

## ESTIMATES OF ANNUALIZED HOUR BURDEN—Continued

Worksheet	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
Death referral data .....	59	12	708	10	7,080.00
Living Donor Registration .....	692	10	6,920	0.2	1,384.00
Living Donor Follow-up .....	692	19	13,148	0.1	1,314.80
Donor Histocompatibility .....	152	87	13,224	0.1	1,322.40
Recipient Histocompatibility .....	152	163	24,776	0.1	2,477.60
Heart Candidate Registration .....	139	23	3,197	0.3	959.10
Lung Candidate Registration .....	70	28	1,960	0.3	588.00
Heart/Lung Candidate Registration .....	72	1	72	0.3	21.60
Thoracic Registration .....	139	24	3,336	0.3	1,000.80
Thoracic Follow-up .....	139	174	24,186	0.2	4,837.20
Kidney Candidate Registration .....	247	109	26,923	0.2	5,384.60
Kidney Registration .....	247	65	16,055	0.3	4,816.50
Kidney Follow-up* .....	247	493	121,771	0.2	24,354.20
Liver Candidate Registration .....	123	82	10,086	0.2	2,017.20
Liver Registration .....	123	46	5,658	0.4	2,263.20
Liver Follow-up .....	123	299	36,777	0.3	11,033.10
Kidney/Pancreas Candidate Registration .....	139	12	1,668	0.2	333.60
Kidney/Pancreas Registration .....	139	7	973	0.4	389.20
Kidney/Pancreas Follow-up .....	139	64	8,896	0.3	2,668.80
Pancreas Candidate Registration .....	139	7	973	0.2	194.60
Pancreas Registration .....	139	4	556	0.3	166.80
Pancreas Follow-up .....	139	20	2,780	0.2	556.00
Intestine Candidate Registration .....	44	5	220	0.2	44.00
Intestine Registration .....	44	3	132	0.2	26.40
Intestine Follow-up .....	44	8	352	0.2	70.40
Immunosuppression Treatment .....	692	38	26,296	0.025	657.40
Immunosuppression Treatment Follow-up .....	692	281	194,452	0.025	4,861.30
Post Transplant Malignancy .....	692	5	3,460	0.05	173.00
Total .....	903	.....	559,762	.....	84,057.90

\* Includes an estimated 6,000 kidney transplant patients transplanted prior to the initiation of the data system.

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to: Desk Officer, Health Resources and Services Administration, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, DC.

Dated: March 3, 2004.

**Tina M. Cheatham,**

*Director, Division of Policy Review and Coordination.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Amendment to a Notice of Availability of Funds Announced in the HRSA Preview—Primary Health Care Programs: Community and Migrant Health Centers; CFDA Number 93.224; HRSA-04-030

AGENCY: Health Resources and Services Administration, HHS.

**ACTION:** Amendment to a notice of availability of funds.

**SUMMARY:** A notice of availability of funds announced in the HRSA Preview, "Primary Health Care Programs: Community and Migrant Health Centers HRSA-04-030," was published in the **Federal Register** on September 4, 2003 (Volume 68, Number 171), FR Doc. 03-22427. On page 52651, under announcement HRSA-04-030, the due date for the Danville, Virginia, service area is extended to May 3, 2004. There are no other changes.

**FOR FURTHER INFORMATION CONTACT:** Jack Egan, HRSA/Bureau of Primary Health Care; [jegan@hrsa.gov](mailto:jegan@hrsa.gov).

**SUPPLEMENTARY INFORMATION:** Program Information Notice 2004-01, "Fiscal Year 2004 Application Instructions for Service Area Competition Funding for the Consolidated Health Center Program," and application guidance is available at the Bureau of Primary Health Care Web page: <http://www.bphc.hrsa.gov/pinspals/>.

Dated: March 2, 2004.

**Elizabeth M. Duke,**  
*Administrator.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Indian Health Service

#### National Indian Health Board

AGENCY: Indian Health Service, HHS.

**ACTION:** Notice of single source cooperative agreement with the National Indian Health Board.

**SUMMARY:** The Indian Health Service (IHS) announces a new award of a cooperative agreement to the National Indian Health Board (NIHB) for costs in providing advice and technical assistance to the IHS on behalf of federally recognized tribes in the area of health care policy analysis and program development. The NIHB will provide advice, consultation and health care advocacy to the IHS based on tribal input through a broad-based consumer network involving the Area Health Boards or Health Board representatives from each of the twelve IHS Areas. Under the cooperative agreement the NIHB will communicate with tribes and tribal organizations concerning health issues, disseminate health care information, improve and expand access for American Indians and Alaska