

b. That Respondent, in both the NAASO and Vermont Community talks, falsely claimed that Trp64Arg carriers have significantly lower rates of glucose disposal than non-carriers.

Other

17. That Respondent falsely testified to the University of Vermont Investigation Committee that the slide shown at NAASO regarding the loss of visceral fat in women on or not on HRT during a six-month weight loss program (Issue 16a) had been labeled "hypothesized." Respondent falsely labeled the NAASO slide "hypothesized" and submitted it to the University of Vermont Investigation Committee with the intention of misleading the committee (Report, pp. 34, 37).

Group 5: Alzheimer's Disease

18. That Respondent, in applications 2 R01 AG07857-06 and 7 R01 AG07857-07, submitted June 26, 1992, and March 28, 1994, respectively, falsified certain preliminary data (average ages, height, and fat-free weight values) to show that the Alzheimer's and control patients were more closely matched for age than shown in the original data;

19. That Respondent, in application 5 R01 AG07857-09, submitted May 18, 1995, falsified preliminary data; specifically, compared to data in the preceding 5 R01 AG07857-08 application, where the number of Alzheimer's and control subjects was 7 and 13 respectively, the number of Alzheimer's and control subjects was doubled to 14 and 26 respectively, while many of the data values and standard deviations remained unchanged; in the latter application however, Respondent claimed that Alzheimer's patients had significantly lower fat-free mass and significantly higher fat mass than control patients, while no claim of significant differences had been made in the earlier application.

Group 6: Effect of Endurance Training on Metabolism

20. Respondent admitted to falsifying norepinephrine data (a measure of sympathetic nervous system activity) in two papers published in 1992 and 1994 and agreed to retraction of the papers.³ Specifically:

³ Both the 1992 and 1994 papers were designed to reproduce, under more controlled conditions, an earlier result, published in Poehlman, E. and Danforth, E. "Endurance training increases metabolic rate and norepinephrine appearance rate in older individuals." *Am. J. Physiol.* 261:E233-E239, 1991. These papers claimed that plasma

a. Respondent falsified norepinephrine data in Table 2 and Figure 4 of Poehlman, E.T., Gardner, A.W., and Goran, M.I. "Influence of endurance training on energy intake, norepinephrine kinetics, and metabolic rate in older individuals." *Metabolism* 41(9):941-948, September 1992, in order to strengthen the relationship between endurance training and increased norepinephrine levels and rate of appearance (paper to be retracted);

b. Respondent falsified norepinephrine data in Table 2 and associated text of Poehlman E.T., Gardner, A.W., Arciero, P.J., Goran, M.I., and Calles-Escandon, J. "Effects of endurance training on total fat oxidation in elderly persons." *J. Appl. Physiol.* 76(6):2281-2287, June 1994, in order to make the claims that norepinephrine concentration and norepinephrine appearance were significantly enhanced following endurance training (paper to be retracted).

Dr. Poehlman has entered into a Voluntary Exclusion Agreement (Agreement) in which he has voluntarily agreed, beginning on March 9, 2005:

(1) To exclude himself permanently from serving in any advisory capacity to PHS including but not limited to service on any PHS advisory committee, board, and/or peer review committee, or as a consultant;

(2) To exclude himself permanently from any contracting or subcontracting with any agency of the United States Government and from eligibility or involvement in nonprocurement programs of the United States Government referred to as "covered transactions" as defined in the debarment regulations at 45 CFR part 76; the respondent agrees that he will not petition HHS to reverse or reduce the scope of the permanent voluntary exclusion or administrative actions that are the subject of this Agreement; and

(3) To execute and deliver letters requesting retraction or correction to the editors of the journals that published the ten papers named in the Agreement and cited above, and to sign the letters requesting the retraction or correction prepared for his signature by ORI without alteration or modification in any way.

FOR FURTHER INFORMATION CONTACT:

Director, Division of Investigative Oversight, Office of Research Integrity,

levels of norepinephrine increased significantly in older individuals following endurance training. Because the norepinephrine results in the two carefully controlled studies conducted to verify this finding were falsified, it is apparent that this original report cannot be relied upon.

1101 Wootton Parkway, Suite 750, Rockville, MD 20852, (301) 443-5330.

Chris B. Pascal,

Director, Office of Research Integrity.

[FR Doc. 05-5876 Filed 3-23-05; 8:45 am]

BILLING CODE 4150-31-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration on Aging

Notice; Availability of Funding Opportunity Announcement

Funding Opportunity Title/Program Name: Senior Medicare Patrol Projects. *Announcement Type:* Initial.

Funding Opportunity Number: HHS-2005-AoA-Initial-SM.

Statutory Authority: The Older Americans Act, Public Law 106-501.

Catalog of Federal Domestic Assistance (CFDA) Number: 93.048, Title IV and Title II, Discretionary Projects, and the Health Insurance Portability and Accountability Act of 1996 (Pub. L. 104-191).

Dates: The deadline date for the submission of applications is May 13, 2005.

I. Funding Opportunity Description

This announcement seeks proposals for the Senior Medicare Patrol (SMP) Projects which will serve as model projects that demonstrate effective ways of utilizing retired persons as volunteer expert resources and educators in community efforts to prevent and identify health care, error, fraud and abuse in the Medicare/Medicaid programs.

A detailed description of the funding opportunity and application materials may be obtained at <http://www.aoa.gov/doingbus/fundopp/fundopp.asp> or <http://www.grants.gov>.

Award Information

1. Funding Instrument Type

Cooperative Agreement. The award is a cooperative agreement because of the substantial involvement of the Administration on Aging in the development and execution of the activities of the projects. The cooperative agreements will describe training, technical assistance and support to be provided the projects funded under this announcement.

The SMP project will form a consortium of community-based agencies to assist in planning and implementing the project, while working in close partnership with an interdisciplinary team of Federal, State, and local resources, including

representatives from the Administration on Aging, the Office of Inspector General (OIG), the Centers for Medicare & Medicaid Services' Program Safeguard Contractors or Medication Fraud Information Specialists (MFIS), and State Quality Improvement Organizations.

The SMP project will recruit, train, and place retired individuals in a variety of communities and settings to provide public education and outreach to older persons and their families, including an emphasis on reaching vulnerable, isolated, and limited English-speaking beneficiaries.

The Administration on Aging will define project performance criteria and expectations, and will monitor, evaluate and support the projects' efforts in achieving performance goals. The project will participate in a national assessment of the program utilizing the performance measurement instrument developed by the HHS Office of Inspector General (OIG), including reporting outputs and out comes to the OIG semiannually.

The SMP project and Administration on Aging will work cooperatively to clarify the issues to be addressed by the project and develop the work plan for each year of the project. Within 45 days of the award and 45 days of each continuation award, the project will agree upon and adhere to a work plan that details expectations for major activities, products, and reports during the current budget period. The work plan will include timelines, staff assignments, work locations, and areas that require Administration on Aging consultation, review, and/or prior approval. Either the Administration on Aging or the project can propose a revision of the final work plan at any time. Any changes in the final work plan will require agreement of both parties.

The Administration on Aging will assist the SMP project leadership in understanding the policy concerns and/or priorities of the Assistant Secretary for Aging and the Department of Health and Human Services by conducting periodic briefings and by carrying out ongoing consultations.

The Administration on Aging has established the National Consumer Protection Technical Resource Center to enhance the effectiveness of the Senior Medicare Patrol projects' efforts to meet AoA and SMP program strategic objectives, by providing informational resources, technical assistance and support to the projects.

The Administration on Aging will also share information with the project about other Federally sponsored

projects and activities carried out under this Agreement.

The Administration on Aging will be provided a period of three weeks, prior to their release and/or publication, to review and comment upon all materials, reports, documents, etc. produced by the project with funds provided through this award. After the three weeks review and comment period, the project is free to make such materials public, displaying the Administration on Aging disclaimer.

2. Anticipated Total Priority Area Funding per Budget Period

Option 1—AoA intends to make available, under this program announcement, grant awards for up to thirty-two (32) cooperative agreements at a federal share of between \$125,000 and \$180,000 per year for a project period of three (3) years.

Option 2—AoA intends to fund up to two 1-year capacity-building grants at a federal share of between \$40,000 and \$75,000 for a period of one year.

II. Eligibility Criteria and Other Requirements

1. Eligible Applicants

Option 1—Eligibility for grant awards is limited to public state and local agencies, federally recognized tribes, or nonprofit agencies, organizations, and institutions, including faith-based organizations, in the following 28 States and jurisdictions: Alabama, Alaska, Arizona, Arkansas, Colorado, Connecticut, Delaware, the District of Columbia, Florida, Georgia, Idaho, Kentucky, Maine, Massachusetts, Michigan, Montana, Nevada, New Jersey, New Mexico, Ohio, Oklahoma, Oregon, Puerto Rico, Tennessee, Texas, Virginia, Washington, and West Virginia.

Option 2—Eligible entities from U.S. territories are extended the opportunity to apply for one-year capacity-building grants. Eligibility is limited to public State and local agencies, federally recognized tribes, or nonprofit agencies, organizations, and institutions, including faith-based organizations from within these territories.

The competition is limited to the 28 states and jurisdictions specified under Option 1, as well as the U.S. territories (per Option 2). Competition under Option 1 is limited to those specified states and jurisdictions because the current three-year grant period for Senior Medicare Patrol projects within these areas will end on June 30, 2005. The competition is limited to U.S. territories under Option 2 in order to offer an opportunity to expand the

program to the territories on a first-time basis. The AoA is currently funding SMP projects in the remaining 24 states not specified under Options 1 and 2. In order to ensure the program reaches Medicare beneficiaries in the maximum number of states, given available funding, applicants from those states currently served by SMP projects are ineligible to apply.

Grantees under both Option 1 and Option 2 will carry out cooperative agreement awards to train retired persons to serve in their communities as volunteer expert resources and educators in preventing and identifying health care error, fraud, and abuse.

2. Cost Sharing or Matching

Grantees are required to provide at least 25 percent of the total program costs from non-federal cash or in-kind resources in order to be considered for the award. Applicants from the U.S. territories are exempt from the matching requirement.

3. DUNS Number

All grant applicants must obtain a D-U-N-S number from Dun and Bradstreet. It is a nine-digit identification number, which provides unique identifiers of single business entities. The D-U-N-S number is free and easy to obtain from http://www.dnb.com/US/duns_update/.

4. Intergovernmental Review

Executive Order 12372, Intergovernmental Review of Federal Programs, is not applicable to these grant applications.

III. Application and Submission Information

1. Address To Request Application Package

Application kits are available by writing to the U.S. Department of Health and Human Services, Administration on Aging, Attn.: Doris Summey, Office of Consumer Choice and Protection, Washington, DC 20201, by calling 202/357-3533, or on-line at <http://www.grants.gov>.

Address for Application Submission

Applications may be mailed to the U.S. Department of Health and Human Services, Administration on Aging, Office of Grants Management, Washington, DC 20201, attn: Margaret Tolson (HHS-2005-AoA-Initial-SM).

Applications may be delivered (in person, via messenger) to the U.S. Department of Health and Human Services, Administration on Aging, Office of Grants Management, One Massachusetts Avenue, NW., Room

4604, Washington, DC 20001, attn: Margaret Tolson (HHS-2005-AoA-Initial-SM).

If you elect to mail or hand deliver your application you must submit one original and two copies of the application; an acknowledgement card will be mailed to applicants. Instructions for electronic mailing of grant applications are available at <http://www.grants.gov/>.

2. Submission Dates and Times

To receive consideration, applications must be received by the deadline listed in the **DATES** section of this Notice.

IV. Responsiveness Criteria

Each application submitted will be screened to determine whether it was received by the closing date and time. Applications received by the closing date and time will be screened for completeness and conformity with the requirements outlined in Sections II and III of this Notice and the Program Announcement. Only complete applications that meet these requirements will be reviewed and evaluated competitively.

V. Application Review Information

Eligible applications in response to this announcement will be reviewed according to the following evaluation criteria: Purpose and Need for Assistance (20 points); Approach, Work Plan and Activities (30 points); Project Outcomes, Evaluation and Dissemination (30 points); and Level of Effort (20 points).

VI. Agency Contacts

Direct inquiries regarding programmatic issues to U.S. Department of Health and Human Services, Administration on Aging, Attn.: Doris Summey, Office of Consumer Choice and Protection, Washington, DC 20201, telephone: (202) 357-3533.

Dated: March 21, 2005.
Josefina G. Carbonell,
Assistant Secretary for Aging.
 [FR Doc. 05-5808 Filed 3-23-05; 8:45 am]
BILLING CODE 4154-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-05-0445]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404-371-5983 or send comments to Seleda M. Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an e-mail to omb@cdc.gov.

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. Written comments should be received within 60 days of this notice.

Proposed Project

School Health Policies and Programs Study 2006—OMB No. 0920-0445—Reinstatement With Changes—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention, (CDC).

Background and Brief Description

CDC intends to continue to conduct the School Health Policies and Programs Study (SHPPS) in 2006. SHPPS is a national study of school health policies and programs at the state, district, school, and course levels. Much of the information collected will expand upon data gathered from the SHPPS 1994 (OMB No. 0920-0340, expiration date 1/31/95) and 2000 (OMB No. 0920-0445, expiration date 10/31/2002). SHPPS 2006 will assess the characteristics of eight components of school health programs at the elementary, middle/junior, and senior high school levels: Health education, physical education, health services, mental health and social services, food service, school policy and environment, faculty and staff health promotion, and family and community involvement. SHPPS 2006 data will be used to provide measures for 16 Healthy People 2010 national health objectives. No other national source of data exists for these objectives. The data will also have significant implications for policy and program development for school health programs nationwide.

There are no direct costs to the respondents except for their time to participate in the survey.

ESTIMATE OF ANNUALIZED BURDEN TABLE

Respondents	Number of respondents	Number responses per respondent	Average burden per response (in hrs.)	Total burden hours
State Officials (Health Education)	51	1	50/60	43
State Officials (Physical Education)	51	1	1	51
State Officials (Health Services)	51	1	1	51
State Officials (Food Service)	51	1	30/60	26
State Officials (School Policy and Environment)	51	1	45/60	38
State Officials (Mental Health and Social Services)	51	1	25/60	21
State Officials (Faculty and Staff Health Promotion)	51	1	20/60	17
State Officials (Assist with identifying state-level respondents and with recruiting districts and schools)	51	1	1	51
District Officials (Health Education)	652	1	50/60	543
District Officials (Physical Education)	652	1	1	652
District Officials (Health Services)	652	1	1.2	782
District Officials (Food Service)	652	1	1	652
District Officials (School Policy and Environment)	652	1	1.5	978