

environment, and (b) strengthened position (*i.e.*, financial condition, competitive position) of its member health centers in the State marketplace and/or environment.

3. Strength of Collaboration—extent to which commitment (as evidenced by the contribution of time, resources, cash, *etc.*) by each network member is demonstrated in the business plan, implementation plan, strategic plan, budget spreadsheet and accompanying narrative, and operational agreement.

4. Network Operation: Core Strength and Competencies—extent to which the network design is suited to the organizational/administrative capacity of the network members based on operational history of the network.

5. Capacity of the Network to Support Shared/Integrated Operations—extent to which network members have shared and/or integrated functions or components of their systems.

Funding preference: A funding preference is defined as the funding of a specific category or group of approved applications ahead of other categories of applications. A preference will be given to applicants proposing to serve sparsely populated rural or frontier areas.

Estimated amount of available funds: For fiscal year 2003, up to \$2,100,000 will be available for this program.

Estimated project period: 3 years.

Estimated number of awards: This is a new program; the estimated number of awards may range from 5 to 7 in fiscal year 2003.

Estimated or average size of each award: This is a new grant program; the estimated costs are expected to vary considerably with a range from \$150,000 to \$300,000.

Information contact: Applicants may contact Christie Brown by phone at 301-594-4314 or by email at CBrown1@hrsa.gov.

Paperwork Reduction Act: The application for Operational Health Center Networks has been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act. The OMB clearance number is 0920-0428.

Public health system reporting requirements: Under these requirements (approved by the Office of Management and Budget under OMB number 0937-0195), a community-based, non-governmental applicant must prepare and submit a Public Health System Impact Statement to the head of the appropriate State and local health agencies in the area(s) to be impacted no later than the Federal application receipt due date. This statement must include:

1. A copy of the face page of the application (SF 424) and

2. A summary of the project, not to exceed one page, which provides:

a. A description of the population to be served,

b. A summary of the services to be provided, and

c. A description of the coordination planned with the appropriate State and local health agencies.

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 pursuant to this notice will contain a listing of States with review systems and will provide a single point of contact (SPOC) in the State for review. A SPOC list is also available at <http://www.whitehouse.gov/omb/grants/spoc.html>. Applicants (other than federally-recognized Indian tribal governments) should contact their SPOCs 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 applicable Federal application receipt due date. The granting agency does not guarantee to “accommodate or explain” its responses to State process recommendations received after the due date. (See “Intergovernmental Review of Federal Programs,” Executive Order 12372, and 45 CFR part 100, for a description of the review process and requirements.)

Dated: June 25, 2003.

Elizabeth M. Duke,

Administrator.

[FR Doc. 03-17530 Filed 7-10-03; 8:45 am]

BILLING CODE 4165-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Indian Health Service Contract Health Service; Purchase-Delivery Order for Health Service

AGENCY: Indian Health Service, HHS.

ACTION: Request for public comment: 30-day proposed information collection:

Indian Health Service Contract Health Service Purchase-Delivery Order for Health Service.

SUMMARY: The Indian Health Service, as part of its continuing effort to reduce paperwork and respondent burden, conducts a pre-clearance consultation program to provide the general public and Federal agencies with an opportunity to comment on proposed and/or continuing collections of information in accordance with the Paperwork Reduction Act of 1995 (44 U.S.C. 3506(c)(2)(A)). This program helps to ensure that requested data can be provided in the desired format, reporting burden (time and financial resources) is minimized, collection instruments are clearly understood, and the impact of collection requirements on respondents can be properly assessed. As required by section 3507(a)(1)(D) of the Act, the proposed information collection has been submitted to the Office of Management and Budget (OMB) for review and approval.

The IHS received no comments in response to the 60-day **Federal Register** notice (67 FR 77800) published on December 19, 2002. The purpose of this notice is to allow an additional 30 days for public comment to be submitted directly to OMB.

Proposed Collection

Title: 0917-0002, re-titled “Indian Health Service Contract Health Service Purchase-Delivery Order for Health Service.” **Type of Information Collection Request:** Reinstatement, without change, of a previously approved collection for which approval has expired. **Form number:** IHS-843-1A. **Need and Use of Information Collection:** Respondents certify that they have performed the health care services authorized by the IHS. Information is used to manage, administer and plan for the provisions of health care services to eligible American Indians, process payments to providers, obtain program data, provide program statistics, and serve as a legal document for health care services rendered. **Affected Public:** Businesses or other for-profit, Individuals or Households, Not-for-profit institutions, and State, local or Tribal Government. **Type of Respondents:** Health care providers.

The table below provides the following: types of data collection instructions, estimated number of respondents, number of responses per respondent, annual number of responses, average burden hour per response, and total annual burden hours.

Data collection instrument	Estimated number of respondents	Responses per respondent	Annual number of responses	Average burden hours per response*	Total annual burden hours
IHS-843-1A	7,087	42	299,149	0.05 (3 mins)	14,957
Tribal use	528	36	19,112	0.05 (3 mins)	956
IDS**	20,142	1	20,142	0.05 (3 mins)	1,007
Total	27,757	16,920

*For ease of understanding, burden hours are also provided in actual minutes.

** Inpatient Discharge Summary (IDS).

There are no Capital Costs, Operating Costs and/or Maintenance Costs to report.

Request for Comments: Your written comments and/or suggestions are invited on one or more of the following points: (a) Whether the information collection activity is necessary to carry out an agency function; (b) whether the agency processes the information collected in a useful and timely fashion; (c) the accuracy of the public burden estimate (the estimated amount of time needed for individual respondents to provide the requested information); (d) whether the methodology and assumptions used to determine the estimate are logical; (e) ways to enhance the quality, utility, and clarity of the information being collected; and (f) ways to minimize the public burden through the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

Direct Comments to OMB: Send your written comments and suggestions regarding the proposed information collection contained in this notice, especially regarding the estimated public burden and associated response time, directly to: Office of Management and Budget, Office of Regulatory Affairs, New Executive Office Building, Room 10235, Washington, DC 20503, Attention: Allison Eydt, Desk Officer for IHS. Send requests for more information on the proposed collection or to obtain a copy of the data collection instrument(s) and instructions to: Ms. Christine Ingersoll, IHS Reports Clearance Officer, 12300 Twinbrook Parkway, Suite 450, Rockville, MD 20852-1601, call non-toll free (301) 443-5938, send via facsimile to (301) 443-2316, or send your E-mail requests, comments, and return address to: cingerso@hqe.ihs.gov.

FOR FURTHER INFORMATION CONTACT: For information on the proposed data collection instrument and/or the process for handling the form IHS-843-1A, please contact Mr. Clayton Old Elk, 801 Thompson Avenue, Suite 300, Rockville, MD 20852-1627, Telephone 301-443-2694.

Comment Due Date: Your comments regarding this information collection are best assured to having their full effect if received within 30-days of the date of this publication.

Dated: June 30, 2003.

Charles W. Grim,

Assistant Surgeon General, Interim Director.

[FR Doc. 03-17639 Filed 7-10-03; 8:45 am]

BILLING CODE 4160-16-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Fiscal Year (FY) 2003 Funding Opportunity

AGENCY: Substance Abuse and Mental Health Services Administration, HHS.

ACTION: Notice of funding availability for a Supplement to Expand the Cooperative Agreement for the National Center for Child Traumatic Stress (NCCTS)

SUMMARY: The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), announces the availability of FY 2003 funds for the cooperative agreement described below. A synopsis of this funding opportunity, as well as many other Federal Government funding opportunities, is also available at the Internet site: <http://www.fedgrants.gov>.

This notice is not a complete description of the program; potential applicants must obtain a copy of the Request for Applications (RFA), including Part I, Supplement to Expand the Cooperative Agreement for the National Center for Child Traumatic Stress (NCCTS), Part II, General Policies and Procedures Applicable to all SAMHSA applications for Discretionary Grants and Cooperative Agreements, and the PHS 5161-1 (Rev. 7/00) application form before preparing and submitting an application.

Funding Opportunity Title: Supplement to Expand the Cooperative Agreement for the National Center for

Child Traumatic Stress (NCCTS)—Short Title: NCCTS Supplement.

Funding Opportunity Number: SM 03-010.

Catalog of Federal Domestic Assistance (CFDA) Number: 93.243.

Authority: Section: 582 of the Public Health Service Act, as amended and subject to the availability of funds.

Funding Opportunity Description: The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), is accepting an application for fiscal year 2003 to expand the cooperative agreement for the National Center for Child Traumatic Stress (NCCTS). The NCCTS currently coordinates the National Child Traumatic Stress Network (NCTSN) and provides leadership and focus for 10 Intervention Development and Evaluation Centers (IDE) and 26 Community Treatment and Service Centers (CTS). These funds will enable NCCTS to strengthen its ability to support results-oriented collaborative projects within the NCTSN and support the development and dissemination of high-priority products essential for the success of the Initiative.

Eligible Applicants: Eligibility is limited to the University of California at Los Angeles (UCLA). UCLA (in partnership with Duke University) has operated the currently funded NCCTS in its first 2 years. The NCCTS has proven capable and effective in carrying out activities in pursuit of the goals of the NCTSI. This success is reflected in the expansion and supplementation of funding for NCTSI for FY 2002 and 2003. The Government's interest in building on the capacity and infrastructure already developed with Government funds is a compelling argument for continuing the NCTSI coordination activities through the UCLA-Duke NCCTS. Further, duplication of effort and substantial confusion would result if a second "National Center" were established with a primary mission of networking and collaboration building in the NCTSI. For these reasons, only the currently funded