FOR FURTHER INFORMATION CONTACT: Thomas E. Balbier, Jr., Executive Director, Advisory Committee on Organ Transplantation, at (301) 443–1896 or e-mail *Thom.Balbier@hrsa.hhs.gov* or Sherry Whipple, Public Health Analyst, Division of Transplantation, at (301) 443–2764 or e-mail *Sherry.Whipple@hrsa.hhs.gov.*

SUPPLEMENTARY INFORMATION: As provided by 42 CFR 121.12 (64 FR 56661), the Secretary established the Advisory Committee on Organ Transplantation. The Committee is governed by the Federal Advisory Committee Act (5 U.S.C. Appendix 2), which sets forth standards for the formation and use of advisory committees.

The ACOT advises the Secretary, acting through the Administrator, HRSA, on all aspects of organ procurement, allocation, and transplantation, and on other such matters that the Secretary determines. One of its principal functions shall be to advise the Secretary on ways to maximize Federal efforts to increase living and deceased organ donation nationally. Matters that may be reviewed by the ACOT include the following:

- Proposed enforceable OPTN policies submitted for Secretarial approval;
- Organ allocation policies of the OPTN;
- The OPTN's system of collecting, disseminating and ensuring the validity, accuracy, timeliness and usefulness of data;
- The current state of knowledge regarding transplantation; and
- Additional medical, public health, ethical, legal, coverage and financing issues and socioeconomic issues relevant to transplantation.

The ACOT consists of up to 25 members, including the Chair. Members and Chair shall be selected by the Secretary from individuals knowledgeable in such fields as organ donation, health care public policy, transplantation medicine and surgery, critical care medicine and other medical specialties involved in the identification and referral of donors, non-physician transplant professions, nursing, epidemiology, immunology, law and bioethics, behavioral sciences, economics and statistics, as well as representatives of transplant candidates, transplant recipients, organ donors, and family members. To the extent practicable, Committee members should represent the minority, gender and geographic diversity of transplant candidates, transplant recipients, organ donors and family members served by the OPTN. In addition, the Director, Centers for Disease Control and Prevention; the Administrator, Centers for Medicare and Medicaid Services; the Commissioner, Food and Drug Administration; and the Director, National Institutes of Health (or the designees of such officials) serve as non-voting ex officio members.

Specifically, HRSA is requesting nominations for up to 13 voting members of the ACOT representing: Thoracic transplant surgery, thoracic transplant medicine (physicians), liver transplant surgery, pediatrics, ethics, organ procurement organizations, transplant candidates/recipients, and transplant/donor family members. Nominees will be invited to serve a 4-year term beginning approximately July 27, 2005, and ending July 26, 2009.

HHS will consider nominations of all qualified individuals with a view to ensuring that the Advisory Committee includes the areas of subject matter expertise noted above. Individuals may nominate themselves or other individuals, and professional associations and organizations may nominate one or more qualified persons for membership on the ACOT. Nominations shall state that the nominee is willing to serve as a member of the ACOT and appears to have no conflict of interest that would preclude the ACOT membership. Potential candidates will be asked to provide detailed information concerning financial interests, consultancies, research grants, and/or contracts that might be affected by recommendations of the Committee to permit evaluation of possible sources of conflicts of interest.

A nomination package should include the following information for each nominee: (1) A letter of nomination stating the name, affiliation, and contact information for the nominee, the basis for the nomination (*i.e.*, what specific attributes recommend him/her for service in this capacity), and the nominee's field(s) of expertise; (2) a biographical sketch of the nominee and a copy of his/her curriculum vitae; and (3) the name, return address, and daytime telephone number at which the nominator can be contacted.

The Department of Health and Human Services has special interest in assuring that women, minority groups, and the physically disabled are adequately represented on advisory committees; and therefore, extends particular encouragement to nominations for appropriately qualified female, minority, or disabled candidates.

Dated: February 24, 2005.

Elizabeth M. Duke,

Administrator.

[FR Doc. 05–4223 Filed 3–3–05; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Notice of Meeting; Interagency Autism Coordinating Committee

The National Institutes of Health (NIH) hereby announces a meeting of the Interagency Autism Coordinating Committee to be held on May 16, 2005, on the NIH campus in Bethesda, Maryland.

The Children's Health Act of 2000 (Pub. L. 106–310), Title I, Section 104, mandated the establishment of an Interagency Autism Coordinating Committee (IACC) to coordinate autism research and other efforts within the Department of Health and Human Services (HHS). In April 2001, the HHS Secretary delegated the authority to establish the IACC to the NIH. Within the NIH, the National Institute of Mental Health (NIMH) is the designated lead for this activity.

The IACC meeting will be open to the public, with attendance limited to space available. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the contact person listed below in advance of the meeting.

Name of Committee: Interagency Autism Coordinating Committee.

Date: May 16, 2005.

Time: 9 a.m.–4:30 p.m.

Agenda: Discussion of autism activities across Federal agencies.

Place: National Institutes of Health, 31 Center Drive, Building 31, Conference Room 10 (6th floor), Bethesda, Maryland 20892.

Contact Person: Ann Wagner, PhD, Division of Services and Intervention Research, NIMH, NIH, 6001 Executive Boulevard, Room 7142, MSC 9633, Bethesda, Maryland 20892, E-mail: *awagner@mail.nih.gov,* Phone: 301–443–4283.

Any member of the public interested in presenting oral comments to the Committee may notify Dr. Wagner, as listed above, at least 5 days in advance of the meeting. Interested individuals and representatives of organizations may submit a letter of intent, a brief description of the organization represented, and a short description of the oral presentation. Presentations may be limited to 5 minutes; we request both printed and electronic copies for the record. In addition, any interested person may file written comments with the Committee by forwarding his or her statement to Dr.

Wagner, as listed above. The statement should include the name, address, telephone number, and, when applicable, the business or professional affiliation of the interested person.

Information about the meeting and online registration forms are also available on the NIMH homepage at *http://www.nimh.nih.gov/autismiacc/index.cfm.*

Dated: February 23, 2005.

Raynard S. Kington,

Deputy Director, National Institutes of Health.

[FR Doc. 05–4171 Filed 3–3–05; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Proposed Collection; Comment Request

In compliance with Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 concerning opportunity for public comment on proposed collections of information, the Substance Abuse and Mental Health Services Administration will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the information collection plans, call the SAMHSA Reports Clearance Officer on (240) 276–1243.

Comments are invited on: (a) Whether the proposed collections of information are 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: Cross-Site Process Evaluation of the Collaborative Initiative To Help End Chronic Homelessness—New

The Substance Abuse and Mental Health Services Administration's (SAMHSA), Center for Mental Health Services (CMHS) and Center for Substance Abuse Treatment (CSAT) will fund an evaluation of the Collaborative Initiative to End Chronic Homelessness (CHI). The CHI is assisting unaccompanied homeless individuals with a disabling condition who have been continuously homeless for one year or had at least four episodes of homelessness in the past three years to achieve permanent housing and make use of supportive services. Within SAMHSA, CMHS will be the lead Center.

This evaluation will monitor and describe the implementation and progress of the 11 local projects of the Initiative. A cross-site process evaluation is needed to assure a high level of accountability and to describe and analyze the critical elements of the projects that influence the clients, the services, and the system outcomes, using the same research methods for all sites. SAMHSA will conduct an evaluation by including a site-by-site description of critical project elements including qualitative descriptive information on the: project context, target population, engagement activities, housing, service delivery model, staffing, service integration, systems integration, and community planning.

Data collection will be conducted over a 36-month period. At each project site a series of measures will be used to assess: (1) How chronically homeless clients are assisted in obtaining permanent housing and supportive services, (2) how clients are maintained in permanent housing and supportive services, (3) how the project affects client quality of life, (4) how the project expands or enhances the existing service system in the short-term and long-term, (5) how the project extends its reach to beyond the original number of clients and project funding, (6) how the project develops structures to sustain itself after grant funding ends, and (7) how the project influences local policy related to homelessness.

Data collection instruments are semi-structured and will be administered by trained evaluation staff. Annual interviews will be conducted with key informants associated with the projects through annual visits to project sites and telephone interviews. Focus groups with project consumers will be conducted during annual visits. One-page activity checklists will be required every other month from a random sample of project staff (staff may be randomly selected more than once each year). Project documentation from project advisory and managerial groups (*e.g.*, meeting minutes) will be reviewed for evidence of service system and policy change.

The estimated annual response burden to collect this information is as follows:

Instrument	Number of respondents	Responses/ respondent	Burden/ response (hrs)	Annual burden (hrs)
Project Coordinator Interview	11	1	1.5	17
Team Lead Interview	11	1	2	22
Clinician Interview	11	1	1	11
Case Manager Interview	33	1	2	66
Property Manager Interview	11	1	.5	6
Advisory Board Member Interview	11	1	1.2	13
Partner Agency/subcontractor Interview	33	1	1.2	40
Outside Stakeholder Interview	11	1	.75	8
Consumer Focus Group	66	1	1.5	99
Activity Checklist**	66	3	.5	99
Total Annual*	264			380

* Sums and averages are rounded up to nearest integer.

** These respondents are selected from the same staff as the interviews above (project coordinator, team lead, clinician, case manager).