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 for other forms of information technology. Send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS–D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

Proposed Projects

Multi-Center Cohort Study to Assess the Risk and Consequences of Hepatitis C Virus Transmission from Mother to Infant (0920–0344)—Renewal—The National Center for Infectious Diseases (NCID)—The purpose of the proposed study is (1) To determine the incidence of vertical hepatitis C virus (HCV) transmission, (2) To assess risk factors for vertical HCV transmission, (3) To assess the clinical course of disease among infants with HCV infection, and (4) To assess diagnostic methods for detecting HCV infection in infants. HCV is a blood-borne pathogen and is the major etiologic agent of what was previously referred to as parenterally-transmitted non-A, non-B hepatitis. Diagnostic tests for HCV infection have recently been developed and HCV has been demonstrated to account for about 20% of all cases of viral hepatitis in the United States. Virtually all adults with acute HCV infection may become chronically infected and 50%–60% may develop chronic liver disease with persistently elevated liver enzymes. Of adults with chronic liver disease, 30%–60% may develop chronic active hepatitis and 5%–20% may develop cirrhosis within five years after illness onset. HCV is also a major contributing cause of hepatocellular carcinoma. An estimated 8,000–10,000 chronic liver disease deaths per year in the United States are attributable to HCV infection. There are no costs to respondents other than their time to participate.

Form name	No. of respondents	No. responses per respondent	Burden hours per respondent	Total burden hours
Form A	300	1	0.25	75
Form B	1200	1	0.25	300
Form C	300	1	0.10	30
Form E	300	1	0.25	75
Form G	300	8	0.10	240
Total				720

2. Chronic Fatigue Syndrome (CFS) Surveillance and Related Studies, Prevalence and Incidence of Fatiguing Illness in Sedgewick County, Kansas (0920–0401)—Renewal—The National Center for Infectious Diseases (NCID)—A Population-Based CFS Study was done previously in Kansas in 1997. Data from this cross-sectional, random-digit-dial survey of prolonged fatiguing illness in Wichita, Kansas will be added to the data previously obtained during the past 24-months from this population.

The proposed study continues the Sedgwick County study using identical methodology and data collection instruments. Beginning with a random-digit-dial telephone survey to identify previously identified fatigued and non-fatigued individuals, followed by a detailed telephone interview to obtain additional data on participants' health status during the last 12-month period. Study objectives remain to refine estimates of CFS in Wichita, identify similarities and differences among fatigued and non-fatigued subjects and to describe the clinical course of fatiguing illness in this population.

Respondents	No. of respondents	No. of responses/respondent	Average burden/respondent (in hrs.)	Total burden (in hrs.)
Individuals screened	4,500	1	0.083	374
Individuals interviewed	4,500	1	0.25	1,125
Total				1,499

Nancy Cheal,

Acting Associate Director for Policy, Planning, and Evaluation, Centers for Disease Control and Prevention (CDC).

[FR Doc. 99–25683 Filed 10–1–99; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Availability of Funds for Loan Repayment Program for Repayment of Health Professions Educational Loans

AGENCY: Indian Health Service, HHS.

ACTION: Notice.

SUMMARY: The Administrations budget request for fiscal year (FY) 2000 includes $11,000,000 for the Indian Health Service Loan Repayment Program for health professions educational loans (undergraduate and graduate) in return for full-time clinical service in Indian health programs. It is anticipated that $11,000,000 will be available to support approximately 275 competing awards averaging $40,000 per award.

This program announcement is subject to the appropriation of funds. This notice is being published early to coincide with the recruitment activity of the IHS, which competes with other Government and private health management organizations to employ qualified health professionals. Funds must be expended by September 30 of the fiscal year. This program is authorized by Section 108 of the Indian Health Care Improvement Act (IHCIA) as amended, 25 U.S.C. 1601 *et seq.* The IHS invites potential applicants to request an application for participation in the Loan Repayment Program.

DATES: Applications for the FY 2000 Loan Repayment Program will be accepted and evaluated monthly beginning January 14, 2000, and will

continue to be accepted each month thereafter until all funds are exhausted. Subsequent monthly deadline dates are scheduled for Friday of the second full week of each month. Notice of awards will be mailed on the last working day of each month.

Applicants selected for participation in the FY 2000 program cycle will be expected to begin their service period no later than September 30, 2000.

Applications shall be considered as meeting the deadline if they are either:

1. Received on or before the deadline date; or

2. Sent on or before the deadline date. (Applicants should request a legibly dated U.S. Postal Service post mark or obtain a legibly dated receipt from a commercial carrier or U.S. Postal Service. Private metered postmarks are *not* acceptable as proof of timely mailing.)

Applications received after the monthly closing date will be held for consideration in the next monthly funding cycle. Applicants who do not receive funding by September 30, 2000, will be notified in writing.

FORM TO BE USED FOR APPLICATION: Applications will be accepted only if they are submitted on the form entitled ''Application for the Indian Health Service Loan Repayment Program,'' identified with the Office of Management and Budget approval number of OMB #0917–0014 (expires 11/30/99).

ADDRESSES: Application materials may be obtained by calling or writing to the address below. In addition, completed applications should be returned to: IHS Loan Repayment Program, 12300 Twinbrook Parkway—Suite 100, Rockville, Maryland 20852, PH: 301/443–3396 [between 8:00 a.m. and 5:00 p.m. (EST) Monday through Friday, except Federal holidays].

FOR FURTHER INFORMATION CONTACT: Please address inquiries to Mr. Charles Yepa, Chief, IHS Loan Repayment Program, Twinbrook Metro Plaza—Suite 100, 12300 Twinbrook Parkway, Rockville, Maryland 20852, PH: 301/443–3396 [between 8:00 a.m. and 5:00 p.m. (EST) Monday through Friday, except Federal holidays].

SUPPLEMENTARY INFORMATION: Section 108 of the IHCIA, as amended by Public Laws 100–713 and 102–573, authorizes the IHS Loan Repayment Program and provides in pertinent part as follows:

The Secretary, acting through the Service, shall establish a program to be known as the Indian Health Service Loan Repayment Program (hereinafter referred to as the ''Loan Repayment Program'') in order to assure an adequate supply of trained health professionals necessary to maintain accreditation of, and provide health care services to Indians through, Indian healh programs.

Section 4(n) of the IHCIA, as amended by the Indian Health Care Improvement Technical Corrections Act of 1996, Pub. L. 104–313, provides that:

''Health Profession'' means allopathic medicine, family medicine, internal medicine, pediatrics, geriatric medicine, obstetrics and gynecology, pediatric medicine, nursing, public health nursing, dentistry, psychiatry, osteopathy, optometry, pharmacy, psychology, public health, social work, marriage and family therapy, chiropractic medicine, environmental health and engineering, an allied health profession, or any other health profession.

For the purposes of this program, the term ''Indian health program'' is defined in Section 108(a)(2)(A), as follows:

* * * any health program or facility funded, in whole or in part, by the IHS for the benefit of American Indians and Alaska Natives and administered:

a. Directly by the service; or

b. By any Indian tribe or tribal or Indian organization pursuant to a contract under:

(1) The Indian Self-Determination Act; or

(2) Section 23 of the Act of April 30, 1908, (25 U.S.C. 47), popularly known as the Buy Indian Act; or

(3) By an urban Indian organization pursuant to Title V of this act.

Applicants may sign contractual agreement with the Secretary for 2 years. The IHS will repay all, or a portion of the applicant's health profession educational loans (undergraduate and graduate) for tuition expenses and reasonable educational, and living expenses in amounts up to $20,000 per year for each year of contracted service. Payments will be made annually to the participant for the purpose of repaying his/her outstanding health profession educational loans. Repayment of health profession education loans will be made to the participant within 120 days after the entry-on-duty of the participant has been confirmed by the Indian Health Service Loan Repayment Program.

The Secretary must approve the contract before the disbursement of loan repayments can be made to the participant. Participants will be required to fulfill their contract service agreements through full-time clinical practice at an Indian health program site determined by the Secretary. Loan repayment sites are characterized by physical, cultural, and professional isolation, and have histories of frequent staff turnover. All Indian health program sites are annually prioritized with the Agency by discipline, based on need or vacancy.

All health professionals will receive up to $20,000 per year regardless of their length of contract. Where the amount of the Loan Repayment Program award may result in an increase in Federal income tax liability, the IHS will pay an additional 20 percent of the participant's total loan repayments to the Internal Revenue Service for the increased tax liability.

Pursuant to Section 108(b), to be eligible to participate in the Loan Repayment Program, an individual must:

(1) A. be enrolled:

(i) in a course of study or program in an accredited institution, as determined by the Secretary, within a State and be scheduled to complete such course of study in the same year such individual applies to participate in the Loan Repayment Program. (This includes the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, the Virginia Islands, Guam, American Samoa, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Paula); or

(ii) in an approved graduate training program in a health profession; or

B. have a degree in a health profession and a license to practice; AND

(2) A. be eligible for, or hold an appointment as a Commissioned Officer in the Regular or Reserve Corps of the Public Health Service; or

B. be eligible for selection for civilian service in the Regular or Reserve Corps of the Public Health Service; or

C. meet the professional standards for civil service employment in the IHS; or

D. be employed in an Indian health program without service obligation; AND

(3) submit to the Secretary an application and contract to the Loan Repayment Program; AND

(4) sign and submit to the Secretary, a written contract agreeing to accept repayment of educational loans and to serve for the applicable period of obligated service in a priority site as determined by the Secretary; AND

(5) sign an affidavit attesting to the fact that they have been informed of the relative merits of the U.S. Public Health Service Commissioned Corps and the Civil Service as employment options.

Once the applicant is approved for participation in the Loan Repayment Program, the applicant will receive confirmation of his/her loan repayment award and the duty site at which he/she will serve his/her loan repayment obligation.

The IHS has identified the positions in each Indian health program for which there is a need or vacancy and ranked

those positions in order of priority by developing discipline-specific prioritized lists of sites. Ranking criteria for these sites include the following:

- Historically critical shortages caused by frequent staff turnover;
- Current unmatched vacancies in a Health Profession Discipline;
- Projected vacancies in a Health Profession Discipline;
- Ensuring that the staffing needs of Indian health programs administered by an Indian tribe or tribal or health organization receive consideration on an equal basis with programs that are administered directly by the Service; and
- Giving priority to vacancies in Indian health programs that have a need for health professionals to provide health care services as a result of individuals having breached Loan Repayment Program contracts entered into under this section.
- Consistent with this priority ranking, in determining applications to be approved and contracts to be accepted, the IHS will give priority to applications made by American Indians and Alaska Natives and to individuals recruited through the efforts of Indian tribes or tribal or Indian organizations.
- Funds appropriated for the LRP in FY 2000 will be distributed among the health professions as follows: allopathic/osteopathic practitioners will receive 30 percent, registered nurses 15 percent, mental health professionals 10 percent, dentists 15 percent, pharmacists 12.5 percent, optometrists 7.5 percent, physician assistants 5 percent, other professions 5 percent. This requirement does not apply if the number of applicants from these groups, respectively, is not sufficient to meet the requirement.
- The IHS will give priority in funding among health professionals to physicians in the following priority specialities: anesthesiology, emergency room medicine, general surgery, obstetrics/gynecology, ophthalmology, orthopedic surgery, otolaryngology/otorhinolaryngology, psychiatry, radiology and dentisty. Funding for these priority specialties is within the 30 percent established for allopathic/osteopathic practitioners.

The following factors are equal in weight when applied, and are applied when all other criteria are equal and a selection must be made between applicants.

One or all of the following factors may be applicable to an applicant, and the applicant who has the most of these factors, all other criteria being equal, would be selected.

- An applicant's length of current employment in the IHS, tribal, or urban program.
- Availability for service earlier than other applicants (first come, first served); and
- Date the individual's application was received.

Any individual who enters this program and satisfactorily completes his or her obligated period of service may apply to extend his/or contact on a year-by-year basis, as determined by the IHS. Participants extending their contract will receive up to the maximum amount of $20,000 per year plus an additional 20 percent for Federal Withholding. Participants who were awarded loan repayment contracts prior to FY 2000 will be awarded extensions up to the amount of $30,000 a year and 31 percent in tax subsidy if funds are available, and will not exceed the total of the individual's outstanding eligible health profession educational loans.

Any individual who owes an obligation for health professional service to the Federal Government, a State, or other entity is not eligible for the Loan Repayment Program unless the obligation will be completely satisfied before they begin service under this program.

This program is not subject to review under Executive Order 12373.

The Catalog of Federal Domestic Assistance number is 93.164.

Dated: September 28, 1999.

Michel E. Lincoln,

Acting Director.

[FR Doc. 99–25696 Filed 10–10–99; 8:45 am]

BILLING CODE 4160–16–M

DEPARTMENT OF THE INTERIOR

Fish and Wildlife Service

Record of Decision for Issuance of an Endangered Species Permit To Allow Incidental Take of the Endangered Karner Blue Butterfly in Wisconsin

AGENCY: Fish and Wildlife Service, Interior.

ACTION: Record of decision.

SUMMARY: Notice is hereby given that the Fish and Wildlife Service (Service) has decided to issue a permit to allow incidental take of the endangered Karner blue butterfly (*Lycaeides melissa samuelis*) within the State of Wisconsin. The permit is issued under the authority of section 10(a) of the Endangered Species Act of 1973, as amended (ESA), for a duration of 10 years. Issuance of this permit allows for implementation of the Statewide Habitat Conservation Plan (HCP) for Karner Blue Butterfly in Wisconsin. Alternative A, as analyzed by the Environmental Impact Statement (EIS), allows for implementation of a consolidated, statewide plan designed to conserve butterfly habitat while carrying out otherwise lawful land use activities on public and private lands. The lead applicant is the Wisconsin Department of Natural Resources (DNR). In addition, 25 Partners to the HCP will work together to implement this plan. This decision is based upon information and analysis found in the HCP, Implementing Agreement, Partner Species and Habitat Conservation Agreements, EIS, and comments from the public on the HCP/EIS. This Record of Decision was prepared in accordance with the Council on Environmental Quality Regulations (40 CFR 1505.2).

SUPPLEMENTARY INFORMATION:

Background

The listing of the Karner blue butterfly on December 14, 1992, and the attending prohibition on ''take'' of the butterfly or its habitat posed a restraint on many land uses and land management activities in Wisconsin. In order to avoid violation of Section 9 of the ESA, non-Federal landowners must obtain a Section 10(a)(1)(B) permit to authorize incidental take of Federally listed species. Beginning in 1994, the DNR spearheaded an effort to address land use issues throughout Wisconsin through the development of a statewide HCP.

On April 1, 1999, the Service received an application for an incidental take permit under the ESA from the Wisconsin DNR. The application was submitted on behalf of a partnership of 26 landowners that include state agencies, county forest departments, industry, a conservation organization, and others. In accordance with the regulations, an HCP accompanied the permit application. In addition, the DNR prepared the EIS that accompanied this HCP, in coordination with the Service. A **Federal Register** Notice announcing receipt of the permit application, and soliciting comments on the application, was published on April 14, 1999. In addition, notices regarding the availability of the draft and final EIS were published on April 16, May 7, and July 2, 1999. Seven comments were received during the public interest review and responses to those comments were incorporated into the final EIS.

Description of Proposal

The application for an incidental take permit (ITP) seeks authorization for take of the Karner blue butterfly in