The following additional requirements apply to this project:

- AR–7 Executive Order 12372.
- AR–10 Smoke-Free Workplace Requirements.
- AR–11 Healthy People 2010.
- AR–12 Lobbying Restrictions.
- AR–13 Prohibition on Use of CDC Funds for Certain Gun Control Activities.
- AR–14 Accounting System Requirements.
- AR–15 Proof of Non-Profit Status.
- AR–20 Conference Support.
- AR–23 States and Faith-Based Organizations.
- AR–25 Release and Sharing of Data.

Additional information on these requirements can be found on the CDC Web site at the following Internet address: *http://www.cdc.gov/od/pgo/funding/ARs.htm.*

VI.3. Reporting Requirements

You must provide CDC with an original, plus two hard copies of the following reports:

1. Interim progress report, due no less than 90 days before the end of the budget period. The progress report will serve as your non-competing continuation application, and must contain the following elements:
   a. Current Budget Period Activities Objectives.
   b. Current Budget Period Financial Progress.
   c. New Budget Period Program Proposed Activity Objectives.
   d. Budget.
   e. Measures of Effectiveness.
   f. Additional Requested Information.
2. Financial status report 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

We encourage inquiries concerning this announcement. For general questions, 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: Montrece M. Ransom, JD, Project Officer, Public Health Law Program, Centers for Disease Control and Prevention, 4770 Buford Highway, NE., Mail-stop K–36, Atlanta, GA 30341, lephone: 770–488–8286, E-mail: *mransom@cdc.gov.*

For financial, grants management, or budget assistance, contact:

Mattie B. Jackson, Grants Management Specialist, CDC Procurement and Grants Office, 2920 Brandywine Road, Atlanta, GA 30341, Telephone: 770–488–2696, E-mail: *mij3@cdc.gov.*

VIII. Other Information

This and other CDC funding opportunity announcements can be found on the CDC Web site, Internet address: *www.cdc.gov.* Click on ''Funding'' then ''Grants and Cooperative Agreements.''

Please visit our Web site at: *http://www.phppo.cdc.gov/od/phlp/index.asp.*

Dated: March 31, 2005.

William P. Nichols,

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

[FR Doc. 05–6901 Filed 4–6–05; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Oak Ridge Y–12 Plant

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: The Department of Health and Human Services gives notice of a decision to evaluate a petition to designate a class of employees at the Y–12 Plant, also known as the Oak Ridge Y–12 Plant, in Oak Ridge, Tennessee to be included in the Special Exposure Cohort under the Energy Employees Occupational Illness Compensation Program Act of 2000 (42 CFR 83.12 (e)). The initial proposed definition for the class being evaluated, subject to revision as warranted by the evaluation, is as follows:

Facility: Y–12 Plant, Oak Ridge, Tennessee.

Locations: Building 9201–5 and the Beta Building at Y–12.

Job Titles and/or Job Duties: All Control Operators.

Period of Employment: January 1944 through December 1945.

FOR FURTHER INFORMATION CONTACT: Larry Elliott, Director, Office of Compensation Analysis and Support, National Institute for Occupational Safety and Health, 4676 Columbia Parkway, MS C–46, Cincinnati, OH 45226, Telephone 513–533–6800 (this is not a toll-free number). Information requests can also be submitted by e-mail to *OCAS@CDC.GOV.*

Dated: March 30, 2005.

James D. Seligman,

Associate Director for Program Services, Centers for Disease Control and Prevention.

[FR Doc. 05–6900 Filed 4–6–05; 8:45 am]

BILLING CODE 4163–19–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–5029–N]

Medicare Program; Rural Hospice Demonstration

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Notice.

SUMMARY: This notice provides interested parties with the information necessary to apply for participation in the rural hospice demonstration. The demonstration is designed to test whether hospice services provided by a demonstration hospice program to Medicare beneficiaries who lack an appropriate caregiver and who reside in rural areas results in wider access, improved hospice services, benefits to the rural community, and a sustainable pattern of care. A competitive application process will be used to select up to three hospice organizations or agencies to participate in this demonstration. The demonstration is planned for up to 5 years.

DATES: Applications will be considered timely if we receive them on or before June 6, 2005.

ADDRESSES: Mail applications to—Centers for Medicare & Medicaid Services, Attention: Cindy Massuda, Mail Stop: C4–17–27, 7500 Security Boulevard, Baltimore, Maryland 21244.

Because of staff and resource limitations, we cannot accept applications by facsimile (FAX) transmission or by e-mail.

FOR FURTHER INFORMATION CONTACT: Cindy Massuda at (410) 786–0652 or *RURALHOSPICEDEMO@cms.hhs.gov.*

SUPPLEMENTARY INFORMATION:

I. Background

A. Legislative Authority

Section 409 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) (Pub. L. 108–173) authorizes the Secretary to conduct a demonstration project for the delivery of hospice care to Medicare beneficiaries in rural areas. Under the demonstration, Medicare beneficiaries who are unable to receive hospice care

at home for lack of an appropriate caregiver are provided care in a facility of 20 or fewer beds that offers, within its walls, the full range of services provided by hospice programs under section 1861(dd) of the Social Security Act (42 U.S.C. 1395x(dd)).

Under the demonstration project, the hospice program shall comply with otherwise applicable requirements, except that it shall not be required to offer services outside of the hospice facility or to meet the requirements of section 1861(dd)(2)(A)(iii) of the Social Security Act (SSA) regarding the 20-percent cap on inpatient care days.

The Secretary may require the hospice demonstration to comply with additional quality assurance standards for provision of services. Upon completion of the project, the Secretary shall submit a report to the Congress on the project including recommendations regarding extensions to hospice programs serving rural areas.

B. The Rural Hospice Demonstration

The demonstration will be offered to up to three hospice programs and will not exceed a period of 5 years. The demonstration is designed to test whether hospice services provided by a demonstration hospice program to Medicare beneficiaries who lack an appropriate caregiver and who reside in rural areas results in wider access, improved hospice services, benefits to the rural community, and a sustainable pattern of care. Hospice provides palliative care to individuals who have a terminal illness with a prognosis of 6 months or less. The care is provided typically in the individual's home or place of residence with family members present. Individuals who lack family or someone to serve as the primary caregiver need proportionately more support from hospice staff. Due to long distances and difficult terrain, it can be particularly difficult to provide the Medicare hospice benefit efficiently in rural areas. There may be situations where the hospice benefit could be provided to beneficiaries who would not otherwise be able to receive these services if the location of hospice care is altered. This demonstration will allow a hospice with up to 20 beds to provide all levels of hospice services within its walls to individuals who reside in rural areas and lack an appropriate caregiver, while not having to provide services outside of the hospice facility or comply with the 20-percent cap on inpatient care days.

While the demonstration provider will not have to meet the limit on inpatient care days or provide care outside of the facility, it will not alter the level of care requirements for general inpatient care. In order to provide general inpatient care to hospice patients, a hospice participating in the demonstration must assure that the need for general inpatient care is met according to Medicare guidelines. The demonstration will test whether hospice services provided by a facility that does not meet the limit on inpatient care days or provide services outside of the facility for hospice individuals residing in rural areas who lack an appropriate caregiver results in wider access, improved hospice services, benefits to the rural community, and a sustainable pattern of care.

The demonstration is designed for a demonstration hospice to provide the full range of services within its facility to Medicare beneficiaries who reside in rural areas and lack an appropriate caregiver. If a demonstration hospice provides care to any patient who either lives outside a rural area or has an appropriate caregiver, then the hospice must comply with all of Medicare hospice requirements at 1861(dd) of the SSA for these patients since they are not considered part of the demonstration.

We plan to make up to three awards. Interested parties can obtain complete solicitation and supporting information on the CMS Web site at: *http://www.cms.hhs.gov/researchers/demos/rmbh/default.asp.* Paper copies can be obtained by writing to Cindy Massuda at the address listed in the **ADDRESSES** section of this notice.

II. Collection of Information Requirements

Since CMS will receive less than 10 applications to this solicitation, the information collection requested reference in this solicitation are not subject to the PRA as stipulated under 5 CFR 1320.3(c).

Authority: Section 409 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) (Pub. L. 108–173).

(Domestic Assistance No. 93.773 Medicare—Hospital insurance Program; and No. 93.774, Medicare-Supplementary Medical Insurance Program)

Dated: March 10, 2005.

Mark B. McClellan,

Administrator, Centers for Medicare & Medicaid Services.

[FR Doc. 05–6861 Filed 4–1–05; 4:42 pm]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 2005N–0119]

Preparation for the International Conference on Harmonization Meetings in Brussels, Belgium; Public Meeting

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice of meeting.

SUMMARY: The Food and Drug Administration (FDA) is announcing a public meeting to provide information and receive comments on the International Conference on Harmonization (ICH) in advance of its next next Steering Committee and Expert Working Group meetings in Brussels, Belgium, May 9 through 12, 2005. Scheduled for the ICH meetings is an Efficacy Brainstorming Session focusing on the review of the existing efficacy guidelines and their need for updating as well as potential new topics for consideration. To promote a fuller discussion of this topic the public meeting will be expanded to include public input on initiatives related to current ICH efficacy guidelines and consider needs for further information both within and between existing guidances. These initiatives include electronic source data, clinical development plan summaries, Health Level 7 structured product labeling, and other initiatives including information exchange standards (e.g., Electronic Common Technical Document (eCTD) and terminology standards).

Date and Time: The meeting will be held on April 20, 2005, from 9 a.m. to 5:30 p.m.

Location: The meeting will be held at The DoubleTree Hotel and Executive Meeting Center, 1750 Rockville Pike, Rockville, MD. A block of rooms for those wishing to attend the meeting have been set aside at the government rate. Please contact the hotel directly for your reservation: DoubleTree Hotel and Executive Meeting Center, 301–468–1100, FAX: 301–468–0308.

Contact Person: Sema Hashemi, Office of the Commissioner, Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301–827–3050, FAX: 301–480–0716, e-mail: *Sema.Hashemi@fda.hhs.gov*.

Registration and Requests for Oral Presentations: Send registration information (including name, title, firm name, address, telephone, and FAX number), and written material and