The IHS anticipates an awards start date of August 1, 2007.

VI. Award Administration Information

1. Award Notices

The Notice of award (NoA) will be initiated by the DGO and will be mailed via postal mail on or before June 22, 2007 to each entity that is approved for funding under this announcement. The NoA will be signed by the Grants Management Officer and this is the authorizing document for which funds are dispersed to the approved entities. The NoA will serve as the official notification of the grant award and will reflect the amount of Federal funds awarded, the purpose of the grant, the terms and conditions of the award, the effective date of the award, and the budget/project period. The NoA is the legal binding document. Applicants who are approved but unfunded or disapproved based on their Objective Review score will receive a copy of the Executive Summary which identifies the weaknesses and strengths of the application submitted.

2. Administrative Requirements

Grants are administered in accordance with the following documents:

- This Program Announcement.
- 45 CFR Part 92, A Uniform Administrative Requirements for Grants and Cooperative Agreements to State, Local and Tribal Governments, or 45 CFR Part 74, A Uniform Administrative Requirements for Awards to Institutions of Higher Education, Hospitals, Other Non Profit Organizations, and Commercial Organizations.
- Grants Policy Guidance: HHS Grants Policy Statement, October 2006.
- Cost Principles: OMB Circular A 87, State, Local, and Indian (title 2 Part 225).
- Administrative Requirements: OMB Circular A 122, A Non profit Organizations (title 2 Part 230).
- Audit Requirements: OMB Circular A 133, Audits of States, Local Governments, and Non profit Organizations.

3. Indirect Costs: This section applies to all grant recipients that request indirect costs in their application. In accordance with HHS Grants Policy Statement, Part II 27, IHS requires applicants to have a current indirect cost rate agreement in place prior to award. The rate agreement must be prepared in accordance with the applicable cost principles and guidance as provided by the cognizant agency or office. A current rate means the rate covering the applicable activities and the award budget period. If current rate is not on file with the awarding office, the award shall include funds for reimbursement of indirect costs. However, the indirect cost portion will remain restricted until the current rate is provided to DGO.

Generally, indirect cost rates for IHS Tribal organization grantees are negotiated with the Division of Cost Allocation (DCA) at *http://rates.psc.gov/,* and indirect cost rates that are for IHS-funded, Federally-recognized Tribes are negotiated with the Department of Interior. If your organization has questions regarding the indirect cost policy, please contact the DGO at (301) 443–5204.

4. Reporting

A. Progress Report. Program progress reports are required semi-annually. these reports will include a brief comparison of actual accomplishments to the goals established for the period, reasons for unmet accomplishments (if applicable), and other pertinent information as required. A final report must be submitted within 90 days of expiration of the budget/project period.

B. Financial Status Report. Semi-annual financial status reports must be submitted within 30 days of the end of the half year. Final financial status reports are due within 90 days of expiration of the budget/project period. Standard Form 269 (long form) will be used for financial reporting.

C. Reports. Grantees are responsible and accountable for accurate reporting of the Progress Reports and Financial Status Reports which are due semi annually. Financial Status Reports (SF 269) are due 90 days after each budget period and the final SF 269 must be verified from the grantee records on how the value was derived. Grantees must submit reports in a reasonable period of time.

Failure to submit required reports within the time allowed may result in suspension or termination of an active grant, withholding of additional awards for the project, or other enforcement actions such as withholding of payments or converting to the reimbursement method of payment. Continued failure to submit required reports may result in one or both of the following: (1) The imposition of special award provisions; and (2) the non funding or non award of other eligible projects or activities. This applies whether the delinquency is attributable to the failure of the grantee organization or the individual responsible for preparation of the reports.

5. Telecommunication for the hearing impaired is available at: TTY 301–443–6394.

VII. Agency Contacts

For program information, contact Mrs. Patricia Lee-McCoy, Office of Public Health support, Division of Health Professions Support, 801 Thompson Avenue, TMP Suite 120, Rockville, Maryland 20852, (301) 443–6197, or Mr. Michael Berryhill, Office of Public Health Support, Division of Health Professions Support, 801 Thompson Avenue, TMP Suite 120, Rockville, Maryland 20852 (301) 443–6197. For grant application and business management information, contact Ms. Martha Redhouse, Division of Grants Operations, Indian Health Service, 801 Thompson Avenue, TMP Suite 120, Rockville, Maryland 20852 (301) 443–5204.

Dated: March 22, 2007.

Phyllis Eddy,

Deputy Director for Management Operations, Indian Health Service.

[FR Doc. 07–1498 Filed 3–27–07; 8:45 am]

BILLING CODE 4165–16–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Collection; Comment Request; NCCAM Office of Communications and Public Liaison Communications Program Planning and Evaluation Research

Summary: 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 National Center for Complementary and Alternative Medicine (NCCAM), at the National Institutes of Health (NIH), will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

Proposed Collection

Title: NCCAM Office of Communications and Public Liaison Communications Program Planning and Evaluation Research.

Type of Information Collection Request: Renewal.

Need and Use of Information Collection: To carry out NCCAM's legislative mandate to educate and disseminate information about complementary and alternative medicine (CAM) to a wide variety of audiences and organizations, the NCCAM Office of Communications and Public Liaison (OCPL) requests clearance to carry out (1) formative and (2) evaluative research of a variety of

print and online materials, outreach activities, and messages to maximize their impact and usefulness.

OCPL wishes to continue to carry out formative research to further understand the knowledge, attitudes, and behaviors of its core constituent groups: members of the general public, researchers, and providers of both conventional and CAM health care. In addition, it seeks to test newly formulated messages and identify barriers and impediments to the effective communication of those messages. With this audience research, OCPL will carry out pretesting of audience responses to NCCAM's fact sheets, Web content, and other materials and messages.

Clearance is also requested to continue to carry out evaluative research on existing materials and messages, as part of OCPL's ongoing effort to develop a comprehensive program of testing and evaluation of all of its communications strategies. This evaluative research will include pilot testing of recently developed messages and information products such as fact sheets and brochures. It will also address the need to evaluate the processes by which new materials and messages were developed, the effectiveness of an outreach or the extent to which behaviors were changed by the message, and the impact of a message on health knowledge and behaviors.

The tools to collect this information have been selected to minimize burden on NCCAM's audiences, produce or refine messages that have the greatest potential to influence target audience attitudes and behavior in a positive manner, and to use Government resources efficiently. They may include individual in-depth interviews, focus group interviews, intercept interviews, self-administered questionnaires, gatekeeper reviews, and omnibus surveys.

The data will enhance OCPL's understanding of (1) the unique information needs and distinct health-information-seeking behaviors of its core constituencies, and (2) the segments within these constituencies with special information needs (for example, among the general public these segments include cancer patients, the chronically ill, minority and ethnic populations, the elderly, users of dietary supplements, and patients integrating complementary therapies with conventional medical treatments).

Frequency of Response: On occasion.

Affected Public: Individuals and households; non-profit institutions; Federal Government; State, Local, or Tribal Government.

Type of Respondents: Adult patients; members of the public; health care professionals; organizational representations. The annual reporting burden is as follows.

Estimated Number of Respondents: 2,440;

Estimated Number of Responses per Respondent: 1;

Average Burden Hours per Response: 0.29; and

Estimated Total Burden Hours Requested: 2,137.5 for the 3-year clearance period (approximately 712.5 hours annually). The annualized cost to respondents is estimated at $21,333. There are no Capital Costs, Operating Costs, or Maintenance Costs to report.

Request for Comments: Written comments and/or suggestions from the public and affected agencies are invited on the following points: (1) Whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) The accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumption used; (3) Ways to enhance the quality, utility, and clarity of the information to be collected; and (4) Ways to minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

For Further Information Contact: To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact Christy Thomsen, Director, Office of Communications and Public Liaison, NCCAM, 31 Center Drive, Room 2B11, Bethesda, MD 20892, or fax your request to 301–402–4741, or e-mail *thomsenc@mail.nih.gov.* Ms. Thomsen can be contacted by telephone at 301–451–8876.

Comments Due Date: Comments regarding this information collection are best assured of having their full effect if received within 60 days of the date of this publication.

Dated: March 20, 2007.

Christy Thomsen,

Director, Office of Communications and Public Liaison, National Center for Complementary and Alternative Medicine, National Institutes of Health.

[FR Doc. E7–5671 Filed 3–27–07; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

List of Drugs for Which Pediatric Studies Are Needed

ACTION: Notice.

SUMMARY: The National Institutes of Health (NIH) is providing notice of the ''Priority List of Drugs for Which Pediatric Studies Are Needed.'' The NIH develops the list in consultation with the Food and Drug Administration (FDA) and pediatric experts, as mandated by the Best Pharmaceuticals for Children Act. This list prioritizes certain drugs that are most in need of study for use by children to ensure their safety and efficacy. The NIH will update the list at least annually until the Act expires on October 1, 2007.

DATES: The list is effective upon publication.

FOR FURTHER INFORMATION CONTACT: Dr. Perdita Taylor-Zapata, National Institute of Child Health and Human Development (NICHD), 6100 Executive Boulevard, Suite 4A–01, Bethesda, MD 20892–7510, e-mail *taylorpe@mail.nih.gov* or *BestPharmaceuticals@mail.nih.gov,* telephone 301–496–9584 (not a toll-free number).

SUPPLEMENTARY INFORMATION: The NIH is providing notice of the ''List of Drugs for Which Pediatric Studies Are Needed,'' as authorized under Section 3, Public Law 107–109 (42 U.S.C. 409I). On January 4, 2002, President Bush signed into law the Best Pharmaceuticals for Children Act (BPCA). The BPCA mandates that not later than one year after the date of enactment, the NIH in consultation with the FDA and experts in pediatric research shall develop, prioritize, and publish an annual list of certain approved drugs for which pediatric studies are needed. For inclusion on the list, an approved drug must meet the following criteria: (1) There is an approved application under section 505(j) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355(j)); (2) there is a submitted application that could be approved under the criteria of section 505(j) of the Federal Food, Drug, and Cosmetic Act; (3) there is no patent protection or market exclusivity protection under the Federal Food, Drug, and Cosmetic Act; or (4) there is a referral for inclusion on the list under section 505A(d)(4)(c); and additional studies are needed to assess the safety and effectiveness of the use of the drug in the pediatric population. The BPCA