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Notice of this meeting is given under the Federal Advisory Committee Act (5 U.S.C. app.2).

Dated: May 9, 2005.

**Sheila Dearybury Walcott,**

*Associate Commissioner for External Relations.*

[FR Doc. 05-9672 Filed 5-13-05; 8:45 am]

**BILLING CODE 4160-01-S**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Resources and Services Administration**

**Agency Information Collection Activities: Proposed Collection; Comment Request**

In compliance with the requirement for the opportunity for public comment

on proposed data collection projects (section 3506 (c) (2) (A) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Pub. L. 104-13), the Health Resources and Services Administration (HRSA) publishes periodic summaries of proposed projects being developed for submission to OMB under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, call the HRSA Reports Clearance Officer at (301) 443-1129.

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.

**Proposed Project: Maternal and Child Health Bureau (MCHB) Common Grant Guidance for Discretionary Grants (OMB No. 0915-0272)—Revision**

The Health Resources and Services Administration (HRSA) proposes to continue utilization of current reporting requirements for SPRANS projects, CISS projects, and other grant programs administered by the Maternal and Child Health Bureau (MCHB), that include national performance measures developed in accordance with requirements of the "Government Performance and Results Act (GPRA) of 1993" [Pub. L. 103-62]. The MCHB developed and had approved by OMB a set of performance measures for its discretionary funding programs in 2003. No major changes have been made to the performance measures, only minor editorial or format changes have been made for clarification. The burden estimate for this activity is based upon information provided by current and past MCHB discretionary funds supported projects, as well as experience in completing the current forms. The reporting burden is as follows:

Type of form	Number of respondents	Responses per respondent	Burden hours per response	Total burden hours
Application/Annual Report .....	750	1	6	4,500

Send comments to Susan G. Queen, Ph.D., HRSA Reports Clearance Officer, Room 10-33, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 day of this notice.

Dated: May 10, 2005.

**Tina M. Cheatham,**

*Director, Division of Policy Review and Coordination.*

[FR Doc. 05-9675 Filed 5-13-05; 8:45 am]

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Resources and Services Administration**

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L. 104-13)), the Health Resources and Services Administration (HRSA) publishes periodic summaries of proposed projects being developed for submission to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995. To request more information on the proposed grant information collection activity or to obtain a copy of the data collection plan and draft instruments, call the HRSA Reports Clearance Officer at (301) 443-1129.

Comments are invited on: (a) Whether the proposed collection of information is necessary for proper performance of grantee functions including whether the information will have practical utility; (b) the accuracy of the burden estimate 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 information collection burden on respondents, including the use of automated collection methods or other types of information technology.

**Proposed Project: Ryan White Comprehensive AIDS Resources Emergency (CARE) Act Title II Grant Application Information Supplements: NEW**

The CARE Act (codified under Title XXVI of the Public Health Service Act) was first enacted by Congress in 1990, and reauthorized in 1996 and 2000. It addresses the unmet health needs of persons living with HIV disease by funding primary health care and support services that enhance access to and retention in care. The CARE Act funded services reach over 571,000 individuals; after Medicaid and Medicare, it is the largest single source of Federal funding for HIV/AIDS care for low-income, uninsured, and underinsured Americans. The Title II Care Grant Program (CGP) provides formula grants to all 50 States; the District of Columbia; the Commonwealth of Puerto Rico; the Territories of the Virgin Islands, Guam, and American Samoa; the Commonwealth of the Northern Mariana Islands, the Republic of Palau, the Federated States of Micronesia, and the

Republic of the Marshall Islands. Funding is disbursed to these grantees by HRSA based on a congressionally-mandated formula.

The purpose of the Title II CGP is to assist States and Territories in developing and/or enhancing access to a comprehensive continuum of high quality, community based care for low-income individuals and families living with HIV. Grantees may allocate funds to five legislatively authorized program components: (1) HIV Care Consortia, to provide comprehensive outpatient health and support services, e.g., early intervention services, outpatient medical care, case management, substance abuse treatment, mental health services, transportation; (2) Home- and Community-Based Care; (3) Health-Insurance Continuation, including risk pools; (4) Provision of Treatments for HIV disease or to prevent the serious deterioration of health arising from HIV disease; and (5) State Direct Services, which are HIV/AIDS outpatient health or support service provided through State delivery mechanisms determined by the grantee to be more effective than providing the service(s) through consortia.

The Title II Grant Application Information Supplements have been designed to collect information from States and Territories in a consistent, standard way when they apply for a grant. This information is needed to determine that funds are being used as intended by the Congress and in

compliance with CARE Act mandates. This includes requirements that grantees: (a) Obligate Title II funds quickly, closely monitor their use, and ensure that they are used as the payer of last resort (Information Supplement 1); (b) satisfy the Maintenance of Effort requirement and ensure that Title II funds are used to supplement, and not supplant, existing State expenditures for HIV-related care and treatment services (Information Supplement 2); (c) include a determination of the size and demographics of the population of people living with HIV in the State/Territory (Information Supplement 3); and (c) have prepared a comprehensive plan describing the organization and delivery of HIV health care and support services to be funded under Title II that is based on: the size and demographics of the population of individuals with HIV and the needs of the population; the availability of other non-governmental and governmental resources (including Medicaid and SCHIP); any capacity development needs resulting from disparities in the availability of HIV-related services in historically underserved communities and rural communities, and the efficiency of the administrative mechanism of the State for rapidly allocating funds to areas of greatest need within the State/Territory (Information Supplement 4).

In addition, HRSA will use the collected information as a benchmark for monitoring grantee performance

during the fiscal year; to identify individual and cross cutting grantee technical assistance needs; and to detect emerging HIV/AIDS care services issues that may require changes in existing program policies or procedures.

The Title II Application Information Supplements will be transmitted by mail and electronically to all States and Territories and made available through the HRSA Web site. Applicants will submit the Information Supplements electronically along with Form PHS-5161-1 (Revised 7/00), SF-424 and the program narrative portion of their application, using the Grants Management electronic transmission mechanisms established by HRSA. The Information Supplements will include check box responses; fields for reporting numeric fiscal and epidemiological data; and text boxes for describing other required information. The Information Supplements will automatically generate totals when appropriate, and have other automated fields to minimize the time required to insert identifying information.

The Information Supplements will require Title II applicants/grantees to report local epidemiological information and some fiscal and programmatic data collected from Title II funded contractors (sub-grantees), which grantees have been collecting and reporting since FY 1995 or earlier. The approximate response burden for applicants/grantees is estimated as:

Estimated number of grantee respondents	Estimated responses per grantee	Total number of responses	Hours per response	Estimated total hour burden
59 .....	1	59	8	472

Send comments to Susan G. Queen, PhD, HRSA Reports Clearance Officer, Room 10-33, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 day of this notice.

Dated: May 10, 2005.

**Tina M. Cheatham,**

*Director, Division of Policy Review and Coordination.*

[FR Doc. 05-9676 Filed 5-13-05; 8:45 am]

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Resources and Services Administration**

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Reduction Act of 1995. To request more information on the proposed grant information collection activity or to obtain a copy of the data collection plan and draft instruments, call the HRSA Reports Clearance Officer at (301) 443-1129.

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