copied and displayed. The electronic system includes an automatic character counter that tells the user how many characters the states have left. This eliminates the need to independently track entries against the Maternal and Child Health Bureau's limits for each section and ensures compliance. The electronic system includes forms status checker and data alerts, which conduct automated checks on data validity, data consistency, and application completeness, as well as value tolerance checks. This facilitates application review and eliminates much of previously required data cleaning activity. Also, this allows the user to obtain an immediate update at any point in time on the completeness and compliance of the application, reducing the need to conduct a review of the application. Data are saved directly to the HRSA server so that no manual transmission is required. Finally, the automatic commitment of data to the HRSA server eliminates the need for version control or data migration.

The estimated average annual burden per year is as follows for the Annual Report and Application without the Needs Assessment:

Type of respondent	Number of respondents	Responses per respondent	Burden hours per response	Total burden hours
States	50	1	297	14,868
Jurisdictions	9	1	120	1,077
Total			59	15,945

Burden in the 3 Year Reporting Cycle for the Annual Report and Application with Needs Assessment is:

Needs assessment	Number of respondents	Burden hours per responses	Responses per respondent	Total burden hours
States/Jurisdictions	59	378.5	1	22,303
Total *Average* Burden for 3 year cycle				18,064

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 days of notice.

Dated: September 23, 2005.

Tina M. Cheatham,

Director, Division of Policy Review and Coordination.

[FR Doc. 05–19432 Filed 9–28–05; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Ricky Ray Hemophilia Relief Fund Program Administrative Close-Out

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice.

SUMMARY: This Notice announces the administrative close-out of the Ricky Ray Hemophilia Relief Fund Program (the Program). All business concerning petitions and related payment documentation associated with the Program will conclude on October 31, 2005.

As of that date, the Program will cease to accept or process any additional documentation submitted by individuals (or their representatives) relating to the eligibility or payment of petitions still pending. Remaining funds will be returned to the United States Treasury, and the Program will archive all outstanding documentation at the Washington National Records Center in Suitland, Maryland, in accordance with the requirements of the National Archives and Records Administration.

DATES: Effective Date: October 31, 2005.

ADDRESSES: Ricky Ray Hemophilia Relief Fund Program, Healthcare Systems Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services, 5600 Fishers Lane, Room 11C–06, Rockville, Maryland 20857.

FOR FURTHER INFORMATION CONTACT: Paul T. Clark, Director, Ricky Ray Hemophilia Relief Fund Program, 5600 Fishers Lane, Room 11C–06, Rockville, MD 20857; (301) 443–2330.

SUPPLEMENTARY INFORMATION: The Program implemented the Ricky Ray Hemophilia Relief Fund Act of 1998 (the Act), Pub. Law 105–369. The Act established a Trust Fund to provide compassionate payments to individuals with blood-clotting disorders, such as hemophilia, who were treated with antihemophilic factor between July 1, 1982 and December 31, 1987, and contracted human immunodeficiency virus (HIV), as well as to certain persons who contracted HIV from these individuals. In the event individuals eligible for payment were deceased, the Act also provided for payments to certain survivors of these individuals.

Under section 101(d) of the Act, the Trust Fund terminated on November 12, 2003. The Act requires all remaining funds to be deposited in the miscellaneous receipts account in the Treasury of the United States.

The Program has made compassionate payments totaling in excess of $559 million to more than 7,171 eligible individuals and survivors.

Dated: September 22, 2005.

Dennis P. Williams,

Deputy Administrator.

[FR Doc. 05–19430 Filed 9–28–05; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Meetings: Organ Transplantation Advisory Committee

AGENCY: Health Resources and Services Administration, HHS.