

Government for federally insured loans lost due to borrowers death, disability, bankruptcy, or default. The Request for

Collection Assistance form is used by HEAL lenders to request federal assistance with the collection of

delinquent payments from HEAL borrowers. The burden estimates are as follows:

Form	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
Lender's Application for Insurance Claim	20	75	1,500	.50	750
Request for Collection Assistance	20	1,260	25,200	.167	4,208
Total Burden	20	26,700	4,958

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to: John Morrall, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, D.C. 20503.

Dated: May 30, 2002.

Jane M. Harrison,

Director, Division of Policy Review and Coordination.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Small Rural Hospital Improvement Grant Program

AGENCY: Health Resources and Services Administration (HRSA), HHS.

ACTION: Notice of availability of funds.

SUMMARY: The Health Resources and Services Administration (HRSA) announces that applications are being accepted for grants to small rural hospitals to help them do any or all of the following: (1) Pay for costs related to the implementation of prospective payment systems (PPS), (2) comply with provisions of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, and (3) reduce medical errors and support quality improvement.

Name of Grant Program: Small Rural Hospital Improvement Grant Program.

Program Authorization: Section 1820(g)(3) of the Social Security Act and the Departments of Labor, HHS, Education and Related Agencies Appropriations Act of 2002 (Pub. L.107-116).

Amount of Funding Available: Approximately \$15.0 million will be available for grants in fiscal year 2002.

Eligible Applicants: All small rural hospitals located in the fifty States and

Territories, including faith-based hospitals. For the purpose of this program, (1) small is defined as 49 available beds or less, as reported on the hospital's most recently filed Medicare Cost Report, (2) rural is defined as located outside a Metropolitan Statistical Area (MSA) or located in a rural census tract of a MSA as determined under the Goldsmith Modification, and (3) hospital is defined as a non-Federal, short-term, general acute care facility. A list of eligible hospitals, approximately 1265, can be found at <http://www.ruralhealth.hrsa.gov/ship.htm>.

Funding Criteria: To help facilitate the awards process, eligible hospitals are asked to submit a brief letter of application to their State Office of Rural Health (SORH) that describes their need, and intended use and expenditure of grant funds. In turn, the SORH will prepare and submit a single grant application (PHS Form 5161) to HRSA on behalf of all hospital applicants. An award will be made to each State based on the total number of applicants in that State. Grantee hospitals will receive their award from the SORH. If a State chooses not to join in this Federal-State partnership, eligible hospitals may submit a grant application (PHS Form 5161) directly to HRSA.

It is anticipated that all eligible hospitals will apply for this grant program, which would result in awards of about \$11,000 per hospital. It is expected that most of these grant funds will be used to purchase technical assistance, services, training and information technology. To help maximize purchasing power through economies of scale, eligible grantees are strongly encouraged to organize themselves into consortiums and pool their grant funds for the purchase of these services. SORHs may help their eligible hospitals form consortiums and also purchase the goods and services they need.

Funding will be available for a single year followed by yearly renewals, with funding contingent upon: (a) availability of Federal funds, and (b) satisfactory

performance by the grantee. The SORH may charge up to five percent to the grants to cover its administrative costs.

Review Criteria: Applications will be evaluated on the extent to which they: (1) Are responsive to the requirements and purposes of this program, (2) describe need and strategies to address those needs, and (3) propose an allowable use of the grant funds. Further description of the review criteria is contained in the program guidance.

Requesting Applications: The application and program guidance may be downloaded via the Web at <http://www.ruralhealth.hrsa.gov/ship.htm>. Hard copies of the application and program guidance are available from: HRSA Grants Application Center, Grants Management Officer, 901 Russell Avenue, Suite 450, Gaithersburg, MD 20879. Phone (877) 477-2123, e-mail hrsagac@hrsa.gov. Request CFDA #93.301.

Submitting Applications: All hospital applications must be submitted to the appropriate SORH in hard copy and postmarked before 5 PM EDT on June 21, 2002. All SORH applications must be submitted in hard copy and postmarked before 5 PM EDT on July 19, 2002 to the HRSA Grants Application Center, Grants Management Officer, 901 Russell Avenue, Suite 450, Gaithersburg, MD 20879.

Program Contact Person: Jerry Coopey, Office of Rural Health Policy, HRSA, Rm. 9A-55, Parklawn Bldg, 5600 Fishers Lane, Rockville, MD 20857. Phone (301) 443-0835, Fax (301) 443-2803, e-mail jcoopey@hrsa.gov

Paperwork Reduction Act: The application for this grant program has been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act. The OMB clearance number is 0925-0001.

The OMB Catalog of Federal Domestic Assistance number is 93.301.

This program is not subject to the Public Health Systems Reporting Requirements.

Executive Order 12372: This program has been determined to be a program that is subject to the provisions of

Executive Order 12372 concerning intergovernmental review of Federal Programs by appropriate health planning agencies, as implemented by 45 CFR part 100. Executive Order 12372 allows States the option of setting up a system for reviewing applications from within their States for assistance under certain Federal programs. The application packages to be made available under this notice will contain a listing of States that have chosen to set up such a review system and will provide a single point of contact (SPOC) in the States for review. Applicants (other than federally-recognized Indian tribal governments) should contact their State SPOC as early as possible to alert them to the prospective applications and receive any necessary instructions on the State process. For proposed projects serving more than one State, the applicant is advised to contact the SPOC of each affected State. The due date for State process recommendations is 60 days after the application deadline for new and competing awards. The granting agency does not guarantee to "accommodate or explain" State process recommendations it receives after that date. (See Executive Order 12372 and 45 CFR part 100 for a description of the review process and requirements.)

Dated: May 14, 2002.

Elizabeth M. Duke,

Administrator.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

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

Periodically, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish a list of information collection requests under OMB review, in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these documents, call the SAMHSA Reports Clearance Officer on (301) 443-7978.

The Persistent Effects of Treatment Studies (PETS)—(OMB No. 0930-0202, revision)—SAMHSA's Center for Substance Abuse Treatment (CSAT) is requesting an extension and revision of OMB approval to allow for completion of data collection in two studies being conducted under the PETS program. CSAT has developed PETS as a family of coordinated studies that evaluates the outcomes of drug and alcohol treatment received through a wide range of publicly funded programs. Populations being studied are diverse in the nature and severity of their substance abuse and in their personal characteristics and circumstances. The conceptual underpinning of the PETS studies is a recognition that substance abuse disorders, while variable in their manifestations, are often chronic and prone to relapse. PETS focuses on the longitudinal course of substance abuse and treatment. While most previous outcome studies in the field have examined changes taking place for only several months after a particular treatment episode, PETS looks at

outcomes over a longer time period of three years or more. In the context of the client's life history, careful attention has been given to the stage in his or her experience of substance abuse and treatment to what has preceded their current treatment episode, and to any sequence of aftercare, relapse, and subsequent treatment that may follow.

The PETS Chicago study continues data collection activities initiated under a grant to local investigators as part of CSAT's Target Cities project. This study will collect two- to six-year treatment followup data on a sample of clients originally assessed for treatment services at any of 22 service delivery units on Chicago's West Side. An interview 72 months after admission to treatment is being added for one of the two study cohorts.

The PETS Longer-term Adolescent Study builds upon CSAT's adolescent substance abuse treatment outcome studies in the Adolescent Treatment Models (ATM) and Cannabis Youth Treatment (CYT) grant programs. This study includes all four CYT sites and three first-round ATM sites, and will collect followup interviews for as long as 30 months after admission to treatment. The extension will allow completion of data collection in the last three sites.

CSAT is conducting these studies in order to develop a better understanding of the longer-term outcomes for adults and adolescents receiving substance abuse treatment and factors that influence these outcomes. The information will be used to refine treatment approaches for these populations. The tables that follow summarize the burden for the one-year period of data collection for which approval will be sought.

Adult study	Number of respondents			Responses/re-spondent	Burden/re-sponse (hours)	Total burden (hours)
	48-month interview	60-month interview	72-month interview			
Chicago	15	229	289	1	1.5	801
Adolescent studies	Number of respondents		Responses/re-spondent	Burden/re-sponse (hours)	Total burden (hours)	
	24-month	30-month				
3 site total	30	183	1	1.85	395	