

information on patients served, pharmaceuticals prescribed, pricing, and other sources of support to provide AIDS medication treatment, eligibility requirements, cost data, and coordination with Medicaid. Each quarterly report requests updates from programs on number of patients served, type of pharmaceuticals prescribed, and prices paid to provide medication. The first quarterly report of each ADAP

fiscal year (due in July of each year) also requests information that only changes annually (e.g., State funding, drug formulary, eligibility criteria for enrollment, and cost-saving strategies including coordinating with Medicaid).

The quarterly report represents the best method for HRSA to determine how ADAP grants are being expended and how to provide answers to requests from Congress and other organizations. This

new quarterly report will replace two current monthly progress reports plus information currently submitted annually. The new quarterly report should reduce burden, avoid duplication of information, and provide HRSA information in a form that easily lends itself to responding to inquiries.

The estimated annual burden per ADAP grantee is as follows:

Type of respondent	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
First quarterly report	57	1	57	3	171
Second, third, & fourth quarterly reports	57	3	171	1.5	256.5
Total	57		228		427.5

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

Dated: September 23, 2004.

Tina M. Cheatham,

Director, Division of Policy Review and Coordination.

[FR Doc. 04-21921 Filed 9-29-04; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

“Closing the Health Gap”—Sudden Infant Death Syndrome and Infant Mortality Initiative

AGENCY: Indian Health Service, HHS.

ACTION: Notice of Intent to Award for Single Source Award with the Aberdeen Area Tribal Chairman’s Health Board Northern Plains Healthy Start Project.

Recipient: Aberdeen Tribal Chairman’s Health Board Northern Plains Healthy Start Project.

Purpose of the Award: The Indian Health Service (IHS) announces an award for single source award as established under the authority of Section 301(a) of the Public Health Service Act, as amended. The single source award is to support the Aberdeen Area Indian Health Service tribal organization, not the IHS. The Aberdeen Area Tribal Chairman’s Health Board and its program the Northern Plains Healthy Start Project (NPHSP) meet the

eligibility criteria for CFDA 93.933 as a demonstration project for the expressed purpose of promoting and improving health and health care services in tribal communities. The award is part of a larger Office of Minority Health initiative entitled “Closing the Health Gap” with the expressed purpose of addressing elevated infant mortality, a known health disparity for American Indians and Alaska Natives. NPHSP has been in existence for twelve years. Increased emphasis will be placed on case management and community measures to address maternal and infant health promotion and reduction of risk factors associated with sudden Infant Death Syndrome and infant mortality (SIDS/IM).

Amount of Award: \$450,000 in funds will be awarded.

Project Period: There will be only one funding cycle during Fiscal Year (FY) 2004. The project will be funded in annual budget periods for up to three years depending on the defined scope of work. Continuation of the project will be based on the availability of appropriations in future years, the continuing need the IHS has for the projects, and satisfactory project performance. The Project period will run from October 1, 2004 to September 30, 2007.

Justification for the Exception to the Competition: The IHS Area with the highest IMR and SIDS rates is the Aberdeen Area. This Area includes Tribes situated in the states of Iowa, Nebraska, North Dakota and South Dakota. The Aberdeen Area Tribal Chairman’s Health Board maintains a 501(c)3 status and is comprised of representatives of eighteen Tribes, sixteen of which participate in the NPHSP. NPHSP is a program within the Aberdeen Tribal Chairman’s Health

Board and operates in the four states. The project consists of home based interventions in the form of case management to high risk prenatal American Indian women. NPHSP has served targeted perinatal populations and their families and communities for twelve years. No other tribal program representing such a broad consortia exists. General long-term program goals of the Northern Plains Health Start Project are in alignment with those of the Office of Minority Health “Closing the Health Gap—SIDS/IMR Initiative.”

Agency Contacts: For program information, contact: Judith Thierry, D.O., Maternal and Child Health Coordinator, Office of Public Health, IHS, 801 Thompson Avenue, Suite 300, Rockville, Maryland 20852; (301) 443-5070; jthierry@na.ihs.gov; or (301) 594-6213 (fax). For grant and business information, contact Ms. Martha Redhouse, Grants Management Specialist, Division of Grants Policy, IHS, 801 Thompson Avenue, Suite 120, Rockville, MD 20852; (301) 443-5204. (The telephone numbers for Dr. Thierry and Ms. Redhouse are not toll-free).

Dated: September 24, 2004.

Robert G. McSwain,

Acting Deputy Director for Management Operations, Indian Health Service.

[FR Doc. 04-21891 Filed 9-29-04; 8:45 am]

BILLING CODE 4160-16-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Collection; Comment Request; Inventory and Evaluation of Clinical Networks

SUMMARY: In compliance with the requirement of Section 3506(c)(2)(A) of

the Paperwork Reduction Act of 1995, for opportunity for public comment on the proposed data collection projects, the National Heart, Lung, and Blood Institute (NHLBI), the National Institutes of Health (NIH) will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

Proposed Collection: Title: Inventory and Evaluation of Clinical Research Networks.

Type of Information Collection Request: New.

Need and Use of Information Collection: This project is part of the NIH Roadmap to improve the speed and effectiveness of translating basic scientific discoveries into clinical products and practices that improve health care. The project, which is related to the Reengineering the Clinical

Research Enterprise, has been designed to enhance the efficiency and productivity of clinical research by promoting clinical research networks to rapidly conduct high quality clinical studies where multiple research questions can be addressed.

Specifically, this study involves: (1) Developing an inventory and database of clinical research networks, (2) asking representatives from these networks to respond to an Inventory Questionnaire (Tier 1) that will allow us to update information we collected from public sources and gather additional information on network characteristics, and (3) conducting more in-depth surveys (Tier 2) with 1/3 of the identified networks (Tier 2). Data will be used to characterize the selected networks in terms of network focus, on management and governance, effectiveness in changing clinical practice, information

infrastructure, and training and training infrastructure. Best practices will be identified and presented at a national leadership forum.

Frequency of Response: Networks will be asked to respond to the Inventory Questionnaire (Tier 1) once. It is anticipated that 60% of the networks queried will actually meet the network eligibility criteria. A 1/3 sample of the eligible networks will also be asked to complete an additional more in-depth survey (Tier 2).

Affected Public: Staff at clinical research networks.

Type of Respondents: Staff completing the surveys will include physicians, nurses, administrators, financial analysts, information technology professionals, and clerks. The annual reporting burden is as follows:

Type of respondents	Estimated number of respondents	Estimated number of responses per respondent	Average burden hours per response	Estimated total annual burden hours requested
Clinical research network staff:				
Inventory Questionnaire (Tier 1)	2,000	1	2	4,000
In-depth Survey of Subsample of Networks (Tier 2)	400	1	2	800
Total				4,800

There are no Capital Costs to report. There are no Operating or Maintenance Costs to report.

Request For Comments: Written comments and/or suggestions from the public and affected agencies should address one or more of the following points: (1) Whether the proposed collection is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) ways to minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of data collection plans and instruments, contact Dr. Paul Sorlie, Division of Epidemiology and Clinical Applications, NHLBI, NIH, II Rockledge Centre, 6701 Rockledge Drive, MSC #7934, Bethesda, MD, 20892-7934, or

call non-toll-free number (301) 435-0707, or e-mail your request, including our address to: sorliep@nhlbi.nih.gov.

Comments Due Date: Comments regarding this information collected are best assured of having their full effect if received within 60-days of the date of this publication.

Dated: September 27, 2004.

Peter Savage,
Director, DECA, NHLBI, National Institutes of Health.

[FR Doc. 04-21987 Filed 9-24-04; 8:45 am]
BILLING CODE 4140-01-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Submission for OMB Review; Comment Request; Pilot Study Evaluating the Cross-Cultural Equivalency of the Tobacco Use Supplement to the Current Survey (TUS-CPS); Correction

As published in the **Federal Register**, September 16, 2004 (69 FR 55824), the notice contains an error in the first sentence of the **SUMMARY** section. In referencing provisions of the Paperwork Reduction Act, we inadvertently cited section 3506(c)(2)(A). Accordingly, the

referenced section is corrected to read "3507(a)(1)(D)."

Dated: September 22, 2004.

Rachelle Ragland-Greene,
NCI Project Clearance Liaison, National Institutes of Health.

[FR Doc. 04-21988 Filed 9-29-04; 8:45 am]
BILLING CODE 4140-01-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institutes of Health Extramural Loan Repayment Program for Clinical Researchers

AGENCY: National Institutes of Health, HHS.

ACTION: Notice.

SUMMARY: The National Institutes of Health (NIH) announces the availability of educational loan repayment under the NIH Extramural Loan Repayment Program for Clinical Researchers (LRP-CR). The Loan Repayment Program for Clinical Researchers, which is authorized by section 487F¹ of the

¹ So in law. There are two sections 487F. Section 205 of Public Law 106-505 (114 Stat. 2329), inserted section 487F after section 487E. Previously, section 1002(b) of Public Law 106-310 (114 Stat.