Secretary deems necessary for the Committee to effectively carry out its function.

As necessary, standing and ad hoc subcommittees, composed of members of the parent committee, may be established to perform specific functions within the Committee's jurisdiction. The Department Committee Management Officer shall be notified upon establishment of each subcommittee, and shall be provided information on its name, membership, function, and estimated frequency of meetings.

Members shall be invited to serve for overlapping 4-year terms, except that initially the Secretary shall appoint a portion of the members to terms of 2 years, and 3 years. Terms past the termination date of the Committee are contingent upon renewal of the Committee by appropriate action prior to this date. Members may serve after the expiration of their terms until their successors have taken office. The Secretary shall appoint a Chair from among the Committee members to serve for a term of 1 year, and may invite the Chair to serve additional term(s).

A vacancy on the Advisory Committee shall be filled in the manner in which the original appointment was made and shall be subjected to any conditions that applied with respect to the original appointment. An individual chosen to fill a vacancy shall be appointed for the remainder of the term of the member replaced. The vacancy shall not affect the power of the remaining members to execute the duties of the Committee.

Management and support services shall be provided by the Office of Special Programs, Health Resources and Services Administration.

*Meetings*

Meetings shall be held approximately 3 times per year at the call of the Chair with the advance approval of a Government official, who shall also approve the agenda. A Government official shall be present at all meetings.

A majority of the Committee shall constitute a quorum.

Meetings shall be open to the public except as determined otherwise by the Secretary or other officials to whom the authority has been delegated. Notice of all meetings shall be provided to the public.

Meetings shall be conducted, and records of the proceedings kept, as required by applicable laws and Departmental regulations.

*Compensation*

Members shall be paid at a rate not to exceed the daily equivalent of the rate in effect for Executive Level IV of the Executive Schedule, for each day they are engaged in the performance of their duties as members of the Committee. Members shall receive per diem and travel expenses as authorized by 5 U.S.C. 5703, Title 5 U.S.C., as amended, for persons employed intermittently in the Government service. Members who are officers or employees of the United States shall not receive compensation for service on the Committee.

*Annual Cost Estimate*

Estimated annual cost for operating the Committee, including compensation and travel expenses for members but excluding staff support, is $281,144. Estimated annual person-years of staff support required is 2.45, at an estimated annual cost of $218,425.

*Reports*

In the event a portion of a meeting is closed to the public, a report shall be prepared that shall contain, at a minimum, a list of members and their business addresses, the Committee's function, dates and places of meetings, and a summary of Committee activities and recommendations made during the fiscal year. A copy of the report shall be provided to the Department Committee Management Officer.

*Termination Date*

Unless renewed by appropriate action prior to its expiration, the Advisory Committee on Organ Transplantation shall terminate two years from the date this charter is approved.

Dated: September 27, 2001.

**Elizabeth M. Duke,**

*Acting Administrator.*

[FR Doc. 01–24638 Filed 10–2–01; 8:45 am]

**BILLING CODE 4165–15–U**

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Indian Health Service

### Statement of Mission, Organization, Functions and Delegation of Authority

*Part G,* of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services, as amended at 60 FR 56606, November 9, 1995, and most recently amended at 61 FR 67048, December 19, 1996, is amended to reflect a reorganization of the Bemidji Area Indian Health Service (GFE). The changes are as follows:

Delete the functional statements for the Bemidji Area in their entirety and replace with the following:

*Section GFE–00, Bemidji Area Indian Health Service-Mission.* The Bemidji Area IHS defines its mission as a commitment to the well-being and cultural integrity of Indian people through a participatory and consultative process. The goal of the Bemidji Area IHS is to elevate the health status of American Indian and Alaska Native (AI/AN) people to the highest possible level by (1) providing and/or assuring availability, (2) providing increasing opportunities for Indians to manage and operate their own health programs; and (3) serving as an advocate for Indian people.

*Section GFE–10, Functions. Office of the Director (GFE1).* (1) Plans, develops and directs the Area program within the framework of IHS policy in pursuit of the IHS mission; (2) coordinates the IHS activities and resources internally and externally with those of other governmental and non-governmental programs; (3) ensures the full application of the principles of Indian Preference and Equal Employment Opportunity; (4) provides Indian Tribes and other Indian community groups with ways of participating in the development of Indian health programs through the use of communications with the Tribal Health Board that develop the goals and objectives of the Bemidji Area IHS; and (5) promotes optimum utilization of health care services through development of networking strategies between State Health Offices and IHS Tribal participation.

*Office of Self-Determination (GFE1–1).* (1) Plans, coordinates, evaluates, directs, and implements Public Law 93–638, the Indian Self Determination and Education Assistance Act program; (2) plans, coordinates, evaluates, directs and implements Public Law 106–260, Section 513, the Tribal Self-Governance Amendments of 2000; (3) develops, coordinates, and monitors the program aspects of Tribal contracts and grants; (4) provides technical assistance to Tribal organizations and urban groups; (5) coordinates and stimulates consultant activities designed to promote Indian participation in IHS health programs; (6) serves as liaison with State and Tribal governments as well as with other agencies and organizations; (7) provides a bi-annual report to Tribes and Federal Service Units on the state of public health in the Bemidji Area; (8) interprets policy and provides direction in the conduct of Self-Determination, contracting,

compacting and grants activities; and (9) plans, develops, and provides analyses of resource allocation methodologies for distribution of funds to Tribes and Service Units.

*Division of Contracting (GFE1–2).* (1) Interprets policy and provides direction in the conduct of the Bemidji Area procurement and grants activities; (2) administers contracts awarded to health care organizations for urban health and substance abuse services in the Bemidji Area; and (3) manages contract activities for sanitation processes and Self-Determination contract procedures.

*Office of Program Support (GFE2).* (1) Plans, directs, and evaluates on all matters related to Area management and administrative support activities in the area of financial management, personnel management, area procurement, and Service Unit operations; (2) interprets policy and provides direction in the conduct of the Area business office functions; (3) maintains necessary liaison with various components of the IHS and the PHS in furtherance of Area management activities; (4) advises the Area Director on all matters related to the administrative operations of the Area office and Service Unit operations; (5) coordinates and stimulates activities designed to promote Indian participation in IHS health programs; (6) plans, evaluates, coordinates and implements the Area environmental health service programs, the Facilities Management Branch, and Biomedical Engineering Branch; (7) provides direction in constructing, improving and extending essential sanitation facilities in Indian homes and communities; and (8) provides direction in constructing, maintaining and improving IHS health facilities.

*Environmental Health & Engineering Branch (GFE2–1).* (1) Coordinates activities designed to identify problems and effect improvement in Indian homes, communities, and work and institutional environments; (2) provides advisory and consultative services regarding sanitation practices, hazardous conditions and those physical, social and behavioral factors which affect the environment; and (3) provides management of owned and leased real property, including quarters.

*Finance Staff (GFE2–2).* (1) Provides guidance to the Area on financial management activities including program policy interpretation in budget formulation and execution; (2) provides financial management of grants and contracts; and (3) monitors Area funds, controls, and provides status reports to Area management.

*Personnel Staff (GFE2–3).* (1) Plans, coordinates, implements, develops the hiring/staffing program to ensure the placement of qualified staff in the Bemidji Area.

*Management Analysis Staff (GFE2–4).* (1) Plans, coordinates, implements, develops the administrative programs in the Bemidji Area in directives, delegation control program, record management and all office services functions.

*Office of Clinical Support (GFE3).* (1) Plans, coordinates, implements, develops and evaluates a national recruitment/retention program to ensure a cadre of qualified health professionals are available in the Bemidji Area; (2) identifies program resources in collaboration with State, private and other Federal agencies for public health focuses and ensures that all health care services delivered in the Bemidji Area are of the highest quality compatible with available resources; (3) plans, coordinates, implements, directs and evaluates the Area clinical elements as identified by Tribal and congressional mandates; (4) provides for the evaluation and assessment of health data collection activities for the Bemidji Area; (5) coordinates specific health related data collection activities by Tribes and IHS; (6) interprets policy and provides direction in the conduct of the Area contract health program; (7) provides guidance and direction regarding the Area's information resources management; and (8) advises the Area Director on all matters related to health care programs.

*Management Information Systems Branch (GFE3–1).* (1) Provides guidance and direction regarding the Area's information resources management; (2) develops, coordinates and maintains Area policy and standards concerning information resources management; and (3) installs, maintains and troubleshoots Resource and Patients Management System (RPMS) computer equipment.

*Behavioral Health Staff (GFE3–2).* (1) Plans, coordinates, implements Area activities related to mental health and substance abuse, including state liaison, development of quality improvement efforts, collaboration on software training for case management and data collection.

*Health Resource Management Staff (GFE3–3).* (1) Works with Tribal Service Unit programs through the provision of technical assistance on all aspects of the contract health service program, including development of equitable allocation methods and policy formulation.

*Health Professions Recruitment Staff (GFE3–4).* (1) Provides assistance to Federal Service Units and Tribal programs in the recruitment of physicians, dentists, mid-level provider staff and allied health staff.

*Health Information Staff (GFE3–5).* (1) Serves as software program manager for all health service data collection; (2) coordinates Health Promotion/Disease Prevention initiatives; (3) develops surveillance process for Government Performance and Results Act; (4) provides training on RPMS software program; and (5) provides technical assistance for accreditation of quality improvement, privacy act, and information coordination.

*Section GFE–20, Bemidji Area, IHS—Delegation of Authority.* All delegations and redelegations of authority made to officials in the Bemidji Area, IHS that were in effect immediately prior to this reorganization, and that are consistent with this reorganization, shall continue in effect pending further redelegation.

This reorganization shall be effective on the date of signature.

Dated: September 27, 2001.

**Michael H. Trujillo,**

*Assistant Surgeon General, Director, Indian Health Service.*

[FR Doc. 01–24769 Filed 10–2–01; 8:45 am]

BILLING CODE 4160–16–M

## DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

**[Docket No. FR–4650–N–71]**

## Notice of Submission of Proposed Information Collection to OMB Information Request to Owners of HUD-Assisted Multifamily Housing in Boston, Pursuant to Section III.A of Consent Decree in N.A.A.C.P., Boston Chapter v. Martinez

**AGENCY:** Office of the Chief Information Officer, HUD.

**ACTION:** Notice.

**SUMMARY:** The proposed information collection requirement described below has been 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:* November 2, 2001.

**ADDRESSES:** Interested persons are invited to submit comments regarding this proposal. Comments should refer to the proposal by name and/or OMB approval number (2510–0008) and should be sent to: Joseph F. Lackey, Jr., OMB Desk Officer, Office of Management and Budget, Room 10235, New Executive Office Building, Washington, DC 20503.