

TABLE 1.—ESTIMATED ANNUAL REPORTING BURDEN¹

	No. of Respondents	Annual Frequency per Response	Total Annual Responses	Hours per Response	Total Hours
Designation Request	45	1.18	53	60	3,180
Pre-meeting Packages	33	1.00	33	100	3,300
Total					6,480

¹ There are no capital costs or operating and maintenance costs associated with this collection of information.

Dated: December 6, 2004.

Jeffrey Shuren,

Assistant Commissioner for Policy.

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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: State-by-State Self Assessment of Trauma Care Systems—Reinstatement (OMB No. 0915-0259)

HRSA proposes to collect data from the 56 States and Territories on their current trauma care systems to assess progress since the initial survey in fiscal year 2002. This information will be used to establish a national strategy to assist in future grant opportunities to the States to improve or enhance their basic systems infrastructure in trauma care delivery, as well as their collection and usage of quality trauma data.

HRSA will be collaborating with partners from within HRSA's Healthcare

Systems Bureau, Division of Healthcare Preparedness (DHP), Bioterrorism Hospital Preparedness Program; HRSA's Office of Rural Health Policy; and HRSA's Maternal and Child Health Bureau. In addition, HRSA will collaborate with the Office of Public Health Emergency Preparedness; the Agency for Healthcare Research and Quality; the Centers for Disease Control and Prevention's Center for Injury Prevention and Control; the National Highway Traffic and Safety Administration's Emergency Medical Services (EMS) Division; and affiliated professional organizations through the DHP Trauma Program's National Trauma-EMS Stakeholder Group. HRSA has included national performance measures for Trauma/EMS for this project in accordance with the requirements of the "Government Performance and Results Act (GPRA) of 1993" (Public Law 103-62). This Act requires the establishment of measurable goals for Federal programs that can be reported as part of the budgetary process, thus linking funding decisions with performance.

The estimated response burden is as follows:

Type of form	Number of respondents	Responses per respondent	Burden hours per response	Total burden hours
Self Assessment questionnaire	56	1	10	560
Total	56	560

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: November 29, 2004.

Tina M. Cheatham,

Director, Division of Policy Review and Coordination.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Loan Repayment Program for Repayment of Health Professions Educational Loans Announcement Type: Initial CFDA Number: 93.164

Dates: Please see Section IV, 3.

I. Funding Opportunity Description

The Indian Health Service (IHS) estimated budget request for Fiscal Year (FY) 2005 includes \$12,974,300 for the Indian Health Service (IHS) Loan Repayment Program (LRP) for health professional educational loans (undergraduate and graduate) in return for full-time clinical service in Indian health programs.

This program announcement is subject to the appropriation of funds.

This notice is being published early to coincide with the recruitment activity of the IHS, which competes with other Government and private health management organizations to employ qualified health professionals.

This program is authorized by Section 108 of the Indian Health Care Improvement Act (IHCIA) as amended, 25 U.S.C. 1601 et seq. The IHS invites potential applicants to request an application for participation in the LRP.

Funds appropriated for the LRP in FY 2005 will be distributed among the health professions as follows: allopathic/osteopathic practitioners will receive 27 percent, registered nurses 20 percent, mental health professional 10 percent, dentists 12 percent, pharmacists 10 percent, optometrists 5 percent, physician assistants/advanced practice nurses 6 percent, podiatrists 4 percent, physical therapists 2 percent, other professions 4 percent. This requirement does not apply of the number of applicants from these groups respectively, is not sufficient to meet the requirement.

II. Award Information

It is anticipated that \$12,974,300 will be available to support approximately 258 competing awards averaging \$46,300 per award for a two year contract. One year contract continuations will receive priority consideration in any award cycle. Applicants selected for participation in the FY 2005 program cycle will be expected to begin their service period no later than September 30, 2005.

III. Eligibility Information

1. Eligible Applicants

Pursuant to section 108(b), to be eligible to participate in the LRP, an individual must:

(1)(A) Be enrolled—

(i) In a course of study or program in an accredited institution, as determined by the Secretary, within any State and be scheduled to complete such course of study in the same year such individual applies to participate in such program; or

(ii) In an approved graduate training program in a health profession; or

(B) Have a degree in a health profession and a license to practice in a state; and

(2)(A) Be eligible for, or hold an appointment as a Commissioned Officer in the Regular or Reserve Corps of the Public Health Service (PHS); or

(B) Be eligible for selection for civilian service in the Regular or Reserve Corps of the (PHS); or

(C) Meet the professional standards for civil service employment in the IHS; or

(D) Be employed in an Indian health program without service obligation; and

(E) Submit to the Secretary an application for a contract to the Loan Repayment Program. The Secretary must approve the contract before the disbursement of loan repayments can be made to the participant. Participants will be required to fulfill their contract service agreements through full-time clinical practice at an Indian health program site determined by the Secretary. Loan repayment sites are characterized by physical, cultural, and professional isolation, and have histories of frequent staff turnover. All Indian health program sites are annually prioritized within the Agency by discipline, based on need or vacancy.

Section 108 of the IHCIA, as amended by Public Laws 100–713 and 102–573, authorizes the IHS LRP and provides in pertinent part as follows:

(a)(1) The Secretary, acting through the Service, shall establish a program to be known as the Indian Health Service Loan Repayment Program (hereinafter referred to as the “Loan Repayment Program”) in order to assure an adequate supply of trained health professionals necessary to maintain accreditation of, and provide health care services to Indians through, Indian health programs.

Section 4(n) of the IHCIA, as amended by the Indian Health Care Improvement Technical Corrections Act of 1996, Pub. L. 104–313, provides that:

“Health Profession” means *allopathic medicine*, family medicine, internal medicine, pediatrics, geriatric medicine, obstetrics and gynecology, podiatric medicine, nursing, public health nursing, dentistry, psychiatry, osteopathy, optometry, pharmacy, psychology, public health, social work, marriage and family therapy, chiropractic medicine, environmental health and engineering, and allied health profession, or any other health profession.

For the purposes of this program, the term “Indian health program” is defined in Section 108(a)(2)(A), as follows:

(A) The term “Indian health program” means any health program or facility funded, in whole or in part, by the Service for the benefit of Indians and administered—

(i) Directly by the Service;

(ii) By any Indian tribe or tribal or Indian organization pursuant to the contract under—

(I) The Indian Self-Determination Act, or

(II) Section 23 of the Act of April 30, 1908, (25 U.S.C. 47), popularly known as the Buy Indian Act; or

(iii) By an urban Indian organization pursuant to title V of this act. Section

108 of the IHCIA, as amended by Public Laws 100–713 and 102–573, authorizes the IHS to determine specific health professions for which Indian Health Loan Repayment contracts will be awarded. The list of priority health professions that follow are based upon the need of the IHS as well as upon the needs of the American Indians and Alaska Natives.

(a) Medicine: Allopathic and Osteopathic

(b) Nurse: Associate and B.S. Degree

(c) Clinical Psychology: Ph.D only

(d) Social Work: Masters level only

(e) Chemical Dependency Counseling: Baccalaureate and Masters level

(f) Dentistry

(g) Dental Hygiene

(h) Pharmacy: B.S., Pharm.D.

(i) Optometry

(j) Physician Assistant

(k) Advanced Practice Nurses: Nurse Practitioner, Certified Nurse Midwife, Registered Nurse Anesthetist (Priority consideration will be given to Registered Nurse Anesthetists.)

(l) Podiatry: D.P.M.

(m) Physical Therapy: M.S. and D.P.T.

(n) Diagnostic Radiology Technology: Certificate, Associate, and B.S.

(o) Medical Technology: B.S.

(p) Public Health Nutritionist/Registered Dietitian

(q) Engineering (Civil and Environmental): B.S. (Engineers must provide environmental engineering services to be eligible)

(r) Environmental Health (Sanitarian): B.S.

(s) Health Records: R.H.I.T. and R.H.I.A.

(t) Respiratory Therapy

(u) Ultrasonography

2. Cost Sharing or Matching

Not applicable.

3. Other Requirements

Interested individuals are reminded that the list of eligible health and allied health professions is effective for applicants for FY 2005. These priorities will remain in effect until superseded.

IV. Application and Submission Information

1. Address To Request Application Package

Application materials may be obtained by calling or writing to the address below. In addition, completed applications should be returned to: IHS Loan Repayment Program, 801 Thompson Avenue, Suite 120, Rockville, Maryland 20852, PH: 301/443–3396 [between 8 a.m. and 5 p.m. (EST) Monday through Friday, except Federal holidays].

2. Content and Form of Application Submission

Applications must be submitted on the form entitled Application for the Indian Health Service Loan Repayment Program," identified with the Office of Management and Budget approval number of OMB 0917-0014 (expires 12/31/05).

3. Submission Dates and Times

Completed applications may be submitted to the IHS Loan Repayment Program, 801 Thompson Avenue, Suite 120, Rockville, Maryland 20852. Applications for the FY 2005 LRP will be accepted and evaluated monthly beginning February 18, 2005 and will continue to be accepted each month thereafter until all funds are exhausted for FY 2005. Subsequent monthly deadline dates are scheduled for Friday of the second full week of each month.

Applications shall be considered as meeting the deadline if they are either:

1. Received on or before the deadline date; or
2. Sent on or before the deadline date. (Applicants should request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or U.S. Postal Service. Private metered postmarks are not acceptable as proof of timely mailing.)

Applicants received after the monthly closing date will be held for consideration in the next monthly funding cycle. Applicants who do not receive funding by September 30, 2005, will be notified in writing.

4. Intergovernmental Review

This program is not subject to review under Executive Order 12372.

5. Funding Restrictions

Not applicable.

6. Other Submission Requirements

All applicants must sign and submit to the Secretary, a written contract agreeing to accept repayment of educational loans and to serve for the applicable period of obligated service in a priority site as determined by the Secretary, and submit a signed affidavit attesting to the fact that they have been informed of the relative merits of the U.S. PHS Commissioned Corps and the Civil Service as employment options.

V. Application Review Information

1. Criteria

The IHS has identified the positions in each Indian health program for which there is a need or vacancy and ranked those positions in order of priority by

developing discipline-specific prioritized lists of sites. Ranking criteria for these sites include the following:

- (a) Historically critical shortages caused by frequent staff turnover;
- (b) Current unmatched vacancies in a Health Profession Discipline;
- (c) Projected vacancies in a Health Profession Discipline;
- (d) Ensuring that the staffing needs of Indian health programs administered by an Indian Tribe or Tribal or health organization receive consideration on an equal basis with programs that are administered directly by the Service;
- (e) Giving priority to vacancies in Indian health programs that have a need for health professionals to provide health care services as a result of individuals having breached LRP contracts entered into under this section.

Consistent with this priority ranking, in determining applications to be approved and contracts to accept, the IHS will give priority to applications made by American Indians and Alaska Natives and to individuals recruited through the efforts of Indian Tribes or Tribal or Indian organizations.

2. Review and Selection Process

Loan Repayment Awards will be made only to those individuals serving at facilities which have a site score of 70 or above during the first and second quarters and the first month of the third quarter of FY 2005, if funding is available.

One or all of the following factors may be applicable to an applicant, and the applicant who has the most of these factors, all other criteria being equal, would be selected.

- (a) An applicant's length of current employment in the IHS, Tribal, or urban program.
- (b) Availability for service earlier than other applicants (first come, first served).
- (c) Date the individual's application was received.

3. Anticipated Announcement and Award Dates

Not applicable.

VI. Award Administration Information

1. Award Notices

Notice of awards will be mailed on the last working day of each month. Once the applicant is approved for participation in the LRP, the applicant will receive confirmation of his/her loan repayment award and the duty site at which he/she will serve his/her loan repayment obligation.

2. Administrative and National Policy Requirements

Applicants may sign contractual agreements with the Secretary for 2 years. The IHS will repay all, or a portion of the applicant's health profession educational loans (undergraduate and graduate) for tuition expenses and reasonable educational and living expenses in amounts up to \$20,000 per year for each year of contracted service. Payments will be made annually to the participant for the purpose of repaying his/her outstanding health profession educational loans. Payment of health profession education loans will be made to the participant within 120 days, from the date the contract becomes effective.

In addition to the loan repayments, participants are provided tax assistance payments in an amount not less than 20 percent and not more than 39 percent of the participant's total amount of loan repayments made for the taxable year involved. The loan repayments and the tax assistance payments are taxable income and will be reported to the Internal Revenue Service (IRS). The tax assistance payment will be paid to the IRS directly on the participant's behalf. LRP award recipients should be aware that the IRS may place them in a higher tax bracket than they would otherwise have been prior to their award.

3. Reporting

Any individual who enters this program and satisfactorily completes his or her obligated period of service may apply to extend his/her contract on a year-by-year basis, as determined by the IHS. Participants extending their contracts will receive up to the maximum amount of \$20,000 per year plus an additional 20 percent for Federal Withholding. Participants who were awarded loan repayment contracts prior to FY 2000 will be awarded extensions up to the amount of \$30,000 a year and 31 percent in tax subsidy if funds are available, and will not exceed the total of the individual's outstanding eligible health profession educational loans.

Any individual who owes an obligation for health professional service to the Federal Government, a State, or other entity is not eligible for the LRP unless the obligation will be completely satisfied before they begin service under this program.

VII. Agency Contacts

Please address inquiries to Ms. Jacqueline K. Santiago, Chief, IHS Loan Repayment Program, 801 Thompson Avenue, Suite 120, Rockville, Maryland

20852, PH: 301/443-3396 [between 8 a.m. and 5 p.m. (EST) Monday through Friday, except Federal holidays].

VIII. Other Information

The IHS Area Offices and Service Units are authorized to provide additional funding to make awards to applicants in the LRP, but must be in compliance with any limits in the appropriation and Section 108 of the Indian Health Care Improvement Act not to exceed the amount authorized in the IHS appropriation (up to \$27,000,000 for FY 2005.)

Should an IHS Area Office contribute to the LRP, those funds will be used for only those sites located in that Area. Those sites will retain their relative ranking from the national site-ranking list. For example, the Albuquerque Area Office identifies supplemental monies for dentists. Only the dental positions within the Albuquerque Area will be funded with the supplemental monies consistent with the national ranking and site index within that Area.

Should an IHS Service Unit contribute to the LRP, those funds will be used for only those sites located in that Service Unit. Those sites will retain their relative ranking from the national site-ranking list. For example, Chinle Service Unit identifies supplemental monies for pharmacists. The Chinle Service Unit consists of two facilities, namely the Chinle Comprehensive Health Care Facility and the Tsaile PHS Indian Health Center. The national ranking will be used for the Chinle Comprehensive Health Care Facility (Score = 44) and the Tsaile PHS Indian Health center (Score = 46). With a score of 46, the Tsaile PHS Indian Health Center would receive priority over the Chinle Comprehensive Health care Facility.

Dated: December 6, 2004.

Charles W. Grim,

Assistant Surgeon General Director, Indian Health Service.

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DEPARTMENT OF HOMELAND SECURITY

Science and Technology Directorate; Submission for Review; Revision of Currently Approved Information Collection Requests for Support Anti-terrorism by Fostering Effective Technologies Act of 2002 (SAFETY ACT)—Application Kit and Forms 002 Through 005

AGENCY: Department of Homeland Security, Science and Technology Directorate.

ACTION: Notice; 60-day notice request for review and comments.

SUMMARY: The Department of Homeland Security (DHS) invites the general public and other Federal agencies to comment on revised information collection requests (ICRs) 1640-0001, 1640-0002, 1640-0003, 1640-0004, 1640-0005, and 1640-0006, SAFETY ACT Application Kit and Forms 003 through 007. As required by the Paperwork Reduction Act of 1995, (Pub. L. 104-13, 44 U.S.C. chapter 35) DHS is soliciting comments on the revisions for the approved information collection requests. The ICRs previously were published in the **Federal Register** on October 16, 2003, at 68 FR 59696, allowing for OMB review and a 60-day public comment period, and on February 20, 2004 at 69 FR 7978 to allow for an additional 30-day public comment period. The revised ICR submissions set forth in this Notice incorporate comments received by DHS as applicable.

Discussion of Comments and Changes

Application Preparation Burden

Six commenters expressed concern that the amount and type of information required in the Application Kit is burdensome, if not prohibitive, and that only large companies will be able to bring to bear the preparation resources required to answer all of the questions. One commenter estimated costs in excess of \$1M to prepare applications for its various Anti-Terrorism Technologies (ATTs). Other commenters estimated the preparation effort at 1000 staff hours or more per application. Commenters also expressed the opinion that some of the information being requested—particularly financial information—is not relevant to the evaluation of applications against the criteria of the Act.

The Department has been, and continues to remain, sensitive to concerns about the application process, and the perceived difficulty of preparing and submitting an application.

Consequently, the Department specifically solicited comments on the Application Kit and process in the Interim Rule. Based on both the comments received concerning the initial Application Kit as well as the experience of the Office of SAFETY Act Implementation (OSAI) with the applications filed to date, OSAI has published numerous Frequently Asked Questions on its Web site as well as undertaken a substantial revision of the Application Kit.

The Department is very sensitive to the perceived difficulty, and required monetary and personnel resources required to complete an Application for SAFETY Act Benefits. In order to obtain specific data on this issue, in July 2004 the Director of the Office of SAFETY Act Implementation personally spoke with each company that submitted a full application to obtain feedback regarding the time and effort that companies invested in completing the application. The responses indicated that the amount of time was proportional to the size of the company, with small to medium sized organizations spending considerably less time compiling the information required to complete the application than did large corporations with more cumbersome internal bureaucratic processes. Overall, it appears it takes most organizations approximately 150 hours to complete the full application utilizing the prior version of the application kit. The shortest time reported was 25 hours and the most was 1000. Discussions with the single applicant that spent the 1000 hours revealed that the time resulted from its team approach and consequent internal staffing decisions coupled with the numerous internal approval processes necessary prior to submission of the application, not from the complexity of the application itself. Confirmation of this assessment came from discussions with two applicants of similar size; one reported its application took no more than 100 hours across the entire company and the other reported 200 hours. Based on this information, the Department is confident that it is the business practices of the particular applicant that resulted in the extraordinary investment of time in completing the application, and not the application itself or the Department's implementation of the SAFETY Act.

The Department agrees that some of the financial information requested in the existing Application kit is not essential to the evaluation of every application. The Department has decided to limit the amount of financial information requested as part of the initial submission and to supplement