| Form | Number of respondents | Responses per respondent | Total responses | Hours per response | Total burden hours |
|---|---|---|---|---|---|
| PIF | 94,641 | 1 | 94,641 | 0.2 | 18,928.2 |
| Total | 94,641 | | 94,641 | | 18,928.2 |

The estimated annual burden to AETCs is as follows:

| Form | Number of respondents | Responses per respondent | Total responses | Hours per response | Total burden hours |
|---|---|---|---|---|---|
| Event Record | 16,417 | 1 | 16,417 | 0.2 | 3,283 |
| Aggregate Data Set | 12 | 2 | 24 | 32 | 768 |
| Total | 16,429 | | 16,441 | | 4,051 |

The total burden hours are 22,979.2.

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to: Karen Matsuoka, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: January 24, 2007.

**Caroline Lewis,**

*Acting Associate Administrator for Administration and Financial Management.*

[FR Doc. E7–1438 Filed 1–29–07; 8:45 am]

**BILLING CODE 4165–15–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

### National Advisory Council on the National Health Service Corps; Notice of Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), notice is hereby given of the following meeting:

*Name:* National Advisory Council on the National Health Service Corps.

*Dates and Times:* March 8, 2007, 2 p.m.–5 p.m.; March 9, 2007, 8:30 a.m.–5 p.m.; and March 10, 2007, 9 a.m.–5 p.m.

*Place:* Embassy Suites DC Convention Center, 900 10th Street, NW., Washington, DC 20001.

*Status:* The meeting will be open to the public.

*Agenda:* The Council will be finalizing a report outlining some recommendations for the National Health Service Corps Program. Discussions will be focused on the impact of these recommendations on the program participants, communities served by these clinicians and in the administration of the program.

*For Further Information Contact:* Tira Patterson, Division of National Health Service Corps, Bureau of Health Professions, Health Resources and Services Administration, Parklawn Building, Room 8A–55, 5600 Fishers Lane, Rockville, MD 20857; e-mail: *TPatterson@hrsa.gov;* telephone: 301–594–4140.

Dated: January 24, 2007.

**Caroline Lewis,**

*Acting Associate Administrator for Administration and Financial Management.*

[FR Doc. E7–1439 Filed 1–29–07; 8:45 am]

**BILLING CODE 4165–15–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Indian Health Service

**[Funding Announcement Number: HHS–2007–IHS–HPDP1–0001]**

### Office of Clinical and Preventive Services Chronic Care Collaborative

*Announcement Type:* Cooperative Agreement.

*Catalog of Federal Domestic Number:* 93.443.

*Intended Recipient:* Institute for Healthcare Improvement.

*Award Amount:* $600,000 for year 1; $800,000 for years 2 and 3.

*Application Deadline:* February 1, 2007.

*Authorities:* Snyder Act, 25 U.S.C. 13, Public Health Service (PHS) Act, 42 U.S.C. 301(a).

#### I. Purpose

In this cooperative agreement, the Indian Health Service (IHS) will work closely with the Institute for Healthcare Improvement (IHI) on innovating and testing new designs of care delivery systems, leveraging results for thousands of patients, and creating a system-wide emphasis on improvement. The IHI's senior leaders and faculty will work closely with the senior leadership team of the Indian health care system to design an improvement strategy to meet the following agreed upon aims:

To test adaptations and innovations in chronic conditions management in the IHS.

- To develop a strategy for spreading the lessons learned to all IHS sites as well as Tribal and urban sites.
- To create a more robust improvement infrastructure.
- To nurture the image of the IHS as an innovator in healthcare by publicizing successes.

Leadership is the critical driver for change and the IHI will work with the IHS, Tribal and Urban health programs leadership to build a culture and structure to support improved levels of performance in the delivery of health care. The IHI and the IHS will work collaboratively to build new models of care and care processes, with the intent of disseminating such learning and ''best practices'' throughout the Indian health care system. The IHS will have the opportunity to showcase the results of this work by publishing them on shared websites as well as in jointly authored publications.

#### II. Justification

The IHI is a non-profit organization that is leading improvement in health care throughout the world. IHI has unparalleled experience and expertise in working with health systems that care for underserved populations to improve the quality of care for their patients and build capacity for continuing improvement. IHI developed and employs a Breakthrough Series methodology (Learning Model Collaborative) to provide programmatic guidance and focus through coordinated training and support, communication,