

6. Measures of Effectiveness (Not Scored)

Measures of effectiveness must relate to the performance goal stated in the purpose: Increase the capacity of injury prevention and control programs to address the prevention of injuries and violence. Also, measures of effectiveness must reflect the recipient activities section of this announcement. Measures must be objective and quantitative and must measure the intended outcome. These measures of effectiveness must be submitted with the application and will be an element of evaluation.

7. Budget (Not Scored)

The applicant should provide a detailed budget with complete line-item justification of all proposed costs consistent with the stated activities in the program announcement. Details must include a breakdown in the categories of personnel (with time allocations for each), staff travel, communications and postage, equipment, supplies, and any other costs. The budget projection must also include a narrative justification for all requested costs. Any sources of additional funding beyond the amount stipulated in this cooperative agreement should be indicated, including donated time or services. For each expense category, the budget should indicate the CDC share, the applicant share and any other support. These funds should not be used to supplant existing efforts.

I. Other Requirements

Technical Reporting Requirements

Provide CDC with original plus two copies of:

1. Interim progress report, no less than 90 days before the end of the budget period. The progress report will serve as your non-competing continuation application, and must contain the following elements:
 - a. Current Budget Period Activities Objectives.
 - b. Current Budget Period Financial Progress.
 - c. New Budget Period Program Proposed Activity Objectives.
 - d. Detailed Line-Item Budget and Justification.
 - e. Additional Requested Information.

2. Financial status report, no more than 90 days after the end of the budget period.

3. Final financial and performance reports, no more than 90 days after the end of the project period.
Send all reports to the Grants Management Specialist identified in the "Where to Obtain Additional Information" section of this announcement.

Additional Requirements

The following additional requirements are applicable to this program. For a complete description of each, see Attachment I of the program announcement, as posted on the CDC Web site.

- AR-10 Smoke Free Workplace Requirements
- AR-11 Healthy People 2010
- AR-12 Lobbying Restrictions
- AR-13 Prohibition of Use of CDC Funds for Certain Gun Control Activities
- AR-15 Proof of Non-Profit Status
Executive Order 12372 does not apply to this program.

J. Where To Obtain Additional Information

This and other CDC announcements, the necessary applications, and associated forms can be found on the CDC Web site, Internet address: <http://www.cdc.gov>. Click on "Funding" then "Grants and Cooperative Agreements".

Pre-Application Conference Call

For interested applicants, one pre-application technical assistance call will be conducted. The call will be held June 30, 2003, at 2 p.m. Eastern Time for one hour. The conference call name is *Training Program for Violence Prevention* and the bridge number for the conference call is 404-639-3277, and the conference pass code is #123976.

For general questions about this announcement, contact: Technical Information Management, CDC Procurement and Grants Office, 2920 Brandywine Road, Atlanta, GA 30341-4146, Telephone: (770) 488-2700.

For business management and budget assistance, contact: Jim Masone, Grants Management Specialist, Procurement and Grants Office, Centers for Disease

Control and Prevention, 2920 Brandywine Road, Atlanta, GA 30341-4146, Telephone: (770) 488-2736, e-mail address: zft2@cdc.gov.

For program technical assistance, contact: Rita K. Noonan, Ph.D., National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 4770 Buford Highway, NE., Mailstop K60, Atlanta, GA 30341, Telephone (770) 488-1532, rnoonan@cdc.gov.

Dated: June 13, 2003.

Edward Schultz,

Acting Director, Procurement and Grants Office, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: 45 CFR part 95, section F.
OMB No.: 0992-0005.

Description: The advance planning document (APD) process, established in the rules at 45 CFR part 95, subpart F, is the procedure by which States request and obtain approval for Federal financial participation in their cost of acquiring automatic data processing (ADP) equipment and services. The State Agency's submitted APD provides the Department of Health and Human Services (HHS) with the following information necessary to determine the State's need to acquire the requested ADP equipment and/or services:

1. A statement of need;
2. A requirements analysis and feasibility study;
3. A cost benefit analysis;
4. A proposed activity schedule; and,
5. A proposed budget.

DHHS' determination of a State agency's need to acquire requested ADP equipment or services is authorized at sections 402(a)(5), 452(a)(1), 1902(a)(4) and 1102 of the Social Security Act.

Respondents

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Advance Planning Document	50	1.84	60	5,520
RFP and Contract	50	1.54	1.5	115.5
Emergency Funding Request	27	1	1	27

ANNUAL BURDEN ESTIMATES—Continued

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Service Agreements	14	1	1	14
Biennial Reports	50	1	1.5	75
Estimated Total Annual Burden Hours				5,751.5

Additional Information

Copies of the proposed collection may be obtained by writing to the Administration for Children and Families, Office of Administration, Office of Information Services, 370 L'Enfant Promenade, SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer. E-mail address: rsargis@acf.hhs.gov.

OMB Comment

OMB is required to make a decision concerning the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication. Written comments and recommendations for the proposed information collection should be sent directly to the following: Office of Management and Budget, Paperwork Reduction Project, 725 17th Street, NW., Washington, DC 20503, Attn: Desk Officer for ACF, E-mail address: lauren_wittenberg@omb.eop.gov

Dated: June 16, 2003.

Robert Sargis,

Reports Clearance Officer.

[FR Doc. 03-15503 Filed 6-18-03; 8:45 am]

BILLING CODE 4184-01-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Indian Health Service****Elder Health Care Initiative**

AGENCY: Indian Health Service, HHS.

ACTION: Notice of availability of funds for competitive grants for development of long-term care infrastructure for American Indian and Alaska Native (AI/AN) elders.

SUMMARY: The Indian Health Service (IHS) announces the availability of approximately \$650,000 for competitive grants established under the authority of section 301(a) of the Public Health Service Act, as amended, to Tribal, Urban and non-profit Indian organizations to support projects that

target the development of reimbursable long-term care services for American Indian and Alaska Native elders. There will be only one funding cycle during Fiscal Year (FY) 2003 (see Fund Availability and Period of Support). This program is described at 93.933 in the Catalog of Federal Domestic Assistance. Executive Order 12372 requiring intergovernmental review is not applicable to this program.

The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention objectives of Healthy People 2010. A copy may be obtained by calling the National Center for Health Statistics, telephone (301) 443-8500 or at <http://www.healthypeople.gov/document>.

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 (2) copies of the completed grant application must be submitted with all required documentation to the Grants Management Branch, IHS, 801 Thompson Avenue, Suite 120, Rockville, MD 20852, by close of business August 1, 2003.

Applications shall be considered as meeting the deadline if they are either: (1) Received on or before the deadline with hand carried applications received by close of business 5 p.m.; or (2) postmarked on or before the deadline date and received in time to be reviewed along with all other timely applications. 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 announced closing date will be returned to the applicant and will not be considered for funding.

Additional Dates:

A. **Application Review Date:** August 11—September 2, 2003.

B. **Applicants Notified of Results (approved, approved unfunded, or disapproved):** September 15, 2003.

C. **Anticipated Start Date:** September 15, 2003.

Contacts for Assistance: For program information, contact Bruce Finke; M.D., Coordinator, IHS Elder Care Initiative, PO Box 467, Zuni, NM 87327, (505) 782-7357, bfinke@abq.ihs.gov.

Technical Assistance for applicants will be available from the NICOA Long Term Care Technical Support Center (Dave Baldrige, Program Director, (505) 292-2001 or dave@nicoa.org).

For grant application and business information, contact Martha Redhouse, Grants Management Officer, Grants Management Branch, 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 and period of support, and application procedures.

General Program Goals: The American Indian and Alaska Native elder population is rapidly growing and the AI/AN population as a whole is aging. The prevalence of chronic disease in this population continues to increase, contributing to a frail elder population with increasing long-term care needs.

The goal of this grant program is to assist Tribes and urban communities to develop reimbursable or self-financing long-term care services for their frail elders. The need for these services should be clearly established based on demographics and the assessment of rates of functional impairment in the population. The services should be acceptable to elders and their families and consistent with community values in their implementation. The services should be part of an overall vision and plan for a long-term care system to support elders and their families.

Long-term care can be understood as an array of social and health care services that support an individual who has needs for assistance in activities of daily living over a prolonged period. While families continue to be the backbone of long-term care for AI/AN