and addresses of all known actual and potential parties to the arrangement. A request for an advisory opinion is purely voluntary. The facts will relate to business plans and the requestor will already have collected and analyzed all or most of the information we will need to review the request; Frequency: On occasion; Affected Public: Not-for-profit institutions, Individuals or Households, and Business or other for-profit; Number or Respondents: 200; Total Annual Responses: 200; Total Annual Hours: 2,000.

4. Type of Information Collection Request: Revision of a currently approved collection; Title of Information Collection: Physicians’ Referrals to Health Care Entities With Which They Have Financial Relationships and Supporting Regulations in 42 CFR, Sections 411.352 through 411.361; Form No.: CMS–10047 (OMB# 0938–0846); Use: The final rule (HCFA–1809) incorporated into regulations the provisions in paragraphs (a), (b), (c), (d), and (h) of section 1877 of the Social Security Act. Under section 1877, if a physician or a member of a physician’s immediate family has a financial relationship with a health care entity, the physician may not refer Medicare patients to that entity for the furnishing of 11 designated health services, unless an exception applies. In addition, section 1877 prohibits an entity from presenting or causing to be presented a Medicare claim or bill to any individual, third party payer, or other entity for designated health services furnished under a prohibited referral. Also, Medicare does not pay for a designated health service furnished under a prohibited referral.; Frequency: Annually and Other: whenever financial arrangements between entities that furnish designated health services and physicians change.; Affected Public: Business or other for-profit, Not-for-profit institutions, and Individuals or Households; Number or Respondents: 62,824; Total Annual Responses: 62,824; Total Annual Hours: 1,561,633.

5. Type of Information Collection Request: Extension of a currently approved collection; Title of Information Collection: Application for Hospital Insurance and Supporting Regulations in 42 CFR 406.7; Form No.: CMS–18F5 (OMB# 0938–0251); Use: The CMS–18F5 is used to establish entitlement to Hospital Insurance and Supplementary Medical Insurance for beneficiaries entitled under Title XVIII of the Social Security Act. The HCFA–18F5–SP is included in this renewal. (The Agency’s name change on the Spanish language form has not been done because there is still stock on hand.); Frequency: On occasion; Affected Public: Individuals or Households, Business or other for-profit, Not-for-profit institutions, Farms, Federal Government, and State, Local or Tribal Gov.; Number or Respondents: 50,000; Total Annual Responses: 50,000; Total Annual Hours: 12,500.

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/pra/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.


John P. Burke, III,
Paperwork Reduction Act Team Leader,
Office of Strategic Operations and Strategic Affairs, Division of Regulations Development and Issuances.

[FR Doc. 04–10989 Filed 5–13–04; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Notice of Correction for the Office of Community Services Community Economic Development (CED) Training and Technical Assistance Program

AGENCY: Office of Community Services, ACF, HHS.

ACTION: Notice of correction.

Funding Opportunity Title: Community Services Block Grant Community Economic Development Discretionary Grant Program—Training and Technical Assistance.


SUMMARY: This notice is to inform interested parties of corrections made to the Community Services Block Grant Community Economic Development Discretionary Grant Program—Training...
(2) Under Part VII. Agency Contacts, the telephone number (202) 401–3445 for Debra Brown should be deleted and replaced with (202) 401–3446.

(3) Under Part VII. Agency Contacts, the telephone number (202) 401–2344 for Barbara Zeigler-Johnson should be deleted and replaced with (202) 401–4646.

(4) Under Part VII. Agency Contacts, the e-mail address bziegler-johns@acf.hhs.gov for Barbara Zeigler-Johnson should be deleted and replaced with bziegler-johns1@acf.hhs.gov.

The only changes to the Community Services Block Grant Community Economic Development Discretionary are explicitly stated in this Notice of Correction. All applications must still be sent on or before the deadline date specified in the original announcement. Applications must be mailed or delivered to: U.S. Department of Health and Human Services (HHS), the Administration for Children and Families, Office of Community Services Operations Center, 1815 Fort Myer Drive, Suite 300, Arlington, Virginia 22209, Attention: Operations Center.

For further information please contact Deborah Brown, Office of Community Services Program Specialist, at (202) 401–3446 or e-mail at dbrown@acf.hhs.gov.


Clarence Carter,
Director, Office of Community Services.

Funding Opportunity Title: Community Services Block Grant Community Economic Development Discretionary Grant Program—Administration and Management Expertise Priority Area.


SUMMARY: This notice is to inform interested parties of corrections made to the Community Services Block Grant Economic Development Discretionary Grant Program-Training and Technical Assistance program announcement. The announcement published on April 30, 2004. The following corrections should be noted:

(1) Under IV. 3 Submission Date and Times, after the “Required Forms” chart, please insert the following:

Additional Forms: Private-non-profit organizations are encouraged to submit with their applications the additional survey located under “Grant Related Documents and Forms” titled “Survey for Private, Non-Profit Grant Applicants”.

(2) Under Part VII. Agency Contacts, the telephone number (202) 401–2344 for Barbara Zeigler-Johnson should be deleted and replaced with (202) 401–4646.

(3) Under Part VII. Agency Contacts, the e-mail address bziegler-johns@acf.hhs.gov for Barbara Zeigler-Johnson should be deleted and replaced with bziegler-johns1@acf.hhs.gov.

The only changes to the Community Services Block Grant Community Economic Development Discretionary are explicitly stated in this Notice of Correction. All applications must still be sent on or before the deadline date specified in the original announcement. Applications must be mailed or delivered to:


For further information please contact Deborah Brown, Office of Community Services Program Specialist, at (202) 401–3446 or e-mail at dbrown@acf.hhs.gov.


Clarence Carter,
Director, Office of Community Services.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Administration for Children and Families

Funding Opportunity: CSBG T/TA Program—Program Innovations of National Significance

AGENCY: Administration for Children and Families, Office of Community Services, HHS.

Announcement Type: Competitive Grant—Initial.


CFDA Number: 93.570.