

*Times and Dates:* 7:30 p.m.–10:30 p.m., August 8, 2005 (Closed). 8 a.m.–5:30 p.m., August 9, 2005 (Closed).

*Place:* Renaissance Concourse Hotel, One Hartsfield Centre Parkway, Atlanta, GA 30354, Telephone Number 404.209.9999.

*Status:* The meeting will be closed to the public in accordance with provisions set forth in Section 552(b)(3) (4) and (6), Title 5 U.S.C., and the Determination of the Director, Management Analysis and Services Office, CDC, pursuant to Public Law 92–463.

*Matters to be Discussed:* The meeting will include the review, discussion, and evaluation of applications received in response to: Centers of Excellence in Health Marketing and Health Communication, Program Announcement #CD 05 108.

*Contact Person for More Information:* Mary Lerchen DrPH, MS, Assistant Director for Research Practices and Peer Review, Office of Public Health Research, 1600 Clifton Road NE., Mailstop D–72, Atlanta, GA 30333, Telephone 404.371.5282.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both CDC and the Agency for Toxic Substances and Disease Registry.

Dated: July 1, 2005.

**Alvin Hall,**

*Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.*

[FR Doc. 05–13619 Filed 7–11–05; 8:45 am]

**BILLING CODE 4163–18–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[CMS–2212–N]

#### Medicaid Program; Meeting of the Medicaid Commission—July 27, 2005

**AGENCY:** Center for Medicare & Medicaid Services (CMS), HHS.

**ACTION:** Notice of meeting.

**SUMMARY:** This notice announces a public meeting of the Medicaid Commission. Notice of this meeting is given under the Federal Advisory Committee Act (5 U.S.C. App. 2, section 10(a)(1) and (a)(2)). The Medicaid Commission will advise the Secretary on ways to modernize the Medicaid program so that it can provide high-quality health care to its beneficiaries in a financially sustainable way. This notice also announces the appointment of 28 individuals to serve as members of the Medicaid Commission, including one individual to serve as chairperson.

**DATES:** *The Meeting:* July 27, 2005.

*Special Accommodations:* Persons attending the meeting who are hearing

or visually impaired, or have a condition that requires special assistance or accommodations, are asked to notify the Executive Secretary by July 19, 2005 (see **FOR FURTHER INFORMATION CONTACT**).

**ADDRESSES:** *The Meeting:* The meeting will be held at the following address: Renaissance Hotel, 999 9th Street, NW., Washington, DC 20001, United States, toll-free 1–800–468–3571, telephone: 1 (202) 898–9000, fax: 1 (202) 289–0947.

*Web site:* You may access up-to-date information on this meeting at <http://www.cms.hhs.gov/advisorycommittees/>.

**FOR FURTHER INFORMATION CONTACT:** Mary Beth Hance, Executive Secretary, (410) 786–4299.

**SUPPLEMENTARY INFORMATION:** On May 24, 2005, we published a notice (70 FR 29765) announcing the Medicaid Commission and requesting nominations for individuals to serve on the Medicaid Commission. This notice announces the first public meeting of the Medicaid Commission. This notice also announces the appointment of 28 individuals to serve as members of the Medicaid Commission, including one individual to serve as chairperson.

*Medicaid Commission Voting Members:* Donald Sundquist (Chairperson), Angus King (Vice Chairperson), Nancy Atkins, Melanie Bella, Gail Christopher, Gwen Gillenwater, Robert Helms, Kay James, Troy Justesen, Tony McCann, Mike O’Grady, Bill Shiebler, and Grace-Marie Turner.

*Medicaid Commission Non-voting Members:* James Anderson, Julianne Beckett, Carol Berkowitz, Maggie Brooks, Mark de Bruin, Valerie Davidson, John Kemp, John Monahan, Joseph Marshall, John Nelson, Joseph Piccione, John Ruge, Douglas Struyk, Howard Weitz, and Joy Johnson Wilson.

*Topics of the Meeting:* The Commission will discuss options to achieve \$10 billion in scorable Medicaid savings over 5 years while at the same time make progress toward meaningful longer-term program changes to better serve beneficiaries. The Commission may discuss the need to divide into sub-groups for the purpose of focusing on particular issues within this broad subject, including a discussion of which members would serve on which sub-group.

*Procedure and Agenda:* This meeting is open to the public. First, the appointees will be sworn in by a Federal official. Each Commission member will then be given an opportunity to make a self-introduction.

There will be a public comment period at the meeting. The Commission

may limit the number and duration of oral presentations to the time available. We will request that you declare at the meeting whether or not you have any financial involvement related to any services being discussed.

After the public and CMS presentations, the Commission will deliberate openly on the topic. Interested persons may observe the deliberations, but the Commission will not hear further comments during this time except at the request of the Chairperson. The Commission will also allow an open public session for any attendee to address issues specific to the topic.

**Authority:** 5 U.S.C. App. 2, section 10(a)(1) and (a)(2).

Dated: July 8, 2005.

**Mark B. McClellan,**

*Administrator, Centers for Medicare & Medicaid Services.*

[FR Doc. 05–13790 Filed 7–11–05; 8:45 am]

**BILLING CODE 4120–01–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

#### Notice of Correction for Demonstration Projects That Improve Child Well-Being by Fostering Healthy Marriages Within Underserved Communities

**AGENCY:** Children’s Bureau, Administration on Children, Youth and Families, Administration for Children and Families, Department of Health and Human Services.

*Funding Opportunity Title:* Demonstration Projects that Improve Child Well-Being by Fostering Healthy Marriages Within Underserved Communities.

**ACTION:** Notice of correction.

*Funding Opportunity Number:* HHS–2005–ACF–ACYF–CA–0089.

**SUMMARY:** This notice is to inform interested parties of corrections made to the Demonstration Projects that Improve Child Well-Being by Fostering Healthy Marriages Within Underserved Communities program announcement that published on June 8, 2005. The following corrections should be noted:

Under Section III. 1 *Eligible Applicants*, following ‘Non-profits that do not have 501 (c) (3) status with the IRS, other than institutions of higher education please add the following eligible applicants: Native American tribal governments (Federally recognized) and Native American tribal

organizations (other than Federally recognized tribal governments).

The final list of eligible applicants for this announcement should read:

“1. Eligible Applicants:

State governments  
 County governments  
 City or township governments  
 Special district governments  
 Independent school districts  
 Non-profits having a 501(c)(3) status with the IRS, other than institutions of higher education  
 Non-profits that do not have a 501(c)(3) status with the IRS, other than institutions of higher education  
 Native American tribal governments (Federally recognized)  
 Native American tribal organizations (other than Federally recognized tribal governments)

Under Section *III.1 Eligible Applicants, Additional Information on Eligibility*, please modify the first sentence from:

Applicants, and their partner organizations (if any), must have experience and background in working with children and families in the targeted minority community”.

To:

Applicants, and their partner organizations (if any), must have experience and background in working with children and families in the targeted underserved community.

Also under Section *III.1 Eligible Applicants, Additional Information on Eligibility* please modify the fourth sentence from:

Applicants must have a demonstrated capacity to engage children and families in the targeted minority community who are at risk of entering, or are already in the child welfare system.”

To:

Applicants must have a demonstrated capacity to engage children and families in the targeted underserved community who are at risk of entering, or are already in the child welfare system.

The only changes to the Demonstration Projects that Improve Child Well-Being by Fostering Healthy Marriages Within Underserved Communities program announcement are explicitly stated in this Notice of Correction. All applications must still be sent on or before the deadline date of August 8, 2005.

For further information please contact Julie Lee at (202) 205-8640.

Dated: June 30, 2005.

**Frank Fuentes,**

*Acting Commissioner, Administration on Children, Youth and Families.*

[FR Doc. 05-13687 Filed 7-11-05; 8:45 am]

BILLING CODE 4184-01-P

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Food and Drug Administration**

**State Health Fraud Task Force Grants; Availability of Funds; Request for Applications; Correction; Funding Opportunity Number: FDA-ORA-04-2; Catalog of Federal Domestic Assistance Number: 93.447**

**AGENCY:** Food and Drug Administration, HHS.

**ACTION:** Notice.

**I. Funding Opportunity Description**

The Food and Drug Administration (FDA) is announcing the availability of grant funds for State Health Fraud Task Force Grant Program support. This announcement supercedes previous announcements of this program, which were published in the **Federal Register** of June 28, 2004 (69 FR 36091), and February 28, 2005 (70 FR 9656). Grant funds will be used to assist agencies in identifying and prosecuting perpetrators of health fraud and acquired immunodeficiency syndrome (AIDS) health fraud; obtain and disseminate information on the use of fraudulent drugs and therapies; disseminate information on approved drugs and therapies; and provide health fraud information obtained by the State Health Fraud Task Force to State health agencies, community based organizations, and FDA staff.

FDA will support projects covered by this notice under sections 1702 through 1706 of title XVII of the Public Health Service Act (42 U.S.C. 300u-1 through 300u-5). FDA's project program is described in the Catalog of Federal Domestic Assistance, No. 93.447.

The State Health Fraud Task Force has the following mission: (1) To assist and educate health professionals and persons with serious illnesses, and to educate them about the dangers and magnitude of health fraud; (2) to assist law enforcement agencies in identifying and prosecuting perpetrators of health fraud; (3) to obtain and disseminate information on the fraudulent drugs and therapies being used and the consequences of their use; (4) to disseminate information on approved drugs and therapies; and (5) to provide health fraud information obtained by the State Health Fraud Task Force to State health agencies, community based organizations, and FDA staff.

State Health Fraud Task Force grants will be awarded only for direct costs incurred to accomplish the mission of the State Health Fraud Task Force

Program in educating and combating health fraud.

**II. Award Information**

Support of these grants will be for up to 3 years. The number of grants awarded will depend on the quality of the applications received and the availability of Federal funds to support the grant. These grants are not intended to fund food, medical devices, or drug inspections. Only one award will be made per State.

State Health Fraud Task Force grants will be awarded for up to 3 years based on availability of funds and satisfactory performance. The budgets for all years of requested support must be fully justified in the original application.

Support for this program will be in the form of a grant.

*1. Award Amount*

It is anticipated that each year approximately \$300,000 will be available for this program. FDA anticipates making approximately 20 awards, not to exceed \$15,000, in direct costs only per award per year.

*2. Length of Support*

It is anticipated that FDA will fund these grants at a level requested but not exceeding \$15,000 total direct costs only for the first year. An additional 2 years of support up to approximately \$15,000 total direct costs only each year will be available, depending upon the following factors: (1) Performance during the preceding year, (2) compliance with regulatory requirements of the award, and (3) availability of Federal funds.

*3. Funding Plan*

The number of grants funded will depend on the quality of the applications received, their relevance to FDA's mission, priorities, and the availability of funds.

**III. Eligibility Information**

Applicants are limited to States that have an existing AIDS Health Fraud Task Force or States that are in the process of developing a Health Fraud Task Force.

*1. Eligible Applicants*

This grant program is only available to one State Health Fraud Task Force per State.

*2. Cost Sharing or Matching*

None.

*3. Other*

An application will be considered nonresponsive if any of the following circumstances are met: (1) If it is