

submitted under the terms of the proposed rule. FDA received 23 notices in 1999, 30 notices in 2000, and 28 notices in 2001. To date, the number of annual notices is less than FDA's estimate; however, the number of annual notices could increase when the proposed rule becomes final.

Dated: October 25, 2002.

Margaret M. Dotzel,

Associate Commissioner for Policy.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 02N-0208]

Agency Information Collection Activities; Announcement of OMB Approval; State Enforcement Notifications

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration is announcing that a collection of information entitled "State Enforcement Notifications" has been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995.

FOR FURTHER INFORMATION CONTACT: Peggy Robbins, Office of Information Resources Management (HFA-250), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301-827-1223.

SUPPLEMENTARY INFORMATION: In the Federal Register of August 9, 2002 (67 FR 51860), the agency announced that the proposed information collection had been submitted to OMB for review and clearance under 44 U.S.C. 3507. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. OMB has now approved the information collection and has assigned OMB control number 0910-0275. The approval expires on October 31, 2005. A copy of the supporting statement for this information

collection is available on the Internet at <http://www.fda.gov/ohrms/dockets>.

Dated: October 25, 2002.

Margaret M. Dotzel,

Associate Commissioner for Policy.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Comment Request

In compliance with the requirement for opportunity for public comment on proposed data collection projects (section 3506(c)(2)(A) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Pub. L. 104-13), the Health Resources and Services Administration (HRSA) publishes periodic summaries of proposed projects being developed for submission to OMB under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, call the HRSA Reports Clearance Officer on (301) 443-1129.

Comments are invited on: (a) Whether the proposed collection of information is 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: HRSA Grantee Telecommunications and Telehealth Inventory and Database—New

The Health Resources and Services Administration's (HRSA) mission is to improve and expand access to quality health care for all. Through its grant program, HRSA provides funds to

ensure the availability of quality health care to low income, uninsured, isolated, vulnerable and special needs populations.

Within HRSA, the Office for the Advancement of Telehealth (OAT) increases access to quality health care services for the underserved by promoting the use of advanced telecommunications and information technologies by health care providers across America. HRSA is a leading national supporter and developer of telehealth, which is the use of electronic information and telecommunications technologies for a wide variety of health-related activities. These include long-distance clinical care, patient and professional education, and health administration.

HRSA provides grant funding to over 8000 recipients to improve healthcare delivery in the United States. Those offices and programs increasingly depend on the emerging technologies and telecommunications systems to deliver healthcare, yet no data is available on grant recipients' access to or utilization of those technologies. The proposed inventory will serve as a model for collecting this type of information across a disparate group of projects nationally and if successful will be ultimately integrated into HRSA's overall data system.

All grantees will be asked to address access to telehealth technologies at their respective institutions. Telehealth activities include the practice of telemedicine, delivery of distance education, health informatics, healthcare staff supervision from remote sites, and the provision of consumer health information using telecommunications technologies. Additionally, grantees will be asked to provide information on their network members or satellite site. For those grantees practicing telemedicine, the survey will include a section on diagnostic tools and clinical capabilities.

The survey will be delivered via the world wide web; hard copy will be made available for those grantees with no Internet access. Substantive questions may be systematically included in the grantees' progress reporting.

Estimated burden hours:

Type of survey	Number of respondents	Number of responses per respondent	Total Number of responses	Hours per response	Total burden hours
Web-based	7,965	1	7,965	.17	1,355
Hard-copy	885	1	885	.20	177

Type of survey	Number of respondents	Number of responses per respondent	Total Number of responses	Hours per response	Total burden hours
Total	8,850		8,850		1,532

Send comments to Susan G. Queen, Ph. D., HRSA Reports Clearance Officer, Room 11A-33, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this Notice.

Dated: October 25, 2002.

Jane M. Harrison,

Director, Division of Policy Review and Coordination.

[FR Doc. 02-27678 Filed 10-30-02; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Indian Women's Health Demonstration Program for American Indians and Alaska Natives

AGENCY: Indian Health Service (DHHS), HHS.

ACTION: Notice of availability of funds for competitive grants for Indian Women's Health Demonstration Program for American Indians and Alaska Natives (AI/AN).

SUMMARY: The Indian Health Service (IHS) announces that approximately \$700,000 is available for the support of competitive grants to Tribal, Urban and nonprofit Indian organizations for approximately seven demonstration projects under the Indian Women's Health Demonstration Program. These funds have been established under the authority of section 301(a) of the Public Health Service (PHS) Act, as amended. There will only be one funding cycle during Fiscal Year (FY) 2003 (see fund availability and period of support). This program is described in section 39.933 of the *Catalog of Federal Domestic Assistance*. Executive Order 12372, which requires intergovernmental review, is not applicable to this program.

The Department's Office of Public Health and Science (OPHS) is committed to achieving the health promotion and disease prevention objectives of *Healthy People 2010*, a PHS-led activity for setting priority areas. This program announcement is related to the priority area designed as Education and Community-Based Programs. Potential applicants may

obtain a printed copy of *Healthy People 2010*, (Summary Report No. 017-001-00549-5) or CD-ROM, Stock No. 017-001-00549-5, through the Superintendent of Documents, Government Printing Office, PO Box 371954, Pittsburgh, PA 15250-7945, (202) 512-1800. You may also access this information at the following Web site: www.health.gov/healthpeople/publication.

Smoke Free Workplace: The PHS strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of all tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

Due Date: An original and two copies of the completed grant application must be submitted with all required documentation, to the Grants Management Branch, Division of Acquisition and Grants Management, 801 Thompson Avenue, Suite 120, Rockville, MD 20852, by close of business December 6, 2002. Close of business is considered to be 5 p.m. Eastern Daylight Savings Time.

Applications shall be considered as meeting the due date if they are either: (1) Received on or before the deadline, with hand-carried applications received by close of business; or (2) postmarked on or before the due date. A legibly dated receipt from a commercial carrier or the U.S. Postal Service will be accepted as proof of timely mailing. Private metered postmarks will not be accepted as proof of timely mailing. Applications received after the due date will be returned to the applicant and will not be considered for funding.

Additional Dates:

(a) Objective Review Date: December 16-17, 2002.

(b) Applicant Notification (approved; recommended for approval, but unfunded; or disapproved): January 3, 2003.

(c) Anticipated Start of Grant Cycle: January 13, 2003.

Contacts for Assistance: For program information, contact Ms. Celissa Stephens, Senior Nurse Consultant for Hospital and Clinic Nursing, Office of Public Health, IHS, 801 Thompson Avenue, Suite 300, Rockville, MD 20852, (301) 443-1840. For grants information, contact Ms. Martha

Redhouse, Grants Management Branch, Division of Acquisitions and Grants Management, IHS, 801 Thompson Avenue, Suite 120, Rockville, MD 20852, (301) 443-5204. (The telephone numbers are not toll-free numbers.)

SUPPLEMENTARY INFORMATION: This announcement provides information on the general program goal, eligibility and documentation requirements, programmatic activities, funding availability, period of support, and application procedures.

General Program Goal: The goal of this program is to establish and/or improve AI/AN women's health services. Funded programs will be community-based and culturally appropriate with measurable outcomes related to the following: (1) increased access to health promotion; (2) promotion of disease prevention activities; (3) improvement of existing research data; and (4) fostering of advocacy in policy appropriate to meet *Healthy People 2010* objectives.

Eligibility and Documentation Requirements: Any federally recognized Indian Tribe, Indian Tribal organization or nonprofit organization serving primarily AI/AN is eligible to apply for a demonstration grant from the IHS under this announcement.

Documentation of Support:

(a) Tribal resolutions.

(1) A resolution of the Indian Tribe or Indian Tribal organization supporting this specific program must accompany the application submission.

(2) Applications proposing services that will benefit more than one Indian Tribe must include resolutions from all Tribes to be served.

(3) Applications by Tribal organizations will not require resolution(s) if the current Tribal resolution(s) under which they operate encompass the proposed grant activities. A statement of proof or a copy of the current operational resolution must accompany the application.

(4) If a required resolution or a statement is not submitted, the application will be considered incomplete and will be returned without consideration.

(b) Nonprofit organizations must submit copies of their 501(c)(3) Certificate.