prospective payment system, the materials submitted by any particular children’s hospital may not provide the required verification. To the extent that OPA is unable to obtain independent verification, a children’s hospital will be expected to verify that the children’s hospital meets the requirements of section 340B(a)(4)(L)(ii) if requested by OPA.

OPA is considering whether it would be appropriate to require a statement from an independent auditor certifying that a children’s hospital meets the requirements of section 340B(a)(4)(L)(ii) in those cases where there is no established method of verification analogous to that utilized to annually certify DSH eligibility in the 340B Drug Pricing Program. OPA invites comments from stakeholders on the feasibility of an independent auditor to verify eligibility of children’s hospitals. OPA also seeks comments from children’s hospitals as to the relative burden that an independent auditor statement may entail and welcomes alternate proposals as to how to best ensure the integrity of the 340B Drug Pricing Program while minimizing costs.

(3) Eligibility for Retroactive Discounts

Section 6004 indicates that the amendment authorizing entry of children’s hospitals into the 340B Program “shall apply to drugs purchased on or after the date of the enactment of this Act.” Section 6004 was enacted on February 8, 2006. Therefore, once they are admitted to the 340B Program, children’s hospitals are eligible for 340B drug pricing retroactive to February 8, 2006. However, a children’s hospital will be eligible for retroactive discounts only to the extent that it has satisfied all requirements for participation in the 340B program back to the date discounts are requested.

Similar to when the 340B Program was first started, children’s hospitals that participate in the program will be eligible for retroactive discounts. Until 120 days after publication of the final notice, children’s hospitals which have been included in OPA’s database of covered entities may request retroactive discounts (discounts, rebates, or account credit) from pharmaceutical manufacturers for covered outpatient drugs that satisfy all the following conditions:

(1) The covered outpatient drugs must have been purchased on or after February 8, 2006;

(2) The covered outpatient drugs must not have generated Medicaid rebates (the children’s hospital must have appropriate documentation to demonstrate this); and

(3) The covered outpatient drugs must have been purchased on or after the date on which the children’s hospital satisfied all requirements for participation in the 340B Program as outlined in section (C)(2) of this notice.

In order to satisfy the last condition listed above, a children’s hospital must be able to demonstrate, at a minimum, that as required by section 340B(a)(4)(L)(iii) of the Public Health Service Act the children’s hospital did not have a group purchasing agreement for covered outpatient drugs and satisfied the requirements of section 340B(a)(4)(L)(i) and 340B(a)(4)(L)(ii) at the time the covered outpatient drugs for which rebates are requested were purchased.

Dated: June 29, 2007.
Elizabeth M. Duke,
Administrator.

[FR Doc. E7–13239 Filed 7–6–07; 8:45 am]
BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

American Indians Into Medicine; Notice of Competitive Grant Applications for American Indians Into Medicine Program

Announcement Type: Initial.
CFDA Number: 93.970.
Key Dates:
Anticipated Award Start Date: September 1, 2007.

I. Funding Opportunity Description

The Indian Health Service (IHS) announces that competitive grant applications are being accepted for the American Indians into Medicine Program. These grants are established under the authority of 25 U.S.C. 1616(g)(1) of the Indian Health Care Improvement Act, as amended by Public Law (Pub. L.) 102–77, the Preventive Health and Health Promotion Services Program Act of 1983. The purpose of the Indian into Medicine program is to augment the number of American Indian health professionals serving AI/AN by encouraging them to enter the health professions and removing the multiple barriers to their entrance into IHS and private practice among AI/AN communities. For the purpose of maintaining and expanding the Indians into Medicine program two grants will be funded. One grant will be funded at $300,000 and a second grant will be funded at $600,000. Each grant will have different criteria which will be listed separately in this announcement.

This program is described at 93.970 in the Catalog of Federal Domestic Assistance. The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention objectives of Healthy People 2010, a PHS-led activity for setting priority areas. This program announcement is related to the priority area of Educational and Community-based programs. Potential applicants may obtain a copy of Healthy People 2010, summary report in print. Stock No. 017–001–00547–9, or via CD-ROM, Stock No. 107–001–00549–5, through the Superintendent of Documents, Government Printing Office, P.O. Box 371954, Pittsburgh, PA 15250–7945, (202) 512–1800. You may access this information via the Internet at the following Web site: www.health.gov/healthypeople.

The PHS strongly encourages all grant and contract recipients to provide a smoke-free workplace and promote the non-use of all tobacco products. In addition, Public Law 103–227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of the facility) in which regular or routine education, library, day care, health care, or early childhood development services are provided to children. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

II. Award Information

Type of Awards: Grant.
Estimated Funds Available: The total amount identified for Fiscal Year 2007 is $620,000 to provide support for an estimated two awards. The awards are for 12 months in duration and the awards are approximately $300,000 for one grant award and $60,000 for a second grant award. Future awards issued under this announcement are subject to the availability of funds.

Anticipated Number of Awards: An estimated two awards will be made under the program. Applicants may apply for both grants but only one grant will be awarded per applicant.

Project Period: 36 months = $300,000 grant award; 12 months = $60,000 grant award.

Award Amount: $300,000, per year for one grant award and $60,000, per year for a second grant award.
III. Eligibility Information

1. Eligible Applicants:
Public and nonprofit private colleges and universities with medical and other allied health programs are eligible to apply for the grants. Public and nonprofit private colleges that operate nursing programs are not eligible under this announcement since the IHS currently funds the Nursing Recruitment grant program.

The existing INMED grant program at the University of North Dakota has as its target population Indian Tribes primarily within the States of North Dakota, South Dakota, Nebraska, Wyoming, and Montana. A college or university applying under this announcement must propose to conduct its program among Indian Tribes in States not currently served by the University of North Dakota INMED program.

2. Cost Sharing/Matching:
This announcement does not require matching funds or cost sharing.

3. Other Requirements:
The grant applicant must submit official documentation indicating Tribal cooperation with and support of the program within the schools on its reservation. Documentation must be in the form prescribed by the Tribes governing body, i.e., letter of support or Tribal resolution. Documentation must be submitted from every Tribe “affected” by the grant program. If application budgets exceed the stated dollar amount that is outlined within this announcement, it will not be considered for funding. One grant will be funded at $300,000 and a second grant will be funded at $60,000. Each grant will have different criteria which will be listed separately in this announcement. Please specify which grant you are applying for. Applicants may apply for both grants but only one grant will be awarded per applicant.

IV. Application and Submission

Information

1. Applicant package may be found in www.grants.gov (Grants.gov) or at http://www.ihs.gov/NonMedicalPrograms/sgop/gogp_funding.asp. Information regarding the electronic application process may be directed to Michelle G. Bulls, at 301–443–6528 or the Grants.gov Helpdesk 1–800–518–4726. The entire application package is available at: http://www.grants.gov/Apply. Detailed application instructions for this announcement are downloadable on Grants.gov.

2. Content and Form of Application Submission:
• Be single spaced.
• Be typewritten.
• Have consecutively numbered pages.
• Use black type not smaller than 12 characters per one inch.
• Contain a narrative that does not exceed 7 typed pages that includes the other submission requirements below. The 7 page narrative does not include the work plan, standard forms, Tribal resolutions or letters of support (if necessary), table of contents, budget, budget justifications, narratives, and/or other appendix items.

Public Policy Requirements: All Federal-wide public policies apply to the IHS grants with the exception of the Lobbying and Discrimination public policy.
—Include Letter of Intent requirements under Public Policy Requirements.

3. Submission Dates and Times:
Applications must be submitted electronically through Grants.gov by 12 midnight Eastern Standard Time (EST). If technical challenges arise and the applicant is unable to successfully complete the electronic application process, the applicant should contact Michelle G. Bulls, Grants Policy Staff, fifteen days prior to the application deadline and advise of the difficulties that your organization is experiencing. The grantee must obtain prior approval, in writing (e-mails are acceptable) allowing the paper submission. If submission of a paper application is requested and approved, the original and two copies may be sent to the appropriate grants contact that is listed in Section IV above. Applications not submitted through Grants.gov, without an approved waiver, may be returned to the applicant without review or consideration. Late applications will not be accepted for processing, will be returned to the applicant and will not be considered for funding.

4. Intergovernmental Review:
Executive Order 12372 requiring intergovernmental review is not applicable to this program.

5. Funding Restrictions:
• Pre award costs are allowable pending prior approval from the awarding agency. However, in accordance with 45 CFR Part 74 all pre award costs are incurred at the recipient’s risk. The awarding office is under no obligation to reimburse such costs if for any reason the applicant does not receive an award or if the award to the recipient is less than anticipated.
• The available funds are inclusive of direct and appropriate indirect costs.
• Only one grant will be awarded per applicant.
• IHS will not acknowledge receipt of applications.

Electronic Submission—The preferred method for receipt of applications is electronic submission through Grants.gov. However, should any technical challenges arise regarding the submission, please contact Grants.gov Customer Support at 1 (800) 518–4726 or support@grants.gov. The Contact Center hours of operation are Monday through Friday from 7 a.m. to 9 p.m. EST. If you require additional assistance please call (301) 443–6290 and identify the need for assistance regarding your Grants.gov application. Your call will be transferred to the appropriate grants staff member. The applicant must seek assistance at least fifteen days prior to the application deadline. Applicants that do not adhere to the timelines for Central Contractor Registry (CCR) and/or Grants.gov registration and/or requesting timely assistance with technical issues will not be a candidate for paper applications.

To submit an application electronically, please use the http://www.Grants.gov/Apply site. Download a copy of the application package, on the Grants.gov Web site, complete it offline and then upload and submit the application via the Grants.gov site. You may not e-mail an electronic copy of a grant application to IHS.

Please be reminded of the following:
• Under the new IHS application submission requirements, paper applications are not the preferred method. However, if you have technical problems submitting your application on line, please directly contact Grants.gov Customer Support at: http://www.grants.gov/CustomerSupport.
• Upon contacting Grants.gov obtain a tracking number of proof of contact. The tracking number is helpful if there are technical issues that cannot be resolved and a waiver request from Grants Policy must be obtained.
• If it is determined that a formal waiver is necessary, the applicant must submit a request, in writing (e-mails are acceptable), to Michelle.Bulls@ihs.gov that includes a justification for the need to deviate from the standard electronic submission process. Upon receipt of approval, a hard copy application package must be downloaded by the applicant from Grants.gov, and sent directly to the Division of Grants Operations (DGO), 801 Thompson Avenue, Suite 120, Rockville, MD 20852 by the due date, August 16, 2007.
• Upon entering the Grants.gov site, there is information available that outlines the application requirements regarding electronic submission of an application through Grants.gov, as well
as the hours of operation. Applicants must not wait until the deadline date to begin the application process through Grants.gov as the registration process for CCR could take up to fifteen working days.

- To use Grants.gov you, as the applicant, must have a Duns and Bradstreet (DUNS) Number and register in the CCR. You should allow a minimum of ten working days to complete CCR registration. See below on how to apply.
- You must submit all documents electronically, including all information typically included on the SF 424 and all necessary assurances and certifications.
- Please use the optional attachment feature in Grants.gov to attach additional documentation that may be requested by IHS.
- If Tribal resolutions or letters of support are required, please include them as an attachment in your electronic application.
- Your application must comply with any page limitation requirements described in the program announcement.
- After you electronically submit your application, you will receive an automatic acknowledgement from Grants.gov that contains a Duns.gov tracking number. The Indian Health Service, DGO will retrieve your application from Grants.gov. DGO will not notify applicants that the application has been received.
- You may access the electronic application for this program on http://www.Grants.gov.
- You may access the downloadable application package by either the CFDA number or the Funding Opportunity Number. Both numbers are identified in the heading of this announcement.
- The applicant must provide the Funding Opportunity Number: HHS–2007–IHS INMED–0001.

Again, e-mail applications will not be accepted under this announcement.

DUNS Number

Applicants are required to have a DUNS number to apply for a grant or cooperative agreement from the Federal Government. The DUNS number is a nine digit identification number, which uniquely identifies business entities. Obtaining a DUNS number is easy and there is no charge. To obtain a DUNS number, access http://www.dunandbradstreet.com or call 1–866–705–5711. Interested parties may wish to obtain their DUNS number by phone to expedite the process. Applications submitted electronically must also be registered with the CCR. A DUNS number is required before CCR registration can be completed. Many organizations may already have a DUNS number. Please use the number listed above to investigate whether or not your organization has a DUNS number. Registration with the CCR is free of charge.

Applicants may register by calling 1–888–227–2423. Please review and complete the CCR Registration Worksheet located on http://www.grants.gov/CCRRegister.

More detailed information regarding these registration processes can be found at http://www.grants.gov.

V. Application Review Information

1. Criteria for Applicants Applying for the $300,000 Grant Award

A. Introduction and Potential Effectiveness of Project (30 pts.)

(1) Describe your legal status and organization.

(2) State specific objectives of the project, which are measurable in terms of being quantified, significant to the needs of Indian people, logical, complete and consistent with the purpose of 25 U.S.C. 1616g.

(3) Describe briefly what the project intends to accomplish. Identify the expected results, benefits, and outcomes or products to be derived from each objective of the project.

(4) Provide a project specific work plan (milestone chart) which lists each objective, the tasks to be conducted in order to reach the objective, and the time frame needed to accomplish each task. Time frames should be projected in a realistic manner to assure that the scope of work can be completed within each budget period.

(5) In the case of proposed projects for identification of Indians with a potential for education or training in the health professions, include a method for assessing the potential of interested Indians for undertaking necessary education or training in such health professions.

(6) State clearly the criteria by which the project’s progress will be evaluated and by which the success of the project will be determined.

(7) Explain the methodology that will be used to determine if the needs, goals, and objectives identified and discussed in the application are being met and if the results and benefits identified are being achieved.

(8) Identify who will perform the evaluation and when.

B. Project Administration (20 pts.)

(1) Provide an organizational chart and describe the administrative, managerial and organizational arrangements and the facilities and resources to be utilized to conduct the proposed project (include in appendix).

(2) Provide the name and qualifications of the project director or other individuals responsible for the conduct of the project; the qualifications of the principle staff carrying out the project; and a description of the manner in which the application’s staff is or will be organized and supervised to carry out the proposed project. Include biographical sketches of key personnel (or job descriptions if the position is vacant) (include in appendix).

(3) Describe any prior experience in administering similar projects.

(4) Discuss the commitment of the organization, i.e., although not required, the level of non-Federal support. List the intended financial participation, if any, of the applicant in the proposed project specifying the type of contributions such as cash or services, loans of full or part-time staff, equipment, space, materials or facilities or other contributions.

(5) Describe the ability to provide outreach and recruitment for health professions to Indian communities including elementary and secondary schools and community colleges located on Indian reservations which will be served by the program.

(6) To the maximum extent feasible, employ qualified Indians in the program.

C. Accessibility to Target Population (20 pts.)

(1) Describe the current and proposed participation of Indians (if any) in your organization.

(2) Identify the target Indian population to be served by your proposed project and the relationship of your organization to that population.

(3) Describe the methodology to be used to access the target population.

(4) Identify existing university tutoring, counseling and student support services.

D. Relationship of Objectives to Manpower Deficiencies (20 pts.)

(1) Provide data and supporting documentation to substantiate need for recruitment.

(2) Indicate the number of potential Indian students to be contacted and recruited as well as potential cost per student recruited. Those projects that have the potential to serve a greater number of Indians will be given first consideration.

(3) Describe methodology to locate and recruit students with educational potential in a variety of health care
fields. Primary recruitment efforts must be in the field of medicine with secondary efforts in other allied health fields such as pharmacy, dentistry, medical technology, x-ray technology, etc. The field of nursing is excluded since the IHS does fund the IHS Nursing Recruitment grant program.

Project Budget (10 pts.)

(1) Clearly define the budget. Provide a justification and detailed breakdown of the funding by category for the first year of the project. Information on the project director and project staff should include salaries and percentage of time assigned to the grant. List equipment purchases necessary for the conduct of the project.

(2) The available funding level of approximately $300,000 is inclusive of both direct and indirect costs. Indirect costs are calculated using 8 percent of the total direct costs as required by HHS Grants Policy for training grants. Because this project is for a training grant, the HHS Grants Policy Statement, Rev. 01/07 limits reimbursement of indirect costs to the lesser of the applicant’s actual indirect costs or 8 percent of total direct costs (exclusive of tuition and related fees and expenditures for equipment) is applicable. This limitation applies to all institutions of higher education other than agencies of State and local government.

(3) The applicant may include as a direct cost student support costs related to tutoring, counseling, and support for students enrolled in a health career program of study at the respective college or university. Tuition and stipends for regular sessions are not allowable costs of the grant; however, students recruited through the INMED program may apply for funding from the IHS Scholarship Programs.

(4) Projects requiring a second and third year must include a program narrative and categorical budget and justification for each additional year of funding requested (this is not considered part of the 7-page narrative).

(5) Provide budgetary information for summary preparatory programs for Indian students, who need enrichment summary preparatory programs for college or university. Tuition and related fees and percentages of total direct costs (exclusive of tuition and related fees and expenditures for equipment) is applicable. This limitation applies to all institutions of higher education other than agencies of State and local government.

Multi-Year Project Requirements

Applications must include a narrative, budget, and budget justification for the second and third years of funding.

Appendix to include:

a. Resumes and position descriptions
b. Organizational Chart
c. Work Plan
d. Tribal Resolution(s)/letters of support
e. Position Descriptions for Key Staff
f. Introduction and Potential Effectiveness of Project (30 points)

(1) Describe your legal status and organization.

(2) State specific objectives of the project, which are measurable in terms of being significant to the needs of Indian people, logical, complete and consistent with the purpose of 25 U.S.C. 1612g.

(3) Describe briefly what the project intends to accomplish. Identify the expected results, benefits, and outcomes to be derived from each objective of the project.

(4) Provide a project specific work plan (milestone chart) which lists each objective, the tasks to be conducted in order to reach the objective, and the time frame needed to accomplish each task. Time frames should be projected in a realistic manner to assure that the scope of work can be completed within each budget period.

(5) In the case of proposed projects for identification of Indians with a potential for education or training in the health professions, include a method for assessing the potential of interested Indians for undertaking necessary education or training such health professions.

(6) State clearly the criteria by which the project’s progress will be evaluated and by which the success of the project will be determined.

(7) Explain the methodology that will be used to determine if the needs, goals, and objectives identified and discussed in the application are being met and if the results and benefits identified are being achieved.

(8) Identify who will perform the evaluation and when.

G. Project Administration (20 pts.)

(1) Provide an organizational chart and describe the administrative, managerial and organization arrangements and their responsibilities to be utilized to conduct the project.

(2) Provide the name and qualifications of the project director and of other individuals responsible for the conduct of the project. Include biographical sketches of key personnel (or job descriptions if the position is vacant) (include in appendix).

(3) Discuss the commitment of the organization, i.e., although not required, the level of non-Federal support. List the intended financial participation, if any, of the applicant in the proposed project specifying the type of contributions such as cash or services, loans of full or part-time staff, equipment, space, materials or facilities or other contributions.

(4) To the maximum extent feasible, employ qualified Indians in the program.

H. Accessibility to Target Population (20 pts.)

(1) Describe the current and proposed participation of Indians (if any) in your organization.

(2) Identify the target Indian population to be served by your proposed project and the relationship of your organization to that population.

(3) Describe the methodology to be used to access the target population.

(4) Identify existing university tutoring, counseling and student support services.

I. Relationship of Objectives to Manpower Deficiencies (20 pts.)

(1) Provide data and supporting documentation to substantiate need for recruitment.

(2) Describe methodology to locate and recruit students with educational potential in a variety of health care fields. Primary recruitment efforts must be in the field of medicine with secondary efforts in other allied health fields such a pharmacy, dentistry, medical technology, x-ray technology, etc. The field of nursing is excluded since the IHS does fund the IHS Nursing Recruitment grant program.

J. Project Budget (10 pts.)

(1) Clearly define the budget. Provide a justification and detailed breakdown of the funding by category for the first year of the project. Information on the project director and project staff should include salaries and percentage of time assigned to the grant.

(2) The available funding level of approximately $60,000 is inclusive of both direct and indirect costs. Indirect costs are calculated using 8 percent of the total direct costs as required by HHS Grants Policy for training grants. Because this project is for a training grant, the HHS Grants Policy Statement, Rev. 01/07 limits reimbursement of indirect costs to the lesser of the applicant’s actual indirect costs or 8 percent of total direct costs (exclusive of tuition and related fees and expenditures for equipment) is applicable. This limitation applies to all institutions of higher education other than agencies of State and local government.
than agencies of State and local government.

(3) The applicant may include as a
direct cost student support costs related
to tutoring, counseling, and support for
students enrolled in a health career
program of study at the respective
college or university. Tuition and
stipends for regular sessions are not
allowable costs of the grant; however,
students recruited through the INMED
program may apply for funding from the
IHS Scholarship Programs.

Appendix to include:

a. Resumes and position descriptions
b. Organizational Chart
c. Work Plan
d. Tribal Resolution(s)/letters of support
e. Position Descriptions for Key Staff

2. Review and Selection Process

Applications meeting eligibility
requirements that are complete,
responsive, and conform to this program
announcement will be reviewed by an
Objective Review Committee (ORC) in
accordance with IHS objective review
procedures. The objective review
process ensures a nationwide
competition for limited funding. The
ORC will be comprised of IHS (60% or
less) or other Federal individuals and
(40% or more) non-Federal individuals
with appropriate expertise. The ORC
will review each application against
established criteria. Based upon the
evaluation criteria, the reviewer will
assign a numerical score to each
application, which will be used in
making the final funding decision.
Approved applications scoring less than
60 points will not be considered for
funding.

The results of the review are
forwarded to the Director, Office of
Public Health Support (OPHS), for final
review and approval. The Director,
OPHS, will also consider the
recommendations from the Division of
Health Professions Support and the
Division of Grants Operations (DGO).

3. Anticipated Announcement and
Award Dates

The IHS anticipates an awards start
date of September 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 August 27,
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
legally 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
- 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 cost 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 a 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 costs rates for IHS
Tribal organization grantees are
negotiated with the Division of Cost
Allocation (DCA) http://rates.psc.gov/
and indirect cost rates that are for IHS
funded federally recognized Tribes are
negotiation 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 slippage (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
time 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 Ms.
Jackie Santiago, Office of Public Health
Support, Division of Health Professions
Support, 801 Thompson Avenue, Suite
120, Rockville, Maryland 20852 (301)
443–3396. For grant application and
business management information,
contact Ms. Martha Redhouse, Division
of Grants Operations, Indian Health
Service, 801 Thompson Avenue, Suite
DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

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

AGENCY: Federal Emergency Management Agency, DHS.

ACTION: Notice and request for comments.

SUMMARY: The Federal Emergency Management Agency (FEMA) has submitted the following information collection to the Office of Management and Budget (OMB) for review and clearance in accordance with the requirements of the Paperwork Reduction Act of 1995. The submission describes the nature of the information collection, the categories of respondents, the estimated burden (ie., the time, effort and resources used by respondents to respond) and cost, and includes the actual data collection instruments FEMA will use.


OMB Number: 1660–0036.

Abstract: Federal agencies are required to survey their customers to determine the kind and quality of services customers want and their level of satisfaction with existing services. FEMA Managers use the survey results to measure program performance against standards for performance and customer service; measure achievement of Government Performance and Results Act of 1993 (GPRA) and strategic planning objectives; and generally gauge and make improvements to disaster services that increase customer satisfaction and program effectiveness.

Affected Public: Individuals and households, businesses or other for-profit, not-for-profit institutions.

Number of Respondents: 32,407 for surveys and 1,368 for focus groups.

Estimated Time Per Respondent: 1.63 hours for a focus group.

Estimated Total Annual Time Burden: 8,791.75 hours.

Annual Frequency of Response: 1.

Comments: Interested persons are invited to submit written comments on the proposed information collection to the Office of Information and Regulatory Affairs, Office of Management and Budget; Attention: Nathan Lesser, Desk Officer, Department of Homeland Security/FEMA, and sent via electronic mail to oira_submission@omb.eop.gov or faxed to (202) 395–6974. Comments must be submitted on or before August 9, 2007.

FOR FURTHER INFORMATION CONTACT: Requests for additional information or copies of the information collection should be made to Chief, Records Management, FEMA, 500 C Street, SW., Room 609, Washington, DC 20472, facsimile number (202) 646–3347, or e-mail address FEMA-Information-Collections@dhs.gov.


DATES: Effective Date: June 27, 2007.

FOR FURTHER INFORMATION CONTACT: Mark Mitchell, Deputy Director, Disaster Recovery and Special Issues Division, Office of Community Planning and Development, U.S. Department of Housing and Urban Development, 451 Seventh Street, SW., Room 4176, Washington, DC 20410; telephone: 202–708–2374 (this is not a toll-free number) or e-mail Ms. Deitzer at Lillian_L__Deitzer@HUD.gov for a copy of the proposed form and other available information.

FOR FURTHER INFORMATION CONTACT: Lillian L. Deitzer, Departmental Reports Officer, Department of Homeland Security, 451 Seventh Street, SW., Room 609, Washington, DC 20472, (202) 646–3347, or e-mail address FEMA-Information-Collections@dhs.gov.

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

Docket No. FR–5118–N–03]

Notice of Proposed Information Collection: Comment Request; Disaster Recovery Grant Reporting System

AGENCY: Office of Community Planning and Development, HUD.

ACTION: Notice.

SUMMARY: The proposed information collection requirement described below will be submitted to the Office of Management and Budget (OMB) for review, as required by the Paperwork Reduction Act. The Department is soliciting public comments on the subject proposal.

DATES: Comments Due Date: September 7, 2007.

ADDRESSES: Interested persons are invited to submit comments regarding this proposal. Comments should refer to the proposal by name and/or OMB Control Number and should be sent to: Lillian L. Deitzer, Departmental Reports Management Officer, QDAM, Department of Housing and Urban Development, 451 Seventh Street, SW., Room 4176, Washington, DC 20410; telephone: 202–708–2374 (this is not a toll-free number) or e-mail Ms. Deitzer at Lillian_L__Deitzer@HUD.gov for a copy of the proposed form and other available information.