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Dated: October 31, 2003.

Jeffrey Shuren,

Assistant 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: The Presidential Initiative Application Forms for Funding Opportunities—New

The Consolidated Health Center Program is administered by the Health Resources and Services Administration's (HRSA) Bureau of Primary Health Care (BPHC). Grant funding opportunities are provided for Health Centers under the Presidential Initiative to Expand Health Centers. These funding opportunities use the following application forms: New Access Point Funding (NAP) form, Service Area Competition (SCA) form, Non-Competing Continuation (NCC) form and Competing Continuation (CC) forms, the Service Expansion (SE) form

and the Expanded Medical Capacity (EMC) form for Consolidated Health Centers. These application forms are used by new and current Health Centers to apply for funding.

The five-year President's Initiative to Expand Health Centers will significantly impact 1,200 of the Nation's neediest communities by creating new health center sites. Additional emphasis will be given to improving and strengthening existing sites and expanding existing centers.

BPHC will assist in achieving the Initiative through the various funding opportunities under this Initiative. This year's funding increase supported the development of an additional 100 new access points and 88 significantly expanded access point. New access points will be established by Health Centers targeting the neediest communities using successful Center models. Expanded capacity will be targeted to communities where an existing Health Center's ability to provide care falls short of meeting the full need for services to uninsured and underserved populations. Funding will be provided to Health Centers to support the staff needed to serve a substantial increase in users.

Estimates of annualized reporting burden are as follows:

Type of application form	Number of respondents	Hours per response	Total burden hours
NAP	500	100	50,000
SAC	250	100	25,000
NCC	225	100	22,500
CC	675	100	67,500
EMC	225	45	10,125
SE	450	45	20,250
Total	2325	490	195,375

Send comments to Susan G. Queen, Ph.D., HRSA Reports Clearance Officer, Room 14-33, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: October 27, 2003.

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

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

Periodically, the Health Resources and Services Administration (HRSA) publishes abstracts of information collection requests under review by the Office of Management and Budget, in compliance with the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35). To request a copy of the clearance requests submitted to OMB for

review, call the HRSA Reports Clearance Office on (301) 443-1129.

The following request has been submitted to the Office of Management and Budget for review under the Paperwork Reduction Act of 1995:

Proposed Project: Scholarships for Disadvantaged Students Program (OMB No. 0915-0149)—Revision

The Scholarships for Disadvantaged Students (SDS) Program has as its purpose the provision of funds to eligible schools to provide scholarships to full-time, financially needy students from disadvantaged backgrounds enrolled in health professions and nursing programs.

To qualify for participation in the SDS program, a school must be carrying out

a program for recruiting and retaining students from disadvantaged backgrounds, including students who are members of racial and ethnic minority groups (section 737(d)(1)(B) of the Public Health Service Act). A school must meet the eligibility criteria to demonstrate that the program has

achieved success based on the number and/or percentage of disadvantaged students who are enrolled and graduate from the school. In awarding SDS funds to eligible schools, funding priorities must be given to schools based on the proportion of graduating students going into primary care, the proportion of

underrepresented minority students, and the proportion of graduates working in medically underserved communities (section 737(c) of the Public Health Service Act).

The estimated response burden is as follows:

Form	Number of respondents	Responses per respondent	Hours per response	Total hour burden
SDS	450	1	23.5	10,575

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, DC 20503.

Dated: October 27, 2003.

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

Statement of Organization, Functions and Delegations of Authority

This notice amends Part R of the Statement of Organization, Functions and Delegations of Authority of the Department of Health and Human Services (DHHS), Health Resources and Services Administration (HRSA) (60 FR 56605, as amended November 6, 1995; as last amended at 68 FR 8515-8517, February 21, 2003). This notice is to announce the re-titling of the Office of Special Programs to the Special Programs Bureau and to amend the functional statement to include functions relating to the National Hospital Bioterrorism Preparedness Program, the Smallpox Emergency Personnel Protection Act Program and the Trauma-Emergency Medical Services Systems Program. Specifically, this notice establishes the Division of Health Care Emergency Preparedness (RR5) and the Smallpox Vaccine Injury Compensation Program Office (RR6) in the newly titled Special Programs Bureau (RR) as follows:

Special Programs Bureau (RR)

Provides the overall leadership and direction for the procurement, allocation, and transplantation of human organs and bone marrow; programmatic, financial and architectural/engineering support for construction/renovation programs; operation of the Department's Vaccine Injury Compensation Program and the State Planning Grants Program. Specifically: (1) Administers the Organ Procurement and Transplantation Network and the Scientific Registry of Transplant Recipients to assure compliance with Federal regulations and policies; (2) administers the National Marrow Donor Program in matching volunteer unrelated marrow donors for transplants and studying the effectiveness of unrelated marrow donors for transplants and related treatment; (3) develops and maintains a national program of grants and contracts to organ procurement organizations and other entities to increase the availability of various organs to transplant candidates; (4) manages the national program for compliance with the Hill-Burton uncompensated care requirement and other assurances; (5) directs and administers the Section 242 hospital mortgage insurance program (through inter-agency agreement with HUD) and HHS direct and guaranteed construction loan repayment program; (6) directs and administers an earmarked grant program for the construction/renovation/equipping of health care and other facilities; (7) directs and administers the National Vaccine Injury Compensation Program; (8) directs and administers the Smallpox Emergency Personnel Protection Act Program; (9) directs and administers the State Planning Grants Program; (10) directs and administers the National Hospital Bioterrorism Preparedness Program; and (11) directs and administers the Trauma-Emergency Medical Services Systems Program.

Division of Health Care Emergency Preparedness (RR5)

The Division of Health Care Emergency Preparedness (DHCEP) facilitates the development of State, territorial and municipal terrorism preparedness programs under grants and/or cooperative agreements to improve the Nation's health care systems to respond to any terrorism or other public health emergency event. Specifically, the Division, together with other components of the Agency; (1) serves as the national focus for leadership in and coordination of Federal, State, local and non-governmental efforts to define the readiness needs for any terrorism or other public health emergency event and to assist in the development of programs that address the problems; (2) analyzes or coordinates analysis of regional or national issues and problems and recommends responses to those problems through research, training, or other actions, as indicated; (3) develops, interprets, and disseminates policies, regulations, standards, guidelines, new knowledge, and program information for the various programs and services relevant to terrorism and emergency preparedness; (4) provides technical assistance and professional consultation to field and headquarters staffs, to State and local health personnel, to other Federal agencies, and to voluntary and professional organizations on all aspects of terrorism preparedness planning efforts; (5) establishes and maintains cooperative working relationships with voluntary, professional, and other relevant entities and serves as a focal point for communications to improve terrorism preparedness; (6) coordinates within this Agency and with other Federal program efforts to extend and improve comprehensive, coordinated services and promote integrated, state-based systems of care for this program; (7) administers a program of cooperative agreements and contracts to provide comprehensive approaches to improve