

- d. Budget.
- e. Additional Requested Information.
- f. Measures of Effectiveness.

2. Financial status report and annual progress report will be due 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.

These reports must be mailed to the Grants Management or Contract Specialist listed in the "Agency Contacts" section of this announcement.

VII. Agency Contacts

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

For program technical assistance, contact: Juanika Mainor-Harper, MPH, Centers for Disease Control and Prevention, 4770 Buford Highway, NE., Mailstop K-41, Atlanta, GA 30341, telephone: 770-488-6452, e-mail: StepsInfo@cdc.gov.

For financial, grants management, or budget assistance, contact: Ms. Sylvia Dawson, Procurement and Grants Office, Centers for Disease Control and Prevention, 2920 Brandywine Road, Atlanta, GA 30341-4146, telephone: 770-488-2771, e-mail address: snd8@cdc.gov.

VIII. Other Information

Common questions and answers about the Steps to a HealthierUS National Partnerships announcement can be found at: <http://www.HealthierUS.gov/steps/>.

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

Dated: April 19, 2004.

William P. Nichols,

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

[FR Doc. 04-9238 Filed 4-22-04; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS-265]

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

AGENCY: Centers for Medicare & Medicaid Services, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare and Medicaid Services (CMS) (formerly known as the Health Care Financing Administration (HCFA)), Department of Health and Human Services, is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Type of Information Collection Request: Extension of a currently approved collection.

Title of Information Collection: Independent Renal Dialysis Facility Cost Report Form and Supporting Regulations in 42 CFR 413.20, 413.24.

Form No.: CMS-265 (OMB# 0938-0236).

Use: The Medicare Independent Renal Dialysis Facility Cost Report provides for determinations and allocation of costs to the components of the Renal Dialysis facility in order to establish a proper basis for Medicare payment.

Frequency: Annually.

Affected Public: Business or other for-profit, not-for-profit institutions, and State, Local, or Tribal Government.

Number of Respondents: 3,592.

Total Annual Responses: 3,592.

Total Annual Hours: 704,032.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS Web site address at <http://cms.hhs.gov/regulations/prd/default.asp>, or e-mail your request, including your address, phone number, OMB number, and CMS

document identifier, to Paperwork@hcfa.gov, or call the Reports Clearance Office on (410) 786-1326.

Written comments and recommendations for the proposed information collections must be mailed within 30 days of this notice directly to the OMB desk officer: OMB Human Resources and Housing Branch, Attention: Brenda Aguilar, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: April 15, 2004.

John P. Burke, III,

Paperwork Reduction Act Team Leader, CMS Reports Clearance Officer, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development and Issuances.

[FR Doc. 04-9271 Filed 4-22-04; 8:45 am]

BILLING CODE 4120-03-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS-R-215]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Centers for Medicare & Medicaid Services, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare & Medicaid Services (CMS) (formerly known as the Health Care Financing Administration (HCFA)), Department of Health and Human Services, is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Type of Information Collection Request: Revision of a currently approved collection.

Title of Information Collection: Information Collection Requirements Referenced in 42 CFR 424.57; Additional DMEPOS Supplier Standards.

Form No.: CMS-R-215 (OMB# 0938-0717).

Use: Respondents will be suppliers of Durable Medicare Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS). CMS needs documentation that the DMEPOS supplier has advised beneficiaries that they may either rent or purchase inexpensive or routinely purchased equipment and about the purchase option for capped rental equipment. This is needed to determine if the supplier has met the supplier standards.

Frequency: On Occasion and Annually.

Affected Public: Business or other for-profit and Not-for-profit institutions.

Number of Respondents: 63,986.

Total Annual Responses: 35,900.

Total Annual Hours: 280,000.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS's Web site address at <http://cms.hhs.gov/regulations/practice/default.asp>, or e-mail your request, including your address, phone number, OMB number, and CMS document identifier, to Paperwork@hcfa.gov, or call the Reports Clearance Office on (410) 786-1326. Written comments and recommendations for the proposed information collections must be mailed within 60 days of this notice directly to the CMS Paperwork Clearance Officer designated at the following address: CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development and Issuances, Attention: Melissa Musotto, Room C5-14-03, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: April 15, 2004.

John P. Burke, III,

*Paperwork Reduction Act Team Leader,
Office of Strategic Operations and Strategic
Affairs, Division of Regulations Development
and Issuances.*

[FR Doc. 04-9272 Filed 4-22-04; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

Administration on Aging

RIN 0938-ZA48

Aging and Disability Resource Center Grant Program

ACTION: Notice.

Part 1. Overview Information

Funding Opportunity Title: Aging and Disability Resource Center Grant Program.

Program Announcement Nos.: AoA-03-05 and CMS-2196-N.

Catalog of Federal Domestic Assistance (CFDA) No.: 93.048 (AoA) and 93.779 (CMS).

DATES: *Deadline for Submitting the Signed Cooperative Agreement:* Fiscal Year (FY) 2004 Qualified Applicants (see "Definition of Qualified Applicants" in Part 2, section III.1 of this notice) who plan to accept a grant award in FY 2004 must submit the signed Cooperative Agreement (that was enclosed with their written notification dated April 23, 2004) no later than May 24, 2004. FY 2004 Qualified Applicants who fail to submit a signed Cooperative Agreement on or before May 24, 2004, will not receive funding, and those funds may be reallocated to the next highest-ranked Qualified Applicant.

Because funding for this program appears as part of the Administration on Aging (AoA) and CMS' FY 2004 budgets, all awards will be made before October 1, 2004. All grantees receiving awards under this funding opportunity will have a budget period of 36 months and a start date of no later than September 30, 2004.

Part 2. Full Text of the Announcement

I. Funding Opportunity Description

1. Background

The Administration on Aging (AoA) and the Centers for Medicare & Medicaid Services (CMS) announce the continuation in funding of the joint AoA and CMS Aging and Disability Resource Center grants program. These discretionary grants to be issued as cooperative agreements will fund 12 projects at a Federal share of up to \$800,000 over 3 years (11 grants at approximately \$800,000 each, and 1 grant at \$200,000). The Aging and Disability Resource Center grants are designed to assist States in developing citizen-centered, "one-stop" entry points into the long-term support system and will be based in local communities. AoA and CMS plan to continue to process the ranked applications submitted in FY 2003, beginning with the highest-ranked applications that were not funded in FY 2003. This notice also contains information about the manner in which we will continue the award process that originated in FY 2003. We will not accept any new applications for Aging and Disability Resource Center grants in FY 2004.

AoA's authority for these grants is under the Older Americans Act, (Pub. L. 106-501).

CMS' legislative authority for these grants is under section 1110 of the Social Security Act (the Act). Funding and Congressional language for the CMS Real Choice Systems Change Grants was provided in the Consolidated Appropriations Act, 2004 (Pub. L. 108-199). Although the Congress appropriated \$40 million in funding for Real Choice Systems Change activities, the Congress also passed an across-the-board rescission of 0.59 percent and a second rescission of 0.6864 percent leaving a total appropriation of \$39,491,060. Some of these funds will be used for FY 2004 Aging and Disability Resource Center grants that CMS will fund in collaboration with the AoA. A separate **Federal Register** notice, Medicaid Program; Real Choice Systems Change Grants (CMS-2189-N), will be published regarding the remaining Real Choice Systems Change Grand funds.

AoA and CMS are the designated agencies with administrative responsibility for their respective portion of funding for this joint effort.

Purpose of Grant Awards: The awards are to be used by States to develop Aging and Disability Resource Center programs that will provide citizen-centered, "one-stop" entry points into the long term support system and will be based in local communities accessible to people who may require long term support. Aging and Disability Resource Centers will serve individuals who need long-term support, their family caregivers, and those planning for future long-term support needs. These Aging and Disability Resource Center grants, to be awarded by AoA and CMS as cooperative agreements, are a part of the President's New Freedom Initiative.

The Aging and Disability Resource Center Grant Program is part of AoA's Research and Demonstration efforts under Title IV of the Older Americans Act and is one of several demonstration opportunities in support of the New Freedom Initiative.

CMS has restructured its research and demonstration efforts under section 1110 of the Act into eight themes. The Aging and Disability Resource Center Grants are part of CMS' Research and Demonstration efforts under Theme 5; Strengthening Medicaid, State Children's Health Insurance Program (SCHIP), and State Programs. This effort includes research and demonstrations on ways to improve access to and delivery of health care to the persons served by Medicaid. The New Freedom