Fraud and Abuse Act of 1986; the Health Insurance Portability and Accountability Act of 1996; the E-Government Act of 2002; the Clinger-Cohen Act of 1996; the Medicare Prescription Drug Improvement, Modernization Act (MMA) of 2003, and the corresponding implementing regulations. OMB Circular A–130, Management of Federal Resources, Appendix III, Security of Federal Automated Information Resources also applies. Federal, HHS, and CMS policies and standards include but are not limited to: all pertinent National Institute of Standards and Technology publications; HHS Information Systems Program Handbook and the CMS Information Security Handbook.

RETENTION AND DISPOSAL:

CMS will retain information for a total period of 10 years. All claims-related records are encompassed by the document preservation order and will be retained until notification is received from the Department of Justice.

SYSTEM MANAGER AND ADDRESS:

Director, Office of Clinical Standards and Quality, CMS, Room S2–26–17, 7500 Security Boulevard, Baltimore, Maryland 21244–1850.

NOTIFICATION PROCEDURE:

For the purpose of access, the subject individual should write to the system manager who will require the system name, address, age, gender, and for verification purposes, the subject individual's name (woman's maiden name, if applicable).

RECORD ACCESS PROCEDURE:

For the purpose of access, use the same procedures outlines in Notification Procedures above. Requestors should also reasonably specify the record contents being sought. (These procedures are in accordance with Department regulation 45 CFR 5b.5).

CONTESTING RECORDS PROCEDURES:

The subject individual should contact the system manager named above and reasonable identify the records and specify the information to be contested. State the corrective action sought and the reasons for the correction with supporting justification. (These Procedures are in accordance with Department regulation 45 CFR 5b.7).

RECORD SOURCE CATEGORIES:

Records maintained in this system are derived from Carrier and Fiscal Intermediary Systems of Records, Common Working File System of Records, clinics, institutions, hospitals and group practices performing the procedures, and outside registries and professional interest groups.

SYSTEMS EXEMPTED FROM CERTAIN PROVISIONS OF THE ACT:

None.

[FR Doc. 05–17845 Filed 9–8–05; 8:45 am]

BILLING CODE 4120–03–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Notice of Availability of the Biennial Report to Congress on the Status of Children in Head Start Programs

AGENCY: Administration on Children, Youth and Families (ACYF) Administration for Children and Families (ACF), Department of Health and Human Services.

ACTION: Notice.

SUMMARY: The Administration for Children and Families announces publication of the Biennial Report to Congress on the Status of Children in Head Start Programs, Fiscal Year (FY) 2003. The report is mandated under Section 650 of the Head Start Act, as amended, which requires the Secretary of Health and Human Services to submit a report to Congress at least once during every two-year period on the status of children in Head Start programs. During FY 2003 more than 909,000 children were enrolled in Head Start programs including 62,000 children in Early Head Start programs serving children between birth and three years of age.

EFFECTIVE DATE: September 9, 2005.

ADDRESSES: Persons wishing to receive a copy of the Biennial Report to Congress on the Status of Children in Head Start Programs, FY 2003 may contact the Head Start Publication Center on 866–763–6481. Copies of the report may also be obtained by accessing the Head Start Web site at *http://www.acf.hhs.gov/programs/hsb/research/index.htm.*

FOR FURTHER INFORMATION CONTACT: Frank Fuentes, Acting Associate Commissioner, Head Start Bureau, Administration on Children, Youth and Families, 330 C Street, SW., Washington, DC 20447.

SUPPLEMENTARY INFORMATION: The Head Start and Early Head Start programs are authorized under the Head Start Act (42 U.S.C. 9801 *et seq.*) It is a national program providing comprehensive developmental services to low-income preschool children, primarily age three to age of compulsory school attendance, and their families. To help enrolled children achieve their full potential, Head Start programs provide comprehensive health, nutritional, educational, social and other services. Section 650 of the Head Start Act requires that the Secretary publish a Biennial Report of the Status of Children in Head Start Programs. The FY 2003 Biennial Report provides information about children enrolled in the program and the services they receive. During FY 2003 more than 909,000 children were enrolled in Head Start programs. Head Start operated 47,000 classrooms in more than 19,000 Head Start centers at an average annual cost per child of $7,092. Over 1,428,000 volunteers contributed their services to Head Start programs.

Dated: August 30, 2005.

Joan E. Ohl,

Commissioner, Administration on Children, Youth and Families.

[FR Doc. 05–17920 Filed 9–8–05; 8:45 am]

BILLING CODE 4184–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

National Native American Emergency Medical Services Association

AGENCY: Indian Health Service, IHS.

ACTION: Notice of Single Source Cooperative Agreement with the National Native American Emergency Medical Services Association.

SUMMARY: The Indian Health Service (IHS) announces the award of a cooperative agreement that will be funded on a competitive continuing basis to the National Native American Emergency Medical Services Association (NNAEMSA) for a demonstration project to improve emergency medical services for Native American people by improving communications between the IHS and the Native American Emergency Medical Services (EMS) providers; by improving communications and information among other federal agencies, professional organizations and Native American EMS providers; and by supporting an Annual Educational Conference.

Project Period: The cooperative agreement is for a five-year project period effective on or about September 15, 2005 to September 14, 2010.

Amount of Award(s): Total funding for the project is $450,000. Funding in the amount of $90,000.00 is available in

FY 2005. Continuation awards within an approved project period will be made on the basis of satisfactory progress as evidenced by required reports and the availability of funds.

Authority: The award is issued under the authority of the Public Health Service Act, Section 301(a), and is included under the Catalog of Federal Domestic Assistance number 93.933.

The specific objectives of the project are:

1. The Association will publish, at least three times yearly, a newsletter for members. The newsletter will be available in both hard copy and electronically.

2. The Association will present an Annual Educational Conference which supports training and continuing education for Native American EMS providers such as EMT-Basics, EMT-Intermediates, EMT-Paramedics, physicians, nurses, EMS Medical Directors, ambulance drivers, and First Responders who will receive Continuing Education Units/Continuing Medical Education credits.

3. The Association will act (1) to disseminate appropriate and accurate information and education regarding EMS and EMS providers in Indian Country to State EMS and State Administering Agencies, national professional organizations and federal agencies and to relay information and developments back to its membership and (2) to establish links with other national Indian organizations, professional EMS-related groups and federal agencies.

4. The Association will actively participate with Department of Homeland Security, Department of Health and Human Services and Mountain Plains Health Consortium to inform and educate Native American EMS provider regarding Presidential directives concerning adoption and implementation of the National Incident Management System (NIMS) and Incident Command System (ICS) and other Emergency Preparedness requirements for First Responders.

Reporting Requirements

1. 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.

2. 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.

Justification for Single Source

Previously, this project was awarded on a non-competitive continuing basis. With its national focus and years of experience and knowledge which collectively it represents, NNAEMSA fill a niche that no other organization or local Native American EMS association can provide. NNAEMSA is the only nationwide organization that specifically represents approximately 80 individual Native American EMS programs. These EMS programs provide care to over half-million Native American people who live on or near Indian reservations or who live in non-reservation areas with significant Native American populations. The population served by these programs is the same as IHS's user population. NNAEMSA is uniquely qualified to provide the services listed herein, having the requisite knowledge and experience to do so. NNAEMSA has an established record of achievements over the past five years in providing continuing medical education programs of high quality to pre-hospital providers and valuable tribal EMS expertise to IHS in consultation.

Use of Cooperative Agreement

A cooperative agreement shall be awarded because of anticipated substantial programmatic involvements by IHS staff in the project. The substantial programmatic involvement is as follows:

1. IHS staff will approve articles to be included in the newsletters and may, as requested by the Association, provide articles.

2. Working with the Association, IHS staff will be involved in the development of the Annual Educational Conference to include topics of concern to the Agency and will be included in presentations as requested by IHS Program Staff or NNAEMSA.

3. IHS Program staff will have approval over the hiring of key personnel as defined by regulation or provision in the cooperative agreement.

4. IHS Program staff will provide technical assistance to the NNAEMSA Board and will attend in person at least one NNAEMSA Board meeting.

5. IHS Program staff will provide technical assistance for the NNAEMSA Board member training and will attend in person any NNAEMSA Board member training sessions scheduled and as travel budget allows.

FOR FURTHER INFORMATION CONTACT: For program information, contact Cathy Stueckemann, Public Health Advisor, Division of Nursing, Office of Clinical and Preventive Services, IHS Reyes Building, 801 Thompson Avenue, Rockville, Maryland, 20852, telephone (301) 443–2500.

For grants management information, contact Denise Clark, Grants Management Specialist, Division of Grants Operations, Reyes Building, 801 Thompson Avenue, Rockville, Maryland, 20852, telephone (301) 443–5204.

Dated: September 1, 2005.

Robert G. McSwain,

Deputy Director, Indian Health Service.

[FR Doc. 05–17941 Filed 9–8–05; 8:45 am]

BILLING CODE 4165–16–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Notice of Establishment

Pursuant to the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), the Director, National Institutes of Health (NIH), announces the establishment of the Board of Scientific Counselors for Basic Sciences, National Cancer Institute (Board).

This Committee shall advise the Director, NIH; the Deputy Director for Intramural Research, NIH; the Director, National Cancer Institute (NCI); and the Scientific Director, NCI, on the intramural research programs through periodic visits to the laboratories for assessment of the research in progress, the proposed research, and evaluation of the productivity and performance of tenured, tenure track and staff scientist and physicians.

This Board will consist of 30 members, including the Chair, appointed by the Director, NCI, from authorities knowledgeable in the fields of laboratory, clinical and biometric research, clinical cancer treatment, cancer etiology, and cancer prevention and control research in the fields of interest to NCI.

Duration of this committee is continuing unless formally determined by the Director, NIH, that termination would be in the best public interest.

Dated: August 30, 2005.

Elias A. Zerhouni,

Director, National Institutes of Health.

[FR Doc. 05–17937 Filed 9–8–05; 8:45 am]

BILLING CODE 4140–01–M