

of the grant, the terms and conditions of the award, the effective date of the award, and the budget/project period.

## 2. Administrative Requirements

*Grants are administered in accordance with the following documents:*

- This Program Announcement.
- 45 CFR part 74, "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, January 2007.
- "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 indirect costs in accordance with HHS Grants Policy Statement, Part 11-27. The 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 the current rate is not on file with the awarding office, the award shall include funds for reimbursement of indirect costs. However, the indirect costs portion will remain restricted until the current rate is provided to the DGO.

If an urban Indian organization has questions regarding the indirect costs 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 period. Standard Form 269 (long form) will be used for financial reporting.

Failure to submit required reports within the time allowed may result in suspension or termination of an active agreement, 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 organization or the individual responsible for preparation of the reports.

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

## VII. Agency Contacts

For program-related and general information regarding this announcement: Danielle Steward, Health Systems Specialist, Office of Urban Indian Health Programs, 801 Thompson Avenue, Room 200, Rockville, MD 20852, (301) 443-4680 or [danielle.steward@ihs.gov](mailto:danielle.steward@ihs.gov).

*For specific grant-related and business management information:* Denise Clark, Senior Grants Management Specialist, 801 Thompson Avenue, TMP 360, Rockville, MD 20852, 301-443-5204 or [denise.clark@ihs.gov](mailto:denise.clark@ihs.gov).

Dated: July 8, 2008.

**Robert G. McSwain,**

*Director, Indian Health Service.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Indian Health Service

#### Organization, Functions, and Delegations of Authority, Part G, Indian Health Service, Proposed Functional Statement

#### Office of Information Technology (OIT) (GAG)

(1) Provides Chief Information Officer (CIO) services and advises the Director, Indian Health Service (IHS), on all aspects of information resource management and technology; (2) ensures Agency compliance with related Federal laws, regulations, and policies; (3) directs the development, implementation, and maintenance of policies, procedures, standards, and architecture for information resource management, technology activities, and services in the IHS; (4) directs strategic planning and budgeting processes for information resources and technology;

(5) leads IHS efforts in developing and implementing information resource and technology management initiatives in IHS; (6) directs the design, development, acquisition, implementation, and support of robust information systems and services used in the IHS; (7) directs the activities of the IHS Information Technology Investment Review Board (ITIRB) in assessing, implementing, and reviewing the Agency's information systems; (8) contracts for information resource and technology-related software, equipment, and support services in collaboration with appropriate acquisition authorities; (9) provides project management support for information resource and technology initiatives; (10) directs the development, implementation, and management of the IHS Information Technology Security program to protect the information resources of the IHS; (11) provides information technology (IT) services and support to IHS, Tribal, and Urban Indian Health Programs (UIHP), including the Resource and Patient Management System (RPMS), Electronic Health Record (EHR), and the National Patient Information Reporting System (NPIRS); (12) ensures accessibility to IT services; (13) represents the IHS and enters into IT agreements with Federal, Tribal, State and other organizations; and (14) participates in cross-cutting issues and processes including, but not limited to, emergency preparedness/security, budget formulation, self-determination issues, Tribal shares computations, and resolution of audit findings as may be needed and appropriate.

#### Division of Information Technology (GAGA)

(1) Provides Chief Technology Officer IT services and advises the CIO on all aspects of IT; (2) develops clinical and business practice healthcare applications such as the RPMS and the EHR; (3) develops healthcare statistical applications for NPIRS; (4) obtains system and business requirements from stakeholders for system design; (5) provides quality assurance and risk management for software development; (6) develops, implements, and maintains policies, procedures, and standards for system development and technology products and services in the IHS; (7) develops and maintains IT strategic planning documents; (8) develops and maintains the IHS enterprise architecture; (9) develops and implements IT management initiatives in IHS; (10) ensures IHS IT infrastructure resource consolidation and standardization efforts support IHS healthcare delivery and program

administration; (11) represents the IHS to Federal, Tribal, State, and other organizations; and (12) participates in cross-cutting issues and processes that involve IT.

#### **Division of Program Management and Budget (GAGB)**

(1) Advises the CIO on all business aspects of information resources and project management; (2) develops information resource policies and procedures; (3) develops the IHS IT budget and related documents; (4) provides budget analyses and reports to the CIO; (5) develops strategies for presenting the IHS IT budget to IHS, Tribal, and UIHP; (6) provides technical analyses, guidance, and support for IHS capital planning and investment control activities; (7) manages the IHS portfolio management tool; (8) manages the activities of the IHS ITIRB in assessing, implementing and reviewing the Agency's information systems; (9) develops project management policies and procedures; (10) identifies alternatives among internal and external sources and recommends the best sources to supply information resource and technology products and services to IHS; (11) develops information resource and technology project governance structures to support effective project management; (12) provides project management and related support for IHS developed and acquired information resources and technology products and services; (13) provides contract management support for IT initiatives; (14) provides contract liaison services to appropriate acquisition authorities; (15) participates in cross-cutting issues and processes that involve IT; and (16) represents the IHS to Federal, Tribal, State, and other organizations.

#### **Division of Information Technology Operations (GAGC)**

(1) Advises the CIO on all aspects of implementing and deploying computer systems including RPMS; (2) installs and maintains enterprise computer systems and associated hardware and operating systems; (3) installs and maintains enterprise application software; (4) furnishes IRS-wide video conferencing solutions and services; (5) delivers desktop and office automation support; (6) provides 24 x 7 helpdesk support for RPMS and office applications; (7) maintains LISTserv capabilities; (8) provides customer relationship management support for IT systems; (9) performs Web monitoring and filtering services; (10) designs and implements Web sites in compliance with Section 508 Accessibility regulations; (11) operates and maintains

data centers; (12) installs and supports e-mail, file, and print services; (13) provides Domain Name Services; (14) designs, implements, and maintains IHS's backbone network infrastructure; (15) monitors network infrastructure for anomalies; (16) provides project management support for systems design and deployment to ensure customer satisfaction; (17) represents the IRS to Federal, Tribal, State, and other organizations; and (18) participates in cross-cutting issues and processes that involve information resources and technology project management.

#### **Division of Information Security (GAGD)**

(1) Advises the CIO on all aspects of information security; (2) develops, implements, and monitors the IHS Information Security program to ensure adequate protection of information; (3) develops and maintains information security policies, procedures, and guidelines to safeguard information and IT systems; (4) develops and reviews IHS IT security plans; (5) assesses the risk and magnitude of harm that could result from unauthorized access, use, disclosure, disruption, modification, or destruction of information and information systems that support the operations and assets of IHS; (6) ensures that security and privacy have been incorporated in information system lifecycle plans; (7) conducts vulnerability assessment of IHS's IT infrastructure; (8) coordinates activities with internal and external organizations reviewing the IHS's information resources for fraud, waste, and abuse; (9) develops and implements employee information security awareness training programs; (10) manages the IHS Information Security Incident Response Team; (11) represents the IHS to Federal, Tribal, State, and other organizations regarding information security; and (12) participates in cross-cutting issues and processes that involve information security.

This reorganization shall be effective July 17, 2008.

Dated: July 8, 2008.

**Robert G. McSwain,**

*Director, Indian Health Service*

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**BILLING CODE 4160-16-M**

## **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

### **National Institutes of Health**

#### **Center for Scientific Review; Amended Notice of Meeting**

Notice is hereby given of a change in the meeting of the Center for Scientific Review Special Emphasis Panel, July 29, 2008, 7 a.m. to July 29, 2008, 7 p.m., National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD, 20892, which was published in the **Federal Register** on June 9, 2008, 73 FR 32589-32590.

The meeting title has been changed to "EPR Shared Instrumentation Study Section."

The meeting is closed to the public.

Dated: July 3, 2008.

**Jennifer Spaeth,**

*Director, Office of Federal Advisory Committee Policy.*

[FR Doc. E8-15821 Filed 7-16-08; 8:45 am]

**BILLING CODE 4140-01-M**

## **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

### **National Institutes of Health**

#### **Center for Scientific Review; Notice of Closed Meeting**

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

*Name of Committee:* Center for Scientific Review Special Emphasis Panel; Special Topics in Neural Drug Discovery.

*Date:* July 18, 2008.

*Time:* 1 p.m. to 5 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892, (Telephone Conference Call).

*Contact Person:* Mary Custer, PhD, Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 4148, MSC 7850, Bethesda, MD 20892-7850, (301) 435-1164, [custerm@csr.nih.gov](mailto:custerm@csr.nih.gov).