

Reform Initiative and Reports to Congress) significant item reports, legislative (Balanced Budget Act) implementation, and management information reports for the Office of the Administrator.

- Acts as the Committee Management Official for CMS under the Federal Advisory Committee Act (FACA).
- Develops standard processes for all CMS FACA committees and provides operational and logistical support to CMS components for conferences and on all matters relating to Federal Advisory Committees.
- Conducts activities necessary to the receipt, management, response, and reporting requirements of the Department under the Freedom of Information Act (FOIA) regarding all requests received by CMS.
- Maintains a log of all FOIA requests received by the central office, refers requests to the appropriate components within headquarters, the regions or among carriers and intermediaries for the collection of the documents requested. Makes recommendations and prepares replies to requesters, including denials of information as permitted under FOIA, and drafts briefing materials and responses in connection with appeals of denial decisions.
- Directs the maintaining and amending of CMS-wide records for confidentiality and disclosure to the Privacy Act to include: planning, organizing, initiating and controlling privacy matching assignments.

10. Office of Information Services (FBB)

- Serves as the focal point for the responsibilities of the Agency's Chief Information Officer in planning, organizing, and coordinating the activities required to maintain an agency-wide Information Resources Management (IRM) program.
- Ensures the effective management of the Agency's information technology, and information systems and resources (e.g., implementation and administration of a change management process).
- Provides workstation, server, and local area network support for CMS-wide activities. Works with customer components to develop requirements, needs and cost benefit analysis in support of the LAN infrastructure including hardware, software and office automation services.
- Serves as the lead for developing and enforcing the Agency's information architecture, policies, standards, and practices in all areas of information technology.
- Develops and maintains enterprise-wide central databases, statistical files,

and general access paths, ensuring the quality of information maintained in these data sources.

- Directs Medicare claims payment systems activities, including CWF operation, as well as systems conversion activities.
- Develops ADP standards and policies for use by internal CMS staff and contractor agents in such areas as applications development and use of the infrastructure resources.
- Manages and directs the operation of CMS hardware infrastructure, including the Agency's Data Center, data communications networks, enterprise infrastructure, voice/data switch, audio conferencing and other data centers supporting CMS programs.
- Leads the coordination, development, implementation and maintenance of health care information standards in the health care industry.
- Provides Medicare and Medicaid information to the public, within the parameters imposed by the Privacy Act.
- Performs information collection analyses as necessary to satisfy the requirements of the Paperwork Reduction Act.
- Directs CMS's ADP systems security program with respect to data, hardware, and software.
- Directs and advises the Administrator, senior staff, and components on the requirements, policies, and administration of the Privacy Act.

Dated: March 27, 2002.

Thomas A. Scully,

Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. 02-9206 Filed 4-25-02; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

[Program Announcement No. OCS 2002-08]

Request for Applications Under the Office of Community Services Fiscal Year 2002 Assets for Independence Demonstration Program (IDA Program)

AGENCY: Office of Community Services (OCS), ACF, DHHS.

ACTION: Notice; correction.

SUMMARY: This notice corrects the announcement of availability of funds and request for competitive applications under the Office of Community Services' Assets for Independence Demonstration Program published on April 15, 2002 (67 FR 18312).

FOR FURTHER INFORMATION CONTACT:

Sheldon Shalit (202) 401-4807, sshalit@acf.dhhs.gov, or Richard Saul (202) 401-9341 rsaul@acf.dhhs.gov. Department of Health of Human Services, Administration for Children and Families, Office of Community Services, 370 L'Enfant Promenade, SW., Washington DC 20447.

Correction

In the **Federal Register** issued April 15, 2002 (67 FR 18312), make the following corrections:

1. On page 18333 near the bottom of the 2nd column, under A. SF-424-Application for Federal Assistance (Attachment A) remove:

“Item 11. In addition to a brief descriptive title of the project, indicate the priority area for which funds are being requested. Use the following letter designations: I—Individual projects under Priority Area 1.0”;

and replace with:

“Item 11. Enter a brief descriptive title of the project.”

2. On page 18333 at the top of the 3rd column, remove:

“Item 15a. This amount should be no greater than \$1,000,000 for applications under Priority Area 1.0, and in any case no greater than \$1,000,000 less any previous AFIA grants awarded to the applicant.”;

and replace with:

“Item 15a. This amount should be no greater than \$1,000,000 and in no case can it be greater than the committed cash non-Federal share.”

3. On page 18333 near the top of the 3rd column, under B. SF-4244-Budget Information—Non-Construction Programs (Attachment B), remove:

“Column (e)-(g): enter that appropriate amounts in items 1. and 5. (Totals). Column e should not be more than

\$1,000,000 applications under Priority Area 1.0, and in no case can it be more than the committed non-Federal matching cash contributions or more than \$1,000,000 less any previous AFIA grants awarded to the applicant.”;

and replace with:

“Columns (e)-(g): enter the appropriate amounts in items 1, and 5. (Totals). Column (e) should not be more than \$1,000,000, and in no case can it be more than the committed cash non-Federal share.”

4. On page 18334 at the top of the 1st column, remove:

“Column 5. Enter not less than 85% of OCS grant funds for the five year budget by Class Categories under ‘other’, showing a total of not more than \$1,000,000 less any previous AFIA grants awarded to the applicant.”;

and replace with:

“Column 5: enter not less than 85% of OCS grant funds for the five year budget by Class Categories under ‘other’, showing a total of not more than \$1,000,000.”

Dated: April 19, 2002.

Clarence H. Carter,

Director, Office of Community Services.

[FR Doc. 02-10265 Filed 4-25-02; 8:45 am]

BILLING CODE 4184-01-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Emergency Medical Service for Children; Cooperative Agreement for Emergency Medical Services for Children Central Data Management and Coordinating Center Demonstration Project

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice of availability of funds.

SUMMARY: The Health Resources and Services Administration (HRSA) announces that up to \$450,000 in fiscal year (FY) 2002 funds is available to fund one cooperative agreement for a demonstration project to establish, administer, and manage a Central Data Management and Coordinating Center (CDMCC) for the Emergency Medical Services for Children Network Development Demonstration Project (EMSC-NDDP). This cooperative agreement would demonstrate the feasibility and value of integrating data collection, data management, and data analysis guidelines, to serve as a central repository for generated data, and as central resource network databases for the EMSC-NDDP, and the public. The cooperative agreement (CFDA #93.127L) will be made under the program authority of the Public Health Service Act, Title XIX, Section 1910 (42 U.S.C. 300w-9), Emergency Medical Services for Children, and will be administered by the Maternal and Child Health Bureau (MCHB), HRSA. The Project will be approved for up to a 3-year period, with an average yearly award of \$450,000. However, funding beyond FY 2002 is contingent upon the availability of funds.

DATES: Applicants are expected to notify MCHB of their intent by June 14, 2002. The deadline for receipt of applications is July 15, 2002. Applications will be considered “on time” if they are either received on or before the deadline date or postmarked on or before the deadline

date. The projected award date is September 3, 2002.

ADDRESSES: To receive a complete application kit, applicants may telephone the HRSA Grants Application Center at 1-877-477-2123 (1-877-HRSA-123) or register on-line at: http://www.hrsa.gov/_order3.htm directly. The Central Data Management and Coordinating Center Program uses the standard Form PHS 5161-1 (rev. 7/00) for applications (approved under OMB No. 0920-0428). Applicants must use Catalog of Federal Domestic Assistance (CFDA) #93.127L when requesting application kits. The CFDA is a Government wide compendium of enumerated Federal programs, project services, and activities that provide assistance. All applications must be mailed or delivered to Grants Management Officer, MCHB: HRSA Grants Application Center, 901 Russell Avenue, Suite 450, Gaithersburg, MD 20879; telephone 1-877-477-2123; e-mail: hrsagac@hrsa.gov.

Necessary application forms and an expanded version of this **Federal Register** notice may be downloaded in either Microsoft Office 2000 or Adobe Acrobat format (.pdf) from the MCHB home page at <http://www.mchb.hrsa.gov>. Please contact Joni Johns, at 301/443-2088, or jjohns@hrsa.gov, if you need technical assistance in accessing the MCHB home page via the Internet.

This notice will appear in the **Federal Register** and/or HRSA home page at <http://www.hrsa.gov/>. **Federal Register** notices are found on the World Wide Web by following instructions at: http://www.access.gpo.gov/su_docs/aces/aces140.html.

Letter of Intent: Applicants are expected to notify MCHB of their intent by June 14, 2002. Notification of intent to apply can be made in one of three ways: telephone, Kishena Wadhvani, Ph.D., 301-443-2927; e-mail, kwadhwan@hrsa.gov; mail, Research Branch, MCHB Division of Research, Training and Education; Parklawn Building, Room 18A-55; 5600 Fishers Lane; Rockville, MD 20857, or Cindy Doyle, R.N., telephone 301-443-3888; e-mail, cdoyle@hrsa.gov; mail EMSC Program, MCHB Division of Injury and EMS; Parklawn Building, Room 18A-38; 5600 Fishers Lane; Rockville, MD 20857.

FOR FURTHER INFORMATION CONTACT: Kishena Wadhvani, Ph.D., 301-443-2927, e-mail: kwadhwan@hrsa.gov or Cindy Doyle, R.N. 301-443-3888, e-mail: cdoyle@hrsa.gov (for questions specific to project objectives and activities of the program; or the required

Letter of Intent, which is further described in the application kit); Jamie King, 301-443-1123, e-mail jkking@hrsa.gov for grants policy, budgetary, and business questions).

SUPPLEMENTARY INFORMATION: Improving the care of ill and injured pediatric patients has been a major goal of the EMSC program since its inception in 1984. This program is administered by MCHB in collaboration with the National Highway Traffic Safety Administration (NHTSA), U.S. Department of Transportation. Almost every State has received EMSC funding for demonstration projects to expand and improve pediatric emergency care and many new methods have been implemented, including system development, education of emergency providers, integration of pediatric components into adult emergency medical services (EMS) systems, and data collection and analysis to delineate existing and emergent problems and develop cause-and-effect hypotheses.

Despite the many advances in creating and improving EMS systems and incorporating pediatric components into them, relatively little empirical data has been collected about how EMS and EMSC systems operate, about the efficacy of the clinical procedures being employed at the hospital level to treat and manage children who have experienced an emergency event, or about the efficacy of the transport systems and clinical procedures used to treat and manage children prior to their arrival at the hospital. Information on the cost effectiveness of the various EMS and EMSC system configurations and of the various ways being used to handle clinical pediatric emergencies is also lacking.

The dearth of nationwide, science-based knowledge about pediatric emergencies and how to best manage them has not gone unnoticed. The issue has been raised by professionals in the field since 1991, who have found that it constitutes a major barrier to the reduction of the annual toll in mortality and morbidity. More recently, in 2001, a joint report from the National Association of EMS Physicians and NHTSA delineates what areas—unspecified as to adult or children—need to be addressed. This report emphasizes that because the incidence rates for all emergency events are relatively small, more so for children, the pooling of data in sites and treatment experiences is highly desirable.

The MCHB/HRSA has established EMSC-NDDP Cooperative Agreements with four (4) academic medical centers