

to submit a Tribal TANF plan. The Tribal plan is a mandatory statement submitted to the Secretary by the Indian tribe, which consists of an outline of how the Indian tribe's TANF program

will be administered and operated. It is used by the Secretary to determine whether the plan is approvable and to determine that the Indian tribe is eligible to receive a TANF assistance

grant. It is also made available to the public.

Respondents: Indian tribes applying to operate a TANF program.

ANNUAL BURDEN ESTIMATES

| Instrument | Number of respondents | Number of responses per respondent | Average burden hours per response | Total burden hours |
|--------------------------------------------------------------------------------------|-----------------------|------------------------------------|-----------------------------------|--------------------|
| Guidance for the Tribal Temporary Assistance for Needy Families (TANF) Program | 20 | 1 | 54 | 1080 |
| <i>Estimated Total Annual Burden Hours</i> | | | | 1080 |

In compliance with the requirements of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comment on the specific aspects of the information collection described above. Copies of the proposed collection of information can be obtained and comments may be forwarded by writing to the Administration for Children and Families, Office of Administration, Office of Information Services, 370 L'Enfant Promenade, SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer. E-mail address: grjohnson@acf.hhs.gov. All requests should be identified by the title of the information collection.

The Department specifically requests comments 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)

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. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Dated: June 21, 2004.
Robert Sargis,
Reports Clearance Officer.
 [FR Doc. 04-14533 Filed 6-25-04; 8:45 am]
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Projects

Title: Annual Report on Progress—University Centers for Excellence in Developmental Disabilities.

OMB No.: 0980-0162.

Description: In accordance with the Developmental Disabilities Assistance and Bill of Rights Act of 2000, University Centers (UCEDDs) are required to collect data to measure progress achieved in one or more areas of emphasis (child care, education and early intervention, employment, health, housing, recreation, transportation, quality assurance) through advocacy, capacity building, and systemic change activities. The Annual Report must indicate progress in terms of measures of improvement, consumer satisfaction, and collaboration across the State Developmental Disabilities Network.

Respondents: University Centers for Excellence in Developmental Disabilities.

ANNUAL BURDEN ESTIMATES

| Instrument | Number of respondents | Number of responses per respondent | Average burden hours per response | Total burden hours |
|----------------------------------------------------|-----------------------|------------------------------------|-----------------------------------|--------------------|
| Annual Report on Progress—University Centers | 61 | 1 | 80 | 4,880 |
| <i>Estimated Total Annual Burden Hours</i> | | | | 4,880 |

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Dated: June 21, 2004.

Robert Sargis,

Reports Clearance Officer.

[FR Doc. 04-14534 Filed 6-25-04; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

State Health Fraud Task Force Grants; Availability of Funds for Fiscal Year 2004: Request for Applications

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing the availability of grant funds for State Health Fraud Task Force Grant Program support. Grant funds will be used to assist law enforcement agencies in identifying and prosecuting perpetrators of health fraud; obtain and disseminate information on the use of fraudulent drugs and therapies; disseminate information on approved drugs and therapies; and provide health fraud information obtained by the State Health Fraud Task Force to State health agencies, community based organizations, and FDA staff. Approximately \$300,000 will be available for this program in fiscal year 2004. FDA anticipates making approximately 20 awards, not to exceed \$15,000 in direct costs only per award per year. Support of these grants will be for up to 3 years. The number of grants awarded will depend on the quality of the applications received and the availability of Federal funds to support the grant. These grants are not intended to fund food, medical device, or drug inspections.

DATES: The application receipt date is August 12, 2004.

ADDRESSES: Application kits are available from, and completed applications should be mailed, hand-carried, or commercially delivered to Cynthia M. Polit, Division of Contracts and Grants Management (HFA-531), Food and Drug Administration, 5630 Fishers Lane, rm. 2142, Rockville, MD 20852, 301-827-7180, e-mail: cpolit@oc.fda.gov. Application forms

PHS-5161-1 (7/00) are available via the Internet at <http://www.psc.gov/forms>. Do not send the application to the Center for Scientific Review, National Institutes of Health (NIH). An application not received by FDA in time for orderly processing will be returned to the applicant without consideration. FDA cannot receive an application electronically.

FOR FURTHER INFORMATION CONTACT:

Regarding the administrative and financial management aspects of this notice: Cynthia M. Polit (see **ADDRESSES**).

Regarding the programmatic aspects of this notice: Stephen Toigo, Division of Federal-State Relations (HFC-150), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301-827-6906, e-mail: dfsr@ora.fda.gov. Internet site: http://www.fda.gov/ora/fed_state/default.htm.

SUPPLEMENTARY INFORMATION:

I. Introduction

FDA will support projects covered by this notice under sections 1702 through 1706 of title XVII of the Public Health Service Act (42 U.S.C. 300u-1 through 300u-5). FDA's project program is described in the Catalog of Federal Domestic Assistance, No. 93.447, and applicants are limited to States that have an existing State Health Fraud Task Force or States that are in the process of developing a task force.

Only one award will be made per State. A fiscal agent, who will be responsible for the administrative responsibilities for grant funds to conduct their activities, must be identified on the application. A program director, also known as the State Health Fraud Task Force Chair, must be identified as being responsible for submission of the application, and a complete listing of all State Health Fraud Task Force members and their credentials must be included in the application.

II. Background

The mission of the State Health Fraud Task Force is as follows: (1) To assist health professionals and persons with serious illnesses and to educate them about the dangers and magnitude of health fraud; (2) to assist law enforcement agencies in identifying and prosecuting perpetrators of health fraud; (3) to obtain and disseminate information on the fraudulent drugs and therapies being used and the consequences of their use; (4) to disseminate information on approved drugs and therapies; and (5) to provide

health fraud information obtained by the State Health Fraud Task Force to State health agencies, community based organizations, and FDA staff.

III. Project Goals, Definitions, and Examples

State Health Fraud Task Force grants will be awarded only for direct costs incurred to accomplish the mission of the State Health Fraud Task Force Program in educating and combating health fraud.

Examples of direct costs may include the following items: (1) Conferences/workshops sponsored by the task force, (2) development of public service announcements/campaigns, (3) health fraud brochures, and (4) travel expenses for face-to-face State Health Fraud Task Force meetings. Grant funds may be used to cover the cost of the program director, or task force chair, to attend one non-FDA sponsored health fraud related meeting and one FDA-sponsored National Health Fraud Task Force Steering Committee meeting per year. Grant funds may not be used to purchase meals in conjunction with any activities sponsored by the State Health Fraud Task Force or for any Federal employee to travel to any task force meeting or to participate in any task force activity. FDA region/district representatives may be invited to be liaisons or advisors of the State Health Fraud Task Force but each task force should develop its own guidelines for work, consensus decision making, size and format.

The Division of Federal-State Relations will provide meeting guidelines and organization documents as requested. State Health Fraud Task Force grants will be awarded for up to 3 years based on availability of funds and satisfactory performance. The budgets for all years of requested support must be fully justified in the original application.

IV. Reporting Requirements

Semi-annual progress reports as well as a final program progress report are required. The grantee must submit a progress report and two copies to FDA's grants management officer in the middle of each budget period and also within 90 days after the end of each budget period. The final progress report, due 90 days after the end of the project period, must provide full written documentation of the project, copies of any results (as described in the grant application), and an analysis and evaluation of the results of the project.

An annual financial status report (FSR) is due 90 days after the end of each budget period. The final FSR is