head Start populations or on measures appropriate for low-income four- and five-year-old children are welcome to do so.

Individuals may email such documents to *Secretaryadvisory-hs@esi-*

dc.com or mail to: ESI, ATTN: Xzavier Wright, Head Start Bureau-Secretary Advisory Committee, 7735 Old Georgetown Road, Suite 600, Bethesda, Maryland 20814.

Documents received will be presented to the Committee.

Committee meeting records will be kept at the Switzer Building located at 330 C Street, SW., Washington, DC 20447. The Head Start Bureau will also make material related to this meeting available on the Head Start Web site at <http://www2.acf.dhhs.gov/programs/hsb/>.

For additional information regarding this meeting, please contact Michele Plutro, Designated Federal Officer, at 202–205–8912.

An interpreter for the deaf and hearing impaired, or any other special needs, will be available upon advance request by contacting *xzavier@esi-dc.com*.

Dated: May 27, 2005.

Wade F. Horn,

Assistant Secretary for Children and Families.

[FR Doc. 05–11076 Filed 6–1–05; 8:45 am]

BILLING CODE 4184–01–M

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 (OMB), 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: Survey of Universal Newborn Hearing Screening and Intervention Program—(NEW)

The purpose of the universal newborn hearing screening and intervention project is to describe the efficacy, or lack thereof, of a national program to assure that all newborn infants are screened for hearing loss before discharge from the newborn nursery, and that those infants who do not pass the initial screening procedures have timely and appropriate follow-up, defined as audiologic diagnosis by three months of age and enrollment in a program of early intervention before 6 months of age. Program goals of linking every child with a known or suspected hearing loss with a medical home, that is a provider of continuous and comprehensive primary pediatric care, and linkage of families of infants with a hearing loss to a source of family to family support will also be assessed. In addition to a survey tool to be administered in all States, additional data will be collected during site visits to 10–12 selected States. Results of the study will include recommendations to the program office for further assisting the States in fully accomplishing program goals.

Form	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
Telephone interviews	54 States and Jurisdictions	1	54	.66	36
Site Visits	12 States/Jurisdictions	Up to 6	72	1	72
Total			126		108

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to: John Kraemer, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: May 26, 2005.

Tina M. Cheatham,

Director, Division of Policy Review and Coordination.

[FR Doc. 05–10914 Filed 6–1–05; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Council on Graduate Medical Education

AGENCY: Health Resources and Services Administration (HRSA), HHS.

ACTION: Notice.

SUMMARY: Pursuant to the Federal Advisory Committee Act (Pub. L. 92-463), notice is hereby given that the Council on Graduate Medical Education (COGME) has been rechartered. The charter will expire on September 30, 2006.

FOR FURTHER INFORMATION CONTACT:

Jerald M. Katzoff, Deputy Executive Secretary, COGME, Division of Medicine and Dentistry, Bureau of Health Professions, HRSA, Room 9A-27, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857, Telephone (301) 443-6326.

Dated: May 25, 2005.

Steven A. Pelovitz,

Associate Administrator, Office of Administration and Financial Management.

[FR Doc. 05-10915 Filed 6-1-05; 8:45 am]

BILLING CODE 4165-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Health Promotion and Disease Prevention; Correction

ACTION: Notice; Correction.

SUMMARY: The Indian Health Service published a document in the **Federal Register** on April 14, 2005. The document contained eleven errors.

FOR FURTHER INFORMATION CONTACT:

Contact: Patricia Spotted Horse, Division of Grants Operations, Indian Health Service, 801 Thompson Avenue, Suite 120, Rockville, MD 20852, Telephone (301) 443-5204. (This is not a toll-free number).

Correction

In the **Federal Register** of April 14, 2005, in FR Doc. 05-7460, on page 19772, in the second column, under Key Dates, Application Deadline correct to June 24, 2005; Application Review correct to August 9-10, 2005; Application Notification correct to September 15, 2005. On page 19773, in the third column under section II Award information item #1, 2nd sentence insert (direct and indirect cost combined) after \$64,500. On page 19774, in the first column, under item #2, sentence #6 delete July 14-15 or July 20-21, 2005 and replace with August 9-10, 2005. On page 19774, in the first column under item #2, 2nd bullet, Tribal Management Grant (TMG) and replace with Health Promotion/Disease Prevention Grant; under same section bullet #5 and n6 delete TMG and replace with HP/DP Grant. On page 19774, in the third column, under item #2, bullet #8 delete

2006 and replace with 2005. On page 19775, in the second column, under item #3, 1st sentence correct to June 24, 2005. On page 19776, in the third column, under item n3, 1st sentence correct to September 15, 2005.

Dated: May 25, 2005.

Charles W. Grim,

Assistant Surgeon General Director, Indian Health Service.

[FR Doc. 05-10956 Filed 6-1-05; 8:45 am]

BILLING CODE 4165-16-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Tribal Self-Governance Program, Planning Cooperative Agreement, Initial Discretionary Funding Cycle for Fiscal Year 2005

Funding Opportunity Number: HHS-2005-IHS-TSGP-0001.

CFDA Number: 93.210.

Key Dates: Applications Due—July 8, 2005; Objective Review Committee to Evaluate Applications—August 3-4, 2005; Anticipated Project Start Date—September 15, 2005.

I. Funding Opportunity Description

The purpose of the program is to award cooperative agreements that provide planning resources to Tribes interested in participating in the Tribal Self-Governance Program (TSGP) as authorized by Title V, Tribal Self-Governance Amendments of 2000 of the Indian Self-Determination and Education Assistance Act of Public Law (Pub. L.) 93-638, as amended. The TSGP is designed to promote self-determination by allowing Tribes to assume more control of Indian Health Service (IHS) programs and services through compacts negotiated with the IHS. The Planning Cooperative Agreement allows a Tribe to gather information to determine the current types and amounts of programs, services, functions, and activities (PSFAs), and funding available at the Service Unit, Area, and Headquarters levels and identify programmatic alternatives that will better meet the needs of Tribal members.

II. Award Information

Type of Award: Cooperative Agreement.

Estimated Funds Available: The total amount identified for fiscal year (FY) 2005 is \$600,000 for approximately twelve (12) Tribes to enter the TSGP planning process for compacts beginning fiscal year (FY) 2006 or calendar year (CY) 2006. Awards under

this announcement are subject to the availability of funds.

Anticipated Number of Awards: The estimated number of awards to be funded is approximately 12.

Projected Period: 12 months.

Award Amount: \$50,000 per year.

Programmatic Involvement: IHS TSGP funds will be awarded as cooperative agreements and will have substantial programmatic involvement to establish a basic understanding of IHS Programs, Services, Functions and Activities (PSFAs) as operations at the Service Unit, Area, and Headquarters levels.

The IHS roles and responsibilities will include:

- Identification of IHS staff that will consult with applicants on methods used by the IHS to manage and deliver health care.

- Provide applicants with a list of laws and regulations that provide authority for the various IHS programs.

The Grantee roles and responsibilities will include:

- Research and analysis of the complex IHS budget, at the Service Unit, Area, and Headquarters levels.

- Establishment of a process through which Tribes can effectively approach the IHS to identify programs and associated funding which could be incorporated into programs.

III. Eligibility Information

1. Eligible Applicants

To be eligible for a Planning Cooperative Agreement under this announcement, an applicant must meet all of the following criteria:

A. Be a Federally-recognized Tribe as defined in Title V, Public Law 106-260, Tribal Self-Governance Amendments of 2000, of the Indian Self-Determination and Education Assistance Act (the Act), Public Law 93-638, as amended. However, Alaska Native Villages or Alaska Native village corporations, who are located within the area served by an Alaska Native regional health entity already participating in compact status, are not eligible (Pub. L. 106-260, Title V, Section 12(a)(2)).

2. Cost Sharing or Matching Funds

The Self-Governance Planning Cooperative Agreement Announcement does not require matching funds or cost sharing to participate in the competitive grant process.

3. Other Requirements

The following documentation is required (if applicable):

A. This program is described at 93.210 in the *Catalog of Federal Domestic Assistance*. There is limited