

Proposed Project: Ryan White Comprehensive AIDS Resources Emergency (CARE) Act Title I Grant Application Information Supplements: NEW

The CARE Act (codified under Title XXVI of the Public Health Service Act) was first enacted by Congress in 1990, and reauthorized in 1996 and 2000. It addresses the unmet health needs of persons living with HIV disease by funding primary health care and support services that enhance access to and retention in care. The CARE Act funded services reach over 571,000 individuals; after Medicaid and Medicare, it is the largest single source of Federal funding for HIV/AIDS care for low-income, uninsured, and underinsured Americans. Title I under the CARE Act provides emergency assistance to eligible metropolitan areas (EMAs) that have been most severely affected by the HIV epidemic, for the purpose of developing or enhancing a continuum of high quality, community-based care for low-income individuals and families. HRSA disburses approximately one-half of the Title I funds among 51 EMAs based on a congressionally-mandated formula. The remaining funds are available on a competitive basis to those same EMAs that demonstrate severe need for supplemental assistance to combat the HIV epidemic, and an ability to disburse and use supplemental resources in a manner that is immediately responsive to the local epidemic and cost effective.

The CARE Act requires local planning councils to establish Title I priorities and allocate funds, taking into account critical factors. These include the: size and demographics of the local HIV epidemic; demonstrated (or probable) cost effectiveness and outcome effectiveness of proposed strategies and interventions; priorities of the communities with HIV disease for

whom the services are intended; coordination of HIV care services delivery with HIV prevention programs and programs for the prevention and treatment of substance abuse; availability of other governmental and nongovernmental resources; and capacity development needs resulting from disparities in the availability of treatment and services in underserved communities. Other planning council duties include developing a comprehensive plan for the delivery of services and evaluating the effectiveness of administrative mechanisms used by the grantee to disburse (contract) the funds locally.

The Title I Grant Application Information Supplements have been designed to collect information from EMAs in a consistent, standard way when they apply for new or competing continuation grant funds in a combined formula and supplemental grant application. This information is needed to determine that funds are being used as intended by the Congress and in compliance with CARE Act mandates, and that supplemental funds are awarded to grantees on the basis of objective criteria consistent with CARE Act requirements. This includes requirements that grantees demonstrate: (a) Severity of need for emergency assistance to combat the HIV epidemic, including the unmet needs of persons who know their HIV status but are not yet in care, (Information Supplements 1, 4 and 5); (b) a functioning planning council that is in conformance with statutory membership requirements and carrying out mandated duties and responsibilities, (Information Supplement 2); (c) an ability to use Title I grant resources in a manner that is immediately responsive to the local epidemic and cost effective, and in compliance with payer of last resort, maintenance of effort and related

requirements, (Information Supplements 3 and 6); and (d) a comprehensive plan for the delivery of HIV/AIDS care services that is responsive to the local epidemic and unmet needs, (Information Supplements 7 and 8).

In addition, HRSA will use the collected information as a benchmark for monitoring grantee performance during the fiscal year; to identify individual and cross-cutting grantee technical assistance needs; and to detect emerging HIV/AIDS care services issues that may require changes in existing program policies or procedures.

The Title I Application Information Supplements will be transmitted by mail and electronically to all Title I EMAs and made available through the HRSA Web site. Applicants will submit the Information Supplements electronically along with Form PHS-5161-1 (Revised 7/00), SF-424 and the program narrative portion of their application, using the Grants Management electronic transmission mechanisms established by HRSA. The Information Supplements will include check box responses; fields for reporting numeric fiscal and epidemiological data; and text boxes for describing other required information. The Information Supplements will automatically generate totals when appropriate, and have other automated fields to minimize the time required to insert identifying information.

The Information Supplements will require Title I applicants/grantees to report local epidemiological information and some fiscal and programmatic data collected from Title I funded contractors (sub-grantees), which grantees have been collecting and reporting since FY 1995 or earlier. The approximate response burden for applicants/grantees is estimated as:

	Estimated number of grantee respondents	Estimated responses per grantee	Total number of responses	Hours per response	Estimated total hour burden
51		1	51	16	816

Send comments to Susan G. Queen, PhD, HRSA Reports Clearance Officer, Room 10-33, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 day of this notice.

Dated: May 10, 2005.
Tina M. Cheatham,
Director, Division of Policy Review and Coordination.
 [FR Doc. 05-9677 Filed 5-13-05; 8:45 am]
BILLING CODE 4165-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Advisory Commission on Childhood Vaccines; 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: Advisory Commission on Childhood Vaccines (ACCV).

Dates and Times: The full ACCV will meet on June 1, 2005, 1 p.m.–5:30 p.m., e.d.t., and June 2, 2005, 9 a.m.–2 p.m., e.d.t.

Place: Audio Conference Call and Parklawn Building, Conference Rooms G & H, 5600 Fishers Lane, Rockville, MD 20857.

Status: The meeting will be open to the public. The public can join the meeting in person at the address listed above or by audio conference call by dialing 1-888-323-5255 on June 1–2 and providing the following information:

Leader's Name: Dr. Geoffrey Evans.

Password: ACCV.

Agenda: The agenda items for the June meeting will include, but are not limited to: A report from the ACCV Workgroup meeting; a presentation and discussion on the draft vaccine information statements for diphtheria-tetanus-pertussis, haemophilus influenzae, polio, pneumococcal conjugate, hepatitis B, and influenza vaccines; a discussion on adding injuries for influenza vaccine to the Vaccine Injury Table; and updates from the Division of Vaccine Injury Compensation (DVIC), the Department of Justice, and the National Vaccine Program Office. Agenda items are subject to change as priorities dictate.

Public Comments: Persons interested in providing an oral presentation should submit a written request, along with a copy of their presentation to: Ms. Cheryl Lee, Principal Staff Liaison, DVIC, Healthcare Systems Bureau (HSB), Health Resources and Services Administration (HRSA), Room 11C-26, 5600 Fishers Lane, Rockville, Maryland 20857 or e-mail clee@hrsa.gov. Requests should contain the name, address, telephone number, and any business or professional affiliation of the person desiring to make an oral presentation. Groups having similar interests are requested to combine their comments and present them through a single representative. The allocation of time may be adjusted to accommodate the level of expressed interest. DVIC will notify each presenter by mail or telephone of their assigned presentation time.

Persons who do not file an advance request for a presentation, but desire to make an oral statement, may announce it at the time of the comment period. These persons will be allocated time as it permits.

For Further Information Contact: Anyone requiring information regarding the ACCV, should contact Ms. Cheryl Lee, Principal Staff Liaison, DVIC, HSB, HRSA, Room 11C-26, 5600 Fishers Lane, Rockville, MD 20857; telephone (301) 443-2124 or e-mail clee@hrsa.gov.

Dated: May 10, 2005.

Tina M. Cheatham,

Director, Division of Policy Review and Coordination.

[FR Doc. 05-9674 Filed 5-13-05; 8:45 am]

BILLING CODE 4165-15-U

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Center for Substance Abuse Prevention; Notice of Meeting

Pursuant to Pub. L. 92-463, notice is hereby given of the meeting of the SAMHSA Center for Substance Abuse Prevention (CSAP) National Advisory Council on May 25–26, 2005.

The meeting will be open and will include a Director's Report, and discussion of the Center's policy issues and current administrative, legislative, and program developments. The meeting will also include a presentation on the Center's National Prevention Partners initiative.

Substantive program information, a summary of the meeting, and a roster of Council members may be obtained either by accessing the SAMHSA Council Web site, <http://www.samhsa.gov/council/csap/csapnac.aspx> or by communicating with the contact listed below. The transcript for the open session will also be available on the SAMHSA CSAP Council Web site as soon as possible after the meeting.

Committee Name: Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention National Advisory Council.

Date/Time: Wednesday, May 25, 2005, 2 p.m. to 5 p.m., Thursday, May 26, 2005, 9 a.m. to 3 p.m.

Place: 1 Choke Cherry Road, Sugarloaf Conference Room, Rockville, Maryland 20857.

Type: Open.

Contact: Tia Haynes, Committee Management Specialist, 1 Choke Cherry Road, 4-1054, Rockville, Maryland 20857, Telephone: (240) 276-2436, Fax: (240) 276-2439, E-mail: Tia.haynes@samhsa.hhs.gov.

Dated: May 10, 2005.

Toian Vaughn,

Committee Management Officer, Substance Abuse and Mental Health Services Administration.

[FR Doc. 05-9661 Filed 5-13-05; 8:45 am]

BILLING CODE 4162-20-P

DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Federal Emergency Management Agency, Emergency

Preparedness and Response Directorate, U.S. Department of Homeland Security.

ACTION: Notice and request for comments.

SUMMARY: The Federal Emergency Management Agency, as part of its continuing effort to reduce paperwork and respondent burden, invites the general public and other Federal agencies to take this opportunity to comment on two proposed revisions to information collection requests currently approved under OMB control numbers 1660-0071 and 1660-0072. In accordance with the Paperwork Reduction Act of 1995 (44 U.S.C. 3506(c)(2)(A)), this notice seeks comments concerning these collections that are used by: (1) Grantees to apply for and report on eGrant awards; and, (2) FEMA to evaluate, award, and monitor expenditures and program/project performance for Pre-Disaster Mitigation (PDM) and Flood Mitigation Assistance (FMA) program activities.

SUPPLEMENTARY INFORMATION: The proposed information collection requests, upon approval by OMB, will enable FEMA to continue using eGrant applications and reporting for the Pre-Disaster Mitigation (PDM) program and the Flood Mitigation Assistance (FMA) program, which are essential to FEMA's mission to lead America to prepare for prevent, respond to, and recover from disasters. The PDM grant program is the only source of Federal pre-disaster funding available to States and local governments for hazard mitigation. Hazard mitigation is an ongoing effort to lessen the impact disasters have on people's lives and property through damage prevention measures such as removing homes from the floodplain, engineering buildings and infrastructure to withstand earthquakes, installing safe rooms and retrofitting buildings to withstand high winds from tornadoes or hurricanes.

The Disaster Mitigation Act of 2000 (Pub. L. 106-390) authorizes and funded the Pre-Disaster Mitigation (PDM) program to provide a continuous source of pre-disaster mitigation funding independent of disaster declarations to assist States and local communities to take actions to reduce the overall risks to populations and to properties from future disasters. The Flood Mitigation Assistance (FMA) program is an annual program targeted toward reducing flood damages and risks to people and properties. The National Flood Insurance Act of 2004 (Pub. L. 108-264) amended the FMA program by expanding the authorized funds from \$20 million to \$40 million annually to