

prospective payment system, the materials submitted by any particular children's hospital may not provide the required verification. To the extent that OPA is unable to obtain independent verification, a children's hospital will be expected to verify that the children's hospital meets the requirements of section 340B(a)(4)(L)(ii) if requested by OPA.

OPA is considering whether it would be appropriate to require a statement from an independent auditor certifying that a children's hospital meets the requirements of section 340B(a)(4)(L)(ii) in those cases where there is no established method of verification analogous to that utilized to annually certify DSH eligibility in the 340B Drug Pricing Program. OPA invites comments from stakeholders on the feasibility of an independent auditor to verify eligibility of children's hospitals. OPA also seeks comments from children's hospitals as to the relative burden that an independent auditor statement may entail and welcomes alternate proposals as to how to best ensure the integrity of the 340B Drug Pricing Program while minimizing costs.

(3) Eligibility for Retroactive Discounts

Section 6004 indicates that the amendment authorizing entry of children's hospitals into the 340B Program "shall apply to drugs purchased on or after the date of the enactment of this Act." Section 6004 was enacted on February 8, 2006. Therefore, once they are admitted to the 340B Program, children's hospitals are eligible for 340B drug pricing retroactive to February 8, 2006. However, a children's hospital will be eligible for retroactive discounts only to the extent that it has satisfied all requirements for participation in the 340B program back to the date discounts are requested.

Similar to when the 340B Program was first started, children's hospitals that participate in the program will be eligible for retroactive discounts. Until 120 days after publication of the final notice, children's hospitals which have been included in OPA's database of covered entities may request retroactive discounts (discounts, rebates, or account credit) from pharmaceutical manufacturers for covered outpatient drugs that satisfy all the following conditions:

(1) The covered outpatient drugs must have been purchased on or after February 8, 2006;

(2) The covered outpatient drugs must not have generated Medicaid rebates (the children's hospital must have appropriate documentation to demonstrate this); and

(3) The covered outpatient drugs must have been purchased on or after the date on which the children's hospital satisfied all requirements for participation in the 340B Program as outlined in section (C)(2) of this notice.

In order to satisfy the last condition listed above, a children's hospital must be able to demonstrate, at a minimum, that as required by section 340B(a)(4)(L)(iii) of the Public Health Service Act the children's hospital did not have a group purchasing agreement for covered outpatient drugs and satisfied the requirements of section 340B(a)(4)(L)(i) and 340B(a)(4)(L)(ii) at the time the covered outpatient drugs for which rebates are requested were purchased.

Dated: June 29, 2007.

Elizabeth M. Duke,

Administrator.

[FR Doc. E7-13239 Filed 7-6-07; 8:45 am]

BILLING CODE 4165-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

American Indians Into Medicine; Notice of Competitive Grant Applications for American Indians Into Medicine Program

Announcement Type: Initial.

Funding Opportunity Number: HHS-2007-IHS-INMED-0001.

CFDA Number: 93.970.

Key Dates:

Application Deadline: August 16, 2007.

Application Review: August 21, 2007.

Application Notification: August 27, 2007.

Anticipated Award Start Date: September 1, 2007.

I. Funding Opportunity Description

The Indian Health Service (IHS) announces that competitive grant applications are being accepted for the American Indians into Medicine Program. These grants are established under the authority of 25 U.S.C. 1616g(a) of the Indian Health Care Improvement Act, as amended by Public Law (Pub. L.) 102-573. The purpose of the Indians into Medicine program is to augment the number of American Indian/Alaska Native (AI/AN) health professionals serving AI/AN by encouraging them to enter the health professions and removing the multiple barriers to their entrance into IHS and private practice among AI/AN communities. For the purpose of maintaining and expanding the Indians

into Medicine program two grants will be funded. One grant will be funded at \$300,000 and a second grant will be funded at \$60,000. Each grant will have different criteria which will be listed separately in this announcement.

This program is described at 93.970 in the Catalog of Federal Domestic Assistance. The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention objectives of Healthy People 2010, a PHS-led activity for setting priority areas. This program announcement is related to the priority area of Educational and Community-based programs. Potential applicants may obtain a copy of Healthy People 2010, summary report in print, Stock No. 017-001-00547-9, or via CD-ROM, Stock No. 107-001-00549-5, through the Superintendent of Documents, Government Printing Office, P.O. Box 371954, Pittsburgh, PA 15250-7945, (202) 512-1800. You may access this information via the Internet at the following Web site: www.health.gov/healthypeople.

The PHS strongly encourages all grant and contract recipients to provide a smoke-free workplace and promote the non-use of all tobacco products. In addition, Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of the facility) in which regular or routine education, library, day care, health care, or early childhood development services are provided to children. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

II. Award Information

Type of Awards: Grant.

Estimated Funds Available: The total amount identified for Fiscal Year 2007 is \$360,000 to provide support for an estimated two awards. The awards are for 12 months in duration and the awards are approximately \$300,000 for one grant award and \$60,000 for a second grant award. Future awards issued under this announcement are subject to the availability of funds.

Anticipated Number of Awards: An estimated two awards will be made under the program. Applicants may apply for both grants but only one grant will be awarded per applicant.

Project Period: 36 months = \$300,000 grant award; 12 months = \$60,000 grant award.

Award Amount: \$300,000, per year for one grant award and \$60,000, per year for a second grant award.

III. Eligibility Information

1. *Eligible Applicants:*

Public and nonprofit private colleges and universities with medical and other allied health programs are eligible to apply for the grants. Public and nonprofit private colleges that operate nursing programs are not eligible under this announcement since the IHS currently funds the Nursing Recruitment grant program.

The existing INMED grant program at the University of North Dakota has as its target population Indian Tribes primarily within the States of North Dakota, South Dakota, Nebraska, Wyoming, and Montana. A college or university applying under this announcement must propose to conduct its program among Indian Tribes in States not currently served by the University of North Dakota INMED program.

2. *Cost Sharing/Matching:*

This announcement does not require matching funds or cost sharing.

3. *Other Requirements:*

Required Affiliations—The grant applicant must submit official documentation indicating Tribal cooperation with and support of the program within the schools on its reservation. Documentation must be in the form prescribed by the Tribes governing body, i.e., letter of support or Tribal resolution. Documentation must be submitted from every Tribe “affected” by the grant program. If application budgets exceed the stated dollar amount that is outlined within this announcement, it will not be considered for funding. One grant will be funded at \$300,000 and a second grant will be funded at \$60,000. Each grant will have different criteria which will be listed separately in this announcement. Please specify which grant you are applying for. Applicants may apply for both grants but only one grant will be awarded per applicant.

IV. Application and Submission Information

1. Applicant package may be found in www.grants.gov (Grants.gov) or at http://www.ihs.gov/NonMedicalPrograms/gogp/gogp_funding.asp. Information regarding the electronic application process may be directed to Michelle G. Bulls, at 301-443-6528 or the Grants.gov Helpdesk 1-800-518-4726. The entire application package is available at: <http://www.grants.gov/Apply>. Detailed application instructions for this announcement are downloadable on Grants.gov.

2. Content and Form of Application Submission:

- Be single spaced.
- Be typewritten.
- Have consecutively numbered pages.
- Use black type not smaller than 12 characters per one inch.
- Contain a narrative that does not exceed 7 typed pages that includes the other submission requirements below. The 7 page narrative does not include the work plan, standard forms, Tribal resolutions or letters of support (if necessary), table of contents, budget, budget justifications, narratives, and/or other appendix items.

Public Policy Requirements: All Federal-wide public policies apply to the IHS grants with the exception of the Lobbying and Discrimination public policy.

—Include Letter of Intent requirements under Public Policy Requirements.

3. *Submission Dates and Times:*

Applications must be submitted electronically through Grants.gov by 12 midnight Eastern Standard Time (EST). If technical challenges arise and the applicant is unable to successfully complete the electronic application process, the applicant should contact Michelle G. Bulls, Grants Policy Staff, fifteen days prior to the application deadline and advise of the difficulties that your organization is experiencing. The grantee must obtain prior approval, in writing (e-mails are acceptable) allowing the paper submission. If submission of a paper application is requested and approved, the original and two copies may be sent to the appropriate grants contact that is listed in Section IV above. Applications not submitted through Grants.gov, without an approved waiver, may be returned to the applicant without review or consideration. Late applications will not be accepted for processing, will be returned to the applicant and will not be considered for funding.

4. *Intergovernmental Review:*

Executive Order 12372 requiring intergovernmental review is not applicable to this program.

5. *Funding Restrictions:*

- Pre award costs are allowable pending prior approval from the awarding agency. However, in accordance with 45 CFR Part 74 all pre award costs are incurred at the recipient's risk. The awarding office is under no obligation to reimburse such costs if for any reason the applicant does not receive an award or if the award to the recipient is less than anticipated.
- The available funds are inclusive of direct and appropriate indirect costs.
- Only one grant will be awarded per applicant.

- IHS will not acknowledge receipt of applications.

Electronic Submission—The preferred method for receipt of applications is electronic submission through Grants.gov. However, should any technical challenges arise regarding the submission, please contact Grants.gov Customer Support at 1 (800) 518-4726 or support@grants.gov. The Contact Center hours of operation are Monday through Friday from 7 a.m. to 9 p.m. EST. If you require additional assistance please call (301) 443-6290 and identify the need for assistance regarding your Grants.gov application. Your call will be transferred to the appropriate grants staff member. The applicant must seek assistance at least fifteen days prior to the application deadline. Applicants that do not adhere to the timelines for Central Contractor Registry (CCR) and/or Grants.gov registration and/or requesting timely assistance with technical issues will not be a candidate for paper applications.

To submit an application electronically, please use the <http://www.Grants.gov/Apply> site. Download a copy of the application package, on the Grants.gov Web site, complete it offline and then upload and submit the application via the Grants.gov site. You may not e-mail an electronic copy of a grant application to IHS.

Please be reminded of the following:

- Under the new IHS application submission requirements, paper applications are not the preferred method. However, if you have technical problems submitting your application on line, please directly contact Grants.gov Customer Support at: <http://www.grants.gov/CustomerSupport>.

• Upon contacting Grants.gov obtain a tracking number of proof of contact. The tracking number is helpful if there are technical issues that cannot be resolved and a waiver request from Grants Policy must be obtained.

• If it is determined that a formal waiver is necessary, the applicant must submit a request, in writing (e-mails are acceptable), to Michelle.Bulls@ihs.gov that includes a justification for the need to deviate from the standard electronic submission process. Upon receipt of approval, a hard copy application package must be downloaded by the applicant from Grants.gov, and sent directly to the Division of Grants Operations (DGO), 801 Thompson Avenue, Suite 120, Rockville, MD 20852 by the due date, August 16, 2007.

• Upon entering the Grants.gov site, there is information available that outlines the applicant requirements regarding electronic submission of an application through Grants.gov, as well

as the hours of operation. Applicants must not wait until the deadline date to begin the application process through *Grants.gov* as the registration process for CCR could take up to fifteen working days.

- To use *Grants.gov* you, as the applicant, must have a Duns and Bradstreet (DUNS) Number and register in the CCR. You should allow a minimum of ten working days to complete CCR registration. See below on how to apply.

- You must submit all documents electronically, including all information typically included on the SF 424 and all necessary assurances and certifications.

- Please use the optional attachment feature in *Grants.gov* to attach additional documentation that may be requested by IHS.

- If Tribal resolutions or letters of support are required, please include them as an attachment in your electronic application.

- Your application must comply with any page limitation requirements described in the program announcement.

- After you electronically submit your application, you will receive an automatic acknowledgement from *Grants.gov* that contains a *Grants.gov* tracking number. The Indian Health Service, DGO will retrieve your application from *Grants.gov*. DGO will not notify applicants that the application has been received.

- You may access the electronic application for this program on <http://www.Grants.gov>.

- You may search for the downloadable application package by either the CFDA number or the Funding Opportunity Number. Both numbers are identified in the heading of this announcement.

- The applicant must provide the Funding Opportunity Number: HHS-2007-IHS INMED-0001.

Again, e-mail applications will not be accepted under this announcement.

DUNS Number

Applicants are required to have a DUNS number to apply for a grant or cooperative agreement from the Federal Government. The DUNS number is a nine digit identification number, which uniquely identifies business entities. Obtaining a DUNS number is easy and there is no charge. To obtain a DUNS number, access <http://www.dunandbradstreet.com> or call 1-866-705-5711. Interested parties may wish to obtain their DUNS number by phone to expedite the process.

Applications submitted electronically must also be registered with the CCR. A

DUNS number is required before CCR registration can be completed. Many organizations may already have a DUNS number. Please use the number listed above to investigate whether or not your organization has a DUNS number. Registration with the CCR is free of charge.

Applicants may register by calling 1-888-227-2423. Please review and complete the CCR Registration Worksheet located on <http://www.grants.gov/CCRRegister>.

More detailed information regarding these registration processes can be found at <http://www.grants.gov>.

V. Application Review Information

1. Criteria for Applicants Applying for the \$300,000 Grant Award

A. Introduction and Potential Effectiveness of Project (30 pts.)

(1) Describe your legal status and organization.

(2) State specific objectives of the project, which are measurable in terms of being quantified, significant to the needs of Indian people, logical, complete and consistent with the purpose of 25 U.S.C. 1616g.

(3) Describe briefly what the project intends to accomplish. Identify the expected results, benefits, and outcomes or products to be derived from each objective of the project.

(4) Provide a project specific work plan (milestone chart) which lists each objective, the tasks to be conducted in order to reach the objective, and the time frame needed to accomplish each task. Time frames should be projected in a realistic manner to assure that the scope of work can be completed within each budget period.

(5) In the case of proposed projects for identification of Indians with a potential for education or training in the health professions, include a method for assessing the potential of interested Indians for undertaking necessary education or training in such health professions.

(6) State clearly the criteria by which the project's progress will be evaluated and by which the success of the project will be determined.

(7) Explain the methodology that will be used to determine if the needs, goals, and objectives identified and discussed in the application are being met and if the results and benefits identified are being achieved.

(8) Identify who will perform the evaluation and when.

B. Project Administration (20 pts.)

(1) Provide an organizational chart and describe the administrative,

managerial and organizational arrangements and the facilities and resources to be utilized to conduct the proposed project (include in appendix).

(2) Provide the name and qualifications of the project director or other individuals responsible for the conduct of the project; the qualifications of the principle staff carrying out the project; and a description of the manner in which the application's staff is or will be organized and supervised to carry out the proposed project. Include biographical sketches of key personnel (or job descriptions if the position is vacant) (include in appendix).

(3) Describe any prior experience in administering similar projects.

(4) Discuss the commitment of the organization, i.e., although not required, the level of non-Federal support. List the intended financial participation, if any, of the applicant in the proposed project specifying the type of contributions such as cash or services, loans of full or part-time staff, equipment, space, materials or facilities or other contributions.

(5) Describe the ability to provide outreach and recruitment for health professions to Indian communities including elementary and secondary schools and community colleges located on Indian reservations which will be served by the program.

(6) To the maximum extent feasible, employ qualified Indians in the program.

C. Accessibility to Target Population (20 pts.)

(1) Describe the current and proposed participation of Indians (if any) in your organization.

(2) Identify the target Indian population to be served by your proposed project and the relationship of your organization to that population.

(3) Describe the methodology to be used to access the target population.

(4) Identify existing university tutoring, counseling and student support services.

D. Relationship of Objectives to Manpower Deficiencies (20 pts.)

(1) Provide data and supporting documentation to substantiate need for recruitment.

(2) Indicate the number of potential Indian students to be contacted and recruited as well as potential cost per student recruited. Those projects that have the potential to serve a greater number of Indians will be given first consideration.

(3) Describe methodology to locate and recruit students with educational potential in a variety of health care

fields. Primary recruitment efforts must be in the field of medicine with secondary efforts in other allied health fields such as pharmacy, dentistry, medical technology, x-ray technology, etc. The field of nursing is excluded since the IHS does fund the IHS Nursing Recruitment grant program.

Project Budget (10 pts.)

(1) Clearly define the budget. Provide a justification and detailed breakdown of the funding by category for the first year of the project. Information on the project director and project staff should include salaries and percentage of time assigned to the grant. List equipment purchases necessary for the conduct of the project.

(2) The available funding level of approximately \$300,000 is inclusive of both direct and indirect costs. Indirect costs are calculated using 8 percent of the total direct costs as required by HHS Grants Policy for training grants. Because this project is for a training grant, the HHS Grants Policy Statement, Rev. 01/07 limits reimbursement of indirect costs to the lesser of the applicant's actual indirect costs or 8 percent of total direct costs (exclusive of tuition and related fees and expenditures for equipment) is applicable. This limitation applies to all institutions of higher education other than agencies of State and local government.

(3) The applicant may include as a direct cost student support costs related to tutoring, counseling, and support for students enrolled in a health career program of study at the respective college or university. Tuition and stipends for regular sessions are not allowable costs of the grant; however, students recruited through the INMED program may apply for funding from the IHS Scholarship Programs.

(4) Projects requiring a second and third year must include a program narrative and categorical budget and justification for each additional year of funding requested (this is not considered part of the 7-page narrative).

(5) Provide budgetary information for summary preparatory programs for Indian students, who need enrichment in the subjects of math and science in order to pursue training in the health profession.

Multi-Year Project Requirements

Applications must include a narrative, budget, and budget justification for the second and third years of funding.

Appendix to include:

- a. Resumes and position descriptions
- b. Organizational Chart

c. Work Plan

d. Tribal Resolution(s)/letters of support

e. Position Descriptions for Key Staff

Criteria for Applicants Applying for the \$60,000 Grant Award

F. Introduction and Potential Effectiveness of Project (30 points)

(1) Describe your legal status and organization.

(2) State specific objectives of the project, which are measurable in terms of being significant to the needs of Indian people, logical, complete and consistent with the purpose of 25 U.S.C. 1612g.

(3) Describe briefly what the project intends to accomplish. Identify the expected results, benefits, and outcomes to be derived from each objective of the project.

(4) Provide a project specific work plan (milestone chart) which lists each objective, the tasks to be conducted in order to reach the objective, and the time frame needed to accomplish each task. Time frames should be projected in a realistic manner to assure that the scope of work can be completed within each budget period.

(5) In the case of proposed projects for identification of Indians with a potential for education or training in the health professions, include a method for assessing the potential of interested Indians for undertaking necessary education or training such health professions.

(6) State clearly the criteria by which the project's progress will be evaluated and by which the success of the project will be determined.

(7) Explain the methodology that will be used to determine if the needs, goals, and objectives identified and discussed in the application are being met and if the results and benefits identified are being achieved.

(8) Identify who will perform the evaluation and when.

G. Project Administration (20 pts.)

(1) Provide an organizational chart and describe the administrative, managerial and organization arrangements and the facilities and resources to be utilized to conduct the proposed project (include in appendix).

(2) Provide the name and qualifications of the project director and of other individuals responsible for the conduct of the project. Include biographical sketches of key personnel (or job descriptions if the position is vacant) (include in appendix).

(3) Discuss the commitment of the organization, i.e., although not required,

the level of non-Federal support. List the intended financial participation, if any, of the applicant in the proposed project specifying the type of contributions such as cash or services, loans of full or part-time staff, equipment, space, materials or facilities or other contributions.

(4) To the maximum extent feasible, employ qualified Indians in the program.

H. Accessibility to Target Population (20 pts.)

(1) Describe the current and proposed participation of Indians (if any) in your organization.

(2) Identify the target Indian population to be served by your proposed project and the relationship of your organization to that population.

(3) Describe the methodology to be used to access the target population.

(4) Identify existing university tutoring, counseling and student support services.

I. Relationship of Objectives to Manpower Deficiencies (20 pts.)

(1) Provide data and supporting documentation to substantiate need for recruitment.

(2) Describe methodology to locate and recruit students with educational potential in a variety of health care fields. Primary recruitment efforts must be in the field of medicine with secondary efforts in other allied health fields such as pharmacy, dentistry, medical technology, x-ray technology, etc. The field of nursing is excluded since the IHS does fund the IHS Nursing Recruitment grant program.

J. Project Budget (10 pts.)

(1) Clearly define the budget. Provide a justification and detailed breakdown of the funding by category for the first year of the project. Information on the project director and project staff should include salaries and percentage of time assigned to the grant.

(2) The available funding level of approximately \$60,000 is inclusive of both direct and indirect costs. Indirect costs are calculated using 8 percent of the total direct costs as required by HHS Grants Policy for training grants. Because this project is for a training grant, the HHS Grants Policy Statement, Rev. 01/07 limits reimbursement of indirect costs to the lesser of the applicant's actual indirect costs or 8 percent of total direct costs (exclusive of tuition and related fees and expenditures for equipment) is applicable. This limitation applies to all institutions of higher education other

than agencies of State and local government.

(3) The applicant may include as a direct cost student support costs related to tutoring, counseling, and support for students enrolled in a health career program of study at the respective college or university. Tuition and stipends for regular sessions are not allowable costs of the grant; however, students recruited through the INMED program may apply for funding from the IHS Scholarship Programs.

Appendix to include:

- a. Resumes and position descriptions
- b. Organizational Chart
- c. Work Plan
- d. Tribal Resolution(s)/letters of support
- e. Position Descriptions for Key Staff

2. Review and Selection Process

Applications meeting eligibility requirements that are complete, responsive, and conform to this program announcement will be reviewed by an Objective Review Committee (ORC) in accordance with IHS objective review procedures. The objective review process ensures a nationwide competition for limited funding. The ORC will be comprised of IHS (60% or less) or other Federal individuals and (40% or more) non-Federal individuals with appropriate expertise. The ORC will review each application against established criteria. Based upon the evaluation criteria, the reviewer will assign a numerical score to each application, which will be used in making the final funding decision. Approved applications scoring less than 60 points will not be considered for funding.

The results of the review are forwarded to the Director, Office of Public Health Support (OPHS), for final review and approval. The Director, OPHS, will also consider the recommendations from the Division of Health Professions Support and the Division of Grants Operations (DGO).

3. Anticipated Announcement and Award Dates

The IHS anticipates an awards start date of September 1, 2007.

VI. Award Administration Information

1. Award Notices

The Notice of Award (NoA) will be initiated by the DGO and will be mailed via postal mail on or before August 27, 2007 to each entity that is approved for funding under this announcement. The NoA will be signed by the Grants Management Officer and this is the authorizing document for which funds

are dispersed to the approved entities. The NoA will serve as the official notification of the grant award and will reflect the amount of Federal funds awarded, the purpose of the grant, the terms and conditions of the award, the effective date of the award, and the budget/project period. The NoA is the legally binding document. Applicants who are approved but unfunded or disapproved based on their Objective Review score will receive a copy of the Executive Summary which identifies the weaknesses and strengths of the application submitted.

2. Administrative Requirements

Grants are administered in accordance with the following documents:

- This Program Announcement.
- 45 CFR Part 92, A Uniform Administrative Requirements for Grants and Cooperative Agreements to State, Local and Tribal Governments, or 45 CFR Part 74, A Uniform Administrative Requirements for Awards to Institutions of Higher Education, Hospitals, Other Non Profit Organizations, and Commercial Organizations.
- Grants Policy Guidance: HHS Grants Policy Statement, October 2006.
- Cost Principles: OMB Circular A-87, State, Local and Indian (Title 2 Part 225).
- Administrative Requirements: OMB Circular A-122, A Non profit Organizations (Title 2 Part 230).
- Audit Requirements: OMB Circular A-133, Audits of States, Local Governments, and Non profit Organizations.

3. Indirect Costs

This section applies to all grant recipients that request indirect cost in their application. In accordance with HHS Grants Policy Statement, Part II 27, IHS requires applicants to have a current indirect cost rate agreement in place prior to award. The rate agreement must be prepared in accordance with the applicable cost principles and guidance as provided by the cognizant agency or office. A current rate means the rate covering the applicable activities and the award budget period. If a current rate is not on file with the awarding office, the award shall include funds for reimbursement of indirect costs. However, the indirect cost portion will remain restricted until the current rate is provided to DGO.

Generally, indirect costs rates for IHS Tribal organization grantees are negotiated with the Division of Cost Allocation (DCA) <http://rates.psc.gov/> and indirect cost rates that are for IHS funded federally recognized Tribes are negotiation with the Department of

Interior. If your organization has questions regarding the indirect cost policy, please contact the DGO at 301-443-5204.

4. Reporting

A. *Progress Report.* Program progress reports are required semi-annually. These reports will include a brief comparison of actual accomplishments to the goals established for the period, reasons for slippage (if applicable), and other pertinent information as required. A final report must be submitted within 90 days of expiration of the budget/project period.

B. *Financial Status Report.* Semi-annual financial status reports must be submitted within 30 days of the end of the half year. Final financial status reports are due within 90 days of expiration of the budget/project period. Standard Form 269 (long form) will be used for financial reporting.

C. *Reports.* Grantees are responsible and accountable for accurate reporting of the Progress Reports and Financial Status Reports which are due semi-annually. Financial Status Reports (SF-269) are due 90 days after each budget period and the final SF-269 must be verified from the grantee records on how the value was derived. Grantees must submit reports in a reasonable period of time.

Failure to submit required reports within the time allowed may result in suspension or termination of an active grant, withholding of additional awards for the project, or other enforcement actions such as withholding of payments or converting to the reimbursement method of payment. Continued failure to submit required reports may result in one or both of the following: (1) The imposition of special award provisions; and (2) the non-funding or non-award of other eligible projects or activities. This applies whether the delinquency is attributable to the failure of the grantee organization or the individual responsible for preparation of the reports.

5. *Telecommunication for the Hearing Impaired Is Available at: TTY 301-443-6394*

VII. Agency Contacts

For program information, contact Ms. Jackie Santiago, Office of Public Health Support, Division of Health Professions Support, 801 Thompson Avenue, Suite 120, Rockville, Maryland 20852 (301) 443-3396. For grant application and business management information, contact Ms. Martha Redhouse, Division of Grants Operations, Indian Health Service, 801 Thompson Avenue, Suite

120, Rockville, Maryland 20852 (301) 443-5204.

Dated: July 2, 2007.

Robert G. McSwain,

Deputy Director, Indian Health Service.

[FR Doc. 07-3310 Filed 7-6-07; 8:45 am]

BILLING CODE 4165-16-M

DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

Agency Information Collection Activities: Submission for OMB Review; Comment Request

AGENCY: Federal Emergency Management Agency, DHS.

ACTION: Notice and request for comments.

SUMMARY: The Federal Emergency Management Agency (FEMA) has submitted the following information collection to the Office of Management and Budget (OMB) for review and clearance in accordance with the requirements of the Paperwork Reduction Act of 1995. The submission describes the nature of the information collection, the categories of respondents, the estimated burden (i.e., the time, effort and resources used by respondents to respond) and cost, and includes the actual data collection instruments FEMA will use.

Title: Federal Emergency Management Agency (FEMA) Individual Assistance Customer Satisfaction Surveys.

OMB Number: 1660-0036.

Abstract: Federal agencies are required to survey their customers to determine the kind and quality of services customers want and their level of satisfaction with existing services. FEMA Managers use the survey results to measure program performance against standards for performance and customer service; measure achievement of Government Performance and Results Act of 1993 (GPRA) and strategic planning objectives; and generally gauge and make improvements to disaster services that increase customer satisfaction and program effectiveness.

Affected Public: Individuals and households, businesses or other for-profit, not-for-profit institutions.

Number of Respondents: 32,407 for surveys and 1,368 for focus groups.

Estimated Time Per Respondent: 0.25 hours for each survey and average of 1.63 hours for a focus group.

Estimated Total Annual Time Burden: 8,791.75 hours.

Annual Frequency of Response: 1.

Comments: Interested persons are invited to submit written comments on the proposed information collection to the Office of Information and Regulatory Affairs, Office of Management and Budget, Attention: Nathan Lesser, Desk Officer, Department of Homeland Security/FEMA, and sent via electronic mail to oira_submission@omb.eop.gov or faxed to (202) 395-6974. Comments must be submitted on or before August 9, 2007.

FOR FURTHER INFORMATION CONTACT:

Requests for additional information or copies of the information collection should be made to Chief, Records Management, FEMA, 500 C Street, SW., Room 609, Washington, DC 20472, facsimile number (202) 646-3347, or e-mail address FEMA-Information-Collections@dhs.gov.

Dated: June 19, 2007.

John A. Sharets-Sullivan,

Chief, Records Management and Privacy Information Resources Management Branch, Information Technology Services Division, Office of Management Directorate, Federal Emergency Management Agency, Department of Homeland Security.

[FR Doc. E7-13184 Filed 7-6-07; 8:45 am]

BILLING CODE 9111-23-P

DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

[FEMA-1708-DR]

Missouri; Amendment No. 1 to Notice of a Major Disaster Declaration

AGENCY: Federal Emergency Management Agency, DHS.

ACTION: Notice.

SUMMARY: This notice amends the notice of a major disaster declaration for the State of Missouri (FEMA-1708-DR), dated June 11, 2007, and related determinations.

DATES: *Effective Date:* June 27, 2007.

FOR FURTHER INFORMATION CONTACT:

Peggy Miller, Disaster Assistance Directorate, Federal Emergency Management Agency, Washington, DC 20472, (202) 646-2705.

SUPPLEMENTARY INFORMATION: The notice of a major disaster declaration for the State of Missouri is hereby amended to include the following areas among those areas determined to have been adversely affected by the catastrophe declared a major disaster by the President in his declaration of June 11, 2007.

Caldwell, Clinton, Linn, and Sullivan Counties for Public Assistance.

Lafayette County for Public Assistance (already designated for Individual Assistance.)

(The following Catalog of Federal Domestic Assistance Numbers (CFDA) are to be used for reporting and drawing funds: 97.030, Community Disaster Loans; 97.031, Cora Brown Fund Program; 97.032, Crisis Counseling; 97.033, Disaster Legal Services Program; 97.034, Disaster Unemployment Assistance (DUA); 97.046, Fire Management Assistance; 97.048, Individuals and Households Housing; 97.049, Individuals and Households Disaster Housing Operations; 97.050, Individuals and Households Program—Other Needs, 97.036, Public Assistance Grants; 97.039, Hazard Mitigation Grant Program)

R. David Paulison,

Administrator, Federal Emergency Management Agency.

[FR Doc. E7-13185 Filed 7-6-07; 8:45 am]

BILLING CODE 9110-10-P

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR-5118-N-03]

Notice of Proposed Information Collection: Comment Request; Disaster Recovery Grant Reporting System

AGENCY: Office of Community Planning and Development, HUD.

ACTION: Notice.

SUMMARY: The proposed information collection requirement described below will be submitted to the Office of Management and Budget (OMB) for review, as required by the Paperwork Reduction Act. The Department is soliciting public comments on the subject proposal.

DATES: *Comments Due Date:* September 7, 2007.

ADDRESSES: Interested persons are invited to submit comments regarding this proposal. Comments should refer to the proposal by name and/or OMB Control Number and should be sent to: Lillian L. Deitzer, Departmental Reports Management Officer, QDAM, Department of Housing and Urban Development, 451 Seventh Street, SW., Room 4176, Washington, DC 20410; telephone: 202-708-2374 (this is not a toll-free number) or e-mail Ms. Deitzer at Lillian_L_Deitzer@HUD.gov for a copy of the proposed form and other available information.

FOR FURTHER INFORMATION CONTACT:

Mark Mitchell, Deputy Director, Disaster Recovery and Special Issues Division, Office of Community Planning and Development, U.S. Department of Housing and Urban Development, 451