the Public Health Services Act). All Titles of the CARE Act specify HRSA's responsibilities in the administration of grant funds, the allocation of funds, the evaluation of programs for the population served, and the improvement of the quantity and quality of care. Accurate records of the providers receiving CARE Act funding, the services provided, and the clients served continue to be critical to the implementation of the legislation and thus are necessary for HRSA to fulfill its responsibilities.

CARE Act grantees are required to report aggregate data to HRSA annually. The CADR form is used by grantees and their subcontracted service providers to report data on six different areas: Service provider information, client information, services provided/clients served, demographic information, AIDS Pharmaceutical Assistance and AIDS Drug Assistance Program, and the Health Insurance Program. The primary purposes of the CADR are to: (1) Characterize the organizations from which clients receive services; (2) provide information on the number and characteristics of clients who receive CARE Act services; and (3) enable HAB to describe the type and amount of services a client receives. In addition to meeting the goal of accountability to Congress, clients, advocacy groups, and the general public, information collected on the CADR is critical for HRSA, State and local grantees, and individual providers to assess the status of existing HIV-related service delivery systems.

The estimated response burden for grantees is estimated as:

Title under which grantee is funded	Number of grantee respondents	Responses per grantee	Hours to coordinate receipt of data reports from	Total hour burden
Title I Only	51	1	40	2,040
TitleII Only	59	1	40	2,360
Title III Only	337	1	8	2,696
Title IV Only	90	1	16	1,440
Subtotal	537			8,536

The estimated response burden for service providers is estimated as:

Title under which grantee is funded	Number of respondents	Responses per provider	Hours per response	Total hour burden
Title I Only	1,175	1	24	28,200
Title II Only	995	1	40	39,800
Title III Only	248	1	40	9,920
Title IV Only	98	1	40	3,920
Funded under	394	1	48	18,912
Subtotal	2,782			100,752
Total	3,319			109,288

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to: Allison Eydt, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, DC 20503, Fax Number, 202–395–6974.

Dated: July 24, 2003.

Jane M. Harrison,

Director, Division of Policy Review and Coordination.

[FR Doc. 03–19444 Filed 7–30–03; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Submission for OMB Review; Comment Request

Periodically, the Health Resources and Services Administration (HRSA) publishes abstracts of information collection requests under review by the Office of Management and Budget, in compliance with the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35). To request a copy of the clearance requests submitted to OMB for review, call the HRSA Reports Clearance Office on (301)-443–1129.

Proposed Project: 340B Drug Pricing Program Survey—NEW

Section 340B of the Public Health Act provides that a manufacturer that sells outpatient drugs to covered entities must agree to charge a price that will not exceed the amount determined under a statutory formula. The entities eligible to access such drug pricing (*i.e.*, certain HHS grantees, certain disproportionate share hospitals, and other specified categories of entities) total approximately 10,000 sites. Most of these safety net providers serve the economically disadvantaged or medically uninsured.

A customer survey is being developed to collect information by mail on various aspects of the 340B Drug Pricing Program, including whether information on the program is reaching the covered entities, reasons some entities are not participating, satisfaction with the savings realized, and interest in possible

modifications to the program. Both participating and nonparticipating entities will be included in the survey. The results will be used to improve the design and management of the program.

The estimated response burden is as follows:

Respondents	Number of respondents	Responses per respondent	Total responses	Minutes per response	Total burden hours
Non-participation	283	1	283	0.2	57
Participation	567	1	567	1	567
Total	850		850		624

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to: Allison Eydt, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, DC 20503, Fax Number, 202–395–6974.

Dated: July 24, 2003.

Jane M. Harrison,

Director, Division of Policy Review and Coordination.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

[Announcement Number: HRSA–04–003]

Rural Health Network Development Planning Grant Program—CFDA Number 93.912

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice of availability of funds.

SUMMARY: The Health Resources and Services Administration (HRSA), Office of Rural Health Policy (ORHP), announces that approximately $1,000,000 in fiscal year (FY) 2004 funds is available to fund between 10 and 15 Rural Health Network Development Planning Grants. Eligibility is open to rural public or rural non-profit private entities as the lead applicant on behalf of a formative network or consortium of rural health providers. The proposed rural health network or consortium supported by the grant must include three or more health care providers, which may be nonprofit or for-profit entities. These grants will be awarded for a 1-year period.

DATES: Applications (PHS–5161–1 and supplemental material) will be available in July 2003 from the HRSA Grants Application Center (GAC) and must be received in the HRSA GAC at the address below by the close of business, September 10, 2003. Applications will meet the deadline if they are either: (1) Received on or before the deadline date; or (2) postmarked on or before the deadline date, and received in time for submission to the objective review panel. A legible, dated receipt from a commercial carrier or U.S. Postal Service will be accepted instead of a postmark. Private metered postmarks will not be accepted as proof of timely mailing. Applicants should note that HRSA anticipates having the capability to accept grant applications online in the last quarter of the Fiscal Year (July through September). Please refer to the HRSA grants schedule at *http://www.hrsa.gov/grants.htm* for more information.

ADDRESSES: To receive a complete application kit, applicants may telephone the HRSA Grants Application Center at 1–877–477–2123 and present the announcement number HRSA–04–003. All applications should be mailed or delivered to: Grants Management Officer, HRSA Grants Application Center, 901 Russell Avenue, Suite 450, Gaithersburg, MD 20879, telephone: 1–877–477–2123, e-mail: *hrsagac@hrsa.gov*.

FOR FURTHER INFORMATION CONTACT: Michele Pray-Gibson, 301–443–0835 (for questions specific to project activities of the program and program objectives); and Stephannie Young, 301–594–1246 (for grants policy, budgetary, and business questions.)

SUPPLEMENTARY INFORMATION:

Program Purpose/Objectives

This Rural Health Network Development (RHND) Planning Grant Program supports one year of planning to develop integrated health care networks in rural areas. The program is designed to support organizations that wish to develop formal collaborative relationships among health care providers to integrate systems of care administratively, clinically, financially, and technologically. The goal of the RHND Program is to achieve efficiencies; expand access to, coordinate, and improve the quality of essential health care services; and strengthen the rural health care system as a whole. The RHND Planning Grant Program supports this overall program goal by providing support to entities in the formative stages of planning and organizing a rural health network.

The RHND Planning Grant Program provides support to rural entities that seek to develop a formal health care network and that do not have a significant history of collaboration. Formative networks are not sufficiently evolved to apply for a 3-year RHND implementation grant and do not have a formalized structure. Existing networks that seek to expand services or expand their service area are not eligible to apply.

Applicants must propose to use the grant to develop rural health networks that bring together at least three separately owned health care providers. The applicant must demonstrate the need for the network and have identified one or more problems or issues that the network will address. The applying entity must have identified potential network partners and include a letter of support from each of the potential partners of the formative network.

The ultimate goal of the grant program is to strengthen the rural health care delivery system by improving the viability of the individual providers in the network. Networks funded through this program may also include entities that support the delivery of health care services like social service agencies, faith-based organizations, charitable organizations, educational institutions, employers, local governmental agencies or other entities. At least three of the partners that plan to participate in the network, however, must be health service providers. Grant funds may not be used for the direct delivery of services.

The grant support provided under the RHND Planning Grant program may be sufficient to jumpstart a network into becoming operational and developing strategies for becoming sustainable. Grantees of this program will be eligible to apply for up to three years of funding