

from a FEMA system of records to a Member of Congress or to a Congressional staff member in response to an inquiry of the Congressional office made at the request of the individual about whom the record is maintained.

6. *Routine Use—Private Relief Legislation:* We may disclose as a routine use the information contained in a FEMA system of records to the Office of Management and Budget in connection with the review of private relief legislation as set forth in OMB Circular No. A-19 at any stage of the legislative coordination and clearance process as set forth in that circular.

7. *Routine Use—Disclosure to the Office of Personnel Management:* We may disclose as a routine use a record from a FEMA system of records to the Office of Personnel Management concerning information on pay and leave benefits, retirement deductions, and any other information concerning personnel actions.

8. *Routine Use—Disclosure to National Archives and Records Administration:* We may disclose as a routine use a record from a FEMA system of records to the National Archives and Records Administration in records management inspections conducted under authority of 44 U.S.C. 2904 and 12906.

9. *Routine Use—Grand Jury:* We may disclose as a routine use a record from any system of records to a grand jury agent pursuant to a Federal or State grand jury subpoena or to a prosecution request that such record be released for the purpose of its introduction to a grand jury.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare and Medicaid Services

[Document Identifier: CMS-R-268]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Centers for Medicare and Medicaid Services, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare and Medicaid Services (CMS) (formerly known as the Health Care Financing Administration (HCFA)), Department of Health and Human Services, is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions;

(2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Type of Information Collection Request: Revision of a currently approved collection; *Title of Information Collection:* MS Interactive Survey Tool for www.medicare.gov; *Form Nos.:* HCFA-R-268 (OMB No. 0938-0756); *Use:* HHS has developed a survey tool using MSInteractive to obtain feedback from users accessing www.medicare.gov to guide future improvements; *Frequency:* Users will have the opportunity to complete the bounceback form twice a year; *Affected Public:* Individuals or Households, Business or other for-profit, and Not-for-profit institutions; *Number of Respondents:* 7,000; *Total Annual Responses:* 7,000; *Total Annual Hours:* 2,916.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS's Web Site address at <http://www.hcfa.gov/reg/prdact95.htm>, or E-mail your request, including your address, phone number, OMB number, and HCFA document identifier, to Paperwork@hcfa.gov, or call the Reports Clearance Office on (410) 786-1326. Written comments and recommendations for the proposed information collections must be mailed within 60 days of this notice directly to the CMS Paperwork Clearance Officer designated at the following address: CMS, Office of Information Services, Security and Standards Group, Division of CMS Enterprise Standards, Attention: Julie Brown, Attn., Room N2-14-26, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: August 22, 2001.

John P. Burke III,

Reports Clearance Officer Security and Standards Group Division of CMS Enterprise Standards.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

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

AGENCY: Indian Health Service, HHS.

ACTION: Information collection activity; proposed collection: IHS Scholarship Program Application; request for public comment: 30-day notice.

SUMMARY: In compliance with Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, for opportunity for public comment on proposed information collection projects, the Indian Health Service (IHS) has submitted to the Office of Management and Budget (OMB) a request to review and approve the information collection listed below. This proposed information collection project was previously published in the **Federal Register** on December 7, 2000 (65 FR 76648), and allowed 60 days for public comment. No public comment was received in response to the notice. The purpose of this notice is to allow 30 days for public comment to be submitted to OMB.

Proposed Collection

Title: 0917-0006, "IHS Scholarship Program Application." This collection known formerly as, "Application for Participation in the IHS Scholarship Program." *Type of Information Collection Request:* 3-year reinstatement, with change, of previously approved information collection, 0917-0006. *Form Number(s):* IHS-856, 856-2, through 856-8, D-02, F-02, F-04, G-02, G-04, H-07, H-08, J-04, J-05, K-03, K-04, and L-03. Reporting formats are contained in the student handbook and the applicant booklet. *Need and Use of Information Collection:* The IHS Scholarship Program needs this information for program administration and uses the information to solicit, process and award IHS Pre-graduate, Preparatory and/or Health Professions Scholarship grantees and monitor the academic performance of awardees, to place awardees at payback sites, and for awardees to request additional program. The IHS Scholarship Program's plans to streamline the application to reduce the time needed by applicants to complete and provide the information and to use information technology to make the application electronically available on the Internet have been delayed until the 2003-2004 academic year. *Affected Public:* Individuals, not-for-profit institutions and State, local or Tribal Government. *Type of Respondents:* Students pursuing health care professions.

TABLE OF TOTAL ANNUAL BURDEN HOUR(S)

Data Collection Instrument(s)	Number of respondents	Responses per respondent	Total annual response	Burden hour per response*	Annual burden hours
Scholarship Application (IHS-856)	1500	1	1500	1.00 (60 min)	1,500
Checklist (856-2)	1500	1	1500	0.13 (8 min)	195
Course Verification (856-3)	1500	1	1500	0.70 (42 min)	1050
Faculty/Employer Application (856-4)	3000	1	3000	0.83 (50 min)	2490
Justification (8567-5)	1500	1	1500	0.75 (45 min)	1125
Federal Debt (856-6)	1500	1	1500	0.13 (8 min)	195
MPH only (856-7)	25	1	25	0.83 (50 min)	21
Accept/Decline (856-8)	650	1	650	0.13 (8 min)	84
Stipend Checks (D-02)	100	1	100	0.13 (8 min)	13
Enrollment (F-02)	1,300	1	1,300	0.13 (8 min)	169
Academic Problem/Change (F-04)	50	1	50	0.13 (8 min)	6
Request Assistance (G-02)	217	1	217	0.13 (8 min)	28
Summer School (G-04)	193	1	193	0.10 (6 min)	19
Placement (H-07)	250	1	250	0.18 (11 min)	45
Graduation (H-08)	250	1	250	0.17 (10 min)	43
Site Preference (J-04)	150	1	150	0.13 (8 min)	20
Travel Reimb (J-05)	150	1	150	0.10 (6 min)	15
Status Report (K-03)	250	1	250	0.25 (15 min)	63
Preferred Assignment (K-04)	200	1	200	0.75 (45 min)	150
Deferment (L-03)	20	1	20	0.13 (8 min)	3
Total	14,305				7,234

*For ease of understanding, burden hours are also provided in actual minutes.

The annual burden hour increase from 5,390 to 7,234 hours is due to the ever increasing number of applications being received for the scholarship program. There are no capital costs, operating costs and/or maintenance costs to report for this collection of information.

Comments

Requests for Comments: Your written comments and/or suggestions are invited on one or more of the following points: (a) Whether the information collection activity is necessary to carry out an agency function; (b) whether the agency processes the information collected in a useful and timely fashion; (c) the accuracy of public burden estimate (the estimated amount of time needed for individual respondents to provide the requested information); (d) whether the methodology and assumptions used to determine the estimate are logical; (e) ways to enhance the quality, utility, and clarity of the information being collected; and (f) ways to minimize the public burden through the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

Direct Comments to OMB: Send your written comments and suggestions regarding the proposed information collection contained in this notice, especially regarding the estimated public burden and associated response time, to: Office of Management and Budget, Office of Regulatory Affairs,

New Executive Office Building, Room 10235, Washington, DC 20503, Attention: Desk Officer for IHS.

To request more information on the proposed collection or to obtain a copy of the data collection instrument(s) and/or instruction(s), contact: Mr. Lance Hodahkwon, Sr., M.P.H., IHS Reports Clearance Office, 12300 Twinbrook Parkway, Suite 450, Rockville, MD 20852-1601, or call non-toll free (301) 433-5938 or send via facsimile to (301) 443-2316, or send your E-mail requests, comments, and return address to: lhodahkw@hqe.ihs.gov.

Comment Due Date: Comments regarding this information collection are best assured of having their full effect if received on or before October 11, 2001.

Dated: August 31, 2001.

Michael H. Trujillo,
Assistant Surgeon General, Director, Indian Health Service.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Cancer Institute: Development of Inhibitors of the Hypoxia Inducible Factor (HIF-1) Transcriptional Activation Pathway

An opportunity is available for a Cooperative Research and Development Agreement (CRADA) for the purpose of

collaborating with the National Cancer Institute (NCI), Division of Cancer Treatment and Diagnosis (DCTD), Developmental Therapeutics Program (DTP), Screening Technologies Branch (STB), on further research and development of small molecule inhibitors of the Hypoxia Inducible Factor 1 (HIF-1) transcriptional activation pathway.

AGENCY: National Cancer Institute, National Institutes of Health, PHS, DHHS.

ACTION: Notice of opportunities for cooperative research and development.

SUMMARY: Pursuant to the Federal Technology Transfer Act of 1986 (FTTA, 15 U.S.C. 3710, as amended; and Executive Order 12591 of April 10, 1987), the National Cancer Institute (NCI) of the National Institutes of Health (NIH) of the Public Health Service (PHS) of the Department of Health and Human Services (DHHS) seeks a Cooperative Research and Development Agreement (CRADA) with a pharmaceutical or biotechnology company to develop novel small molecule inhibitors of the Hypoxia Inducible Factor 1 (HIF-1) transcriptional activation pathway. Any CRADA for the biomedical use of this technology will be considered. The CRADA would have an expected duration of one (1) to five (5) years. The goals of the CRADA include the rapid publication of research results and timely commercialization of products, diagnostics and treatments that result from the research. The CRADA