

impact couples, youth and families such as the tribal court system and other family services, as well as partner with the State's Oklahoma Marriage Initiative for training of tribal staff.

**Statutory Authority:** This award will be made pursuant to the Native American Programs Act, as amended, 42 U.S.C. 2991 *et seq.*

**ADDRESSES:** Interested parties, including qualified organizations which would be interested in competing for the funding if a competition were held, should write to: Sharon G. McCully, Administration for Native Americans, Administration for Children and Families, 370 L'Enfant Promenade SW., Aerospace Center 8th Floor West, Washington, DC 20447.

**FOR FURTHER INFORMATION CONTACT:** Sharon G. McCully, ANA, at 1-877-922-9262.

(Catalog of Federal Domestic Assistance Program Number 93612, ANA)

Dated: September 27, 2002.

**Sharon G. McCully,**

*Acting Deputy Commissioner, Administration for Native Americans.*

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**BILLING CODE 4184-01-M**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Notice of Meeting of the Advisory Committee on Minority Health

**AGENCY:** Department of Health and Human Services, Office of the Secretary, Office of Public Health and Science, Office of Minority Health.

**ACTION:** Notice.

**SUMMARY:** The Advisory Committee on Minority Health will meet to discuss racial and ethnic disparities in health, as well as other related issues. This meeting is open to the public. There will be an opportunity for public comment, which will be limited to five minutes per speaker. Individuals who would like to submit written statements should mail or fax their comments to the Office of Minority Health at least two business days prior to the meeting.

**DATES:** The Advisory Committee on Minority Health will meet on Thursday, October 17, 2002 from 9 a.m. to 5 p.m. and on Friday, October 18, 2002 from 8:30 a.m. till noon.

**ADDRESSES:** The meeting will be held at the Holiday Inn Georgetown, Mirage I Room, 2101 Wisconsin Avenue, NW., Washington, DC.

**FOR FURTHER INFORMATION CONTACT:** Ms. Sheila P. Merriweather, Rockwall II Building, 5515 Security Lane, Suite 1000, Rockville, Maryland 20852.

Phone: 301-443-9923, Fax: 301-443-8280.

Dated: October 1, 2002.

**Nathan Stinson, Jr.,**

*Deputy Assistant Secretary for Health.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare and Medicaid Services

**[Document Identifiers: CMS-377/378/R-54, CMS-359/360/R-55]**

#### 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.

(1.) *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Request for Certification, CMS-377 and the Ambulatory Surgical Center Survey Report Form, CMS-378 and CMS-R-0054 Supporting Regulations Contained in 42 CFR 416.1 thru 416.49; *Form No.:* CMS-0377/0378/R-0054 (OMB# 0938-0200); *Use:* The ASC request for certification form is utilized as an application for facilities wishing to participate in the Medicare program as an ASC. This form initiates the process of obtaining a decision as to whether the conditions of coverage are met. It also promotes data retrieval from the Online Data Input Edit (ODIE system, a

subsystem of the Online Survey Certification and Report (OSCAR) system by CMS Regional Offices (RO)). The ASC report form is an instrument used by the State survey agency to record data collection in order to determine supplier compliance with individual conditions of coverage and to report it to the Federal government. The form is primarily a coding worksheet designed to facilitate data reduction and retrieval into the ODIE/OSCAR system at the CMS ROs. This form includes basic information on compliance (*i.e.*, met, not met and explanatory statements) and does not require any descriptive information regarding the survey activity itself; *Frequency:* Annually; *Affected Public:* State, Local, or Tribal Government; *Number of Respondents:* 2,798; *Total Annual Responses:* 2,798; *Total Annual Hours:* 2,100.

(2.) *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Comprehensive Outpatient Rehabilitation Facility (CORF) Eligibility and Survey Forms and Information Collection Requirements in 42 CFR 485.56, 485.58, 485.60, 485.64, 485.66, 410.105; *Form No.:* CMS-0359/0360/R-0055 (OMB# 0938-0267); *Use:* In order to participate in the Medicare program as a CORF, providers must meet federal conditions of participation. The certification form is needed to determine if providers meet at least preliminary requirements. The survey form is used to record provider compliance with the individual conditions and report findings to CMS; *Frequency:* Annually; *Affected Public:* State, Local, or Tribal Government; *Number of Respondents:* 556; *Total Annual Responses:* 556; *Total Annual Hours:* 264,877.

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/regs/prdact95.htm>, or e-mail your request, including your address, phone number, OMB number, and CMS document identifier, to [Paperwork@hcfa.gov](mailto: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 Strategic Operations and Regulatory Affairs, Division of Regulations Development and Issuances, Attention: Dawn Willingham, Room N2-14-26, 7500 Security