such objectives were not met, a statement of why they were not met.

- Specific action(s) that the grantee would like the OGHA/HHS to undertake to alleviate a problem.
- Other pertinent information that will permit monitoring and overview of project operations.
- A quarterly financial report describing the current financial status of the funds used under this award. The awardee and OGHA will agree at the time of award for the format of this portion of the report.

Within 90 days following the end of the project period a final report containing information and data of interest to the Department of Health and Human Services, Congress, and other countries must be submitted to OGHA/HHS. The specifics as to the format and content of the final report and the summary will be sent to the successful applicant. At minimum, the report should contain:

- A summary of the major activities supported under the agreement and the major accomplishments resulting from activities to improve mortality in partner country.
- An analysis of the project based on the problem(s) described in the application and needs assessments, performed prior to or during the project period, including a description of the specific objectives stated in the grant application and the accomplishments and failures resulting from activities during the grant period.

Quarterly performance reports and annual reports may be submitted to: Mr. DeWayne Wynn, Grants Management Specialist, Office of Grants Management, OPHS, HHS, 1101 Wootton Parkway, Suite 550, Rockville, MD 20852, phone (240) 453–8822.

A Financial Status Report (FSR) SF–269 is due 90 days after the close of each 12-month budget period and submitted to OPHS—Office of Grants Management.

VII. Agency Contacts

For assistance on administrative and budgetary requirements, please contact: Mr. DeWayne Wynn, Grants Management Specialist, Office of Grants Management, OPHS, HHS, 1101 Wootton Parkway, Suite 550, Rockville, MD 20852, phone (240) 453–8822.

For assistance with questions regarding program requirements, please contact: Dr. Amar Bhat, Office of Global Health Affairs, Asia-Pacific Division, Office of the Secretary, Department of Health and Human Services, 5600 Fishers Lane, Suite 18–101, Rockville, MD 20857, phone: (301) 443–1410.

VIII. Tips for Writing a Strong Application

Include DUNS Number. You must include a DUNS Number to have your application reviewed. An application will not be reviewed without a DUNS number. To obtain a DUNS number, access *http://www.dunandbradstreet.com* or call 1–866–705–5711. Please include the DUNS number next to the OMB Approval Number on the application face page.

Keep your audience in mind. Reviewers will use only the information contained in the application to assess the application. Be sure the application and responses to the program requirements and expectations are complete and clearly written. Do not assume that reviewers are familiar with the applicant organization. Keep the review criteria in mind when writing the application.

Start preparing the application early. Allow plenty of time to gather required information from various sources.

Follow the instructions in this guidance carefully. Place all information in the order requested in the guidance. If the information is not placed in the requested order, you may receive a lower score.

Be brief, concise, and clear. Make your points understandable. Provide accurate and honest information, including candid accounts of problems and realistic plans to address them. If any required information or data is omitted, explain why. Make sure the information provided in each table, chart, attachment, etc., is consistent with the proposal narrative and information in other tables.

Be organized and logical. Many applications fail to receive a high score because the reviewers cannot follow the thought process of the applicant or because parts of the application do not fit together.

Be careful in the use of appendices. Do not use the appendices for information that is required in the body of the application. Be sure to cross-reference all tables and attachments located in the appendices to the appropriate text in the application.

Carefully proofread the application. Misspellings and grammatical errors will impede reviewers in understanding the application. Be sure pages are numbered (including appendices) and that page limits are followed. Limit the use of abbreviations and acronyms, and define each one at its first use and periodically throughout application.

Dated: September 12, 2006.

Sandra R. Manning,

Deputy Director for Operations and Management, Office of Global Health Affairs.

[FR Doc. E6–15503 Filed 9–18–06; 8:45 am]

BILLING CODE 4150–38–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–06–0199]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639–5960 or send an e-mail to *omb@cdc.gov*. Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395–6974. Written comments should be received within 30 days of this notice.

Proposed Project

Importation of Etiologic Agents, Hosts, and Vectors of Human Disease (42 CFR 71.54)—(OMB Control No. 0920–0199)—Revision—Office of the Director (OD), Centers for Disease Control and Prevention.

Background and Brief Description

The Foreign Quarantine Regulations (42 CFR Part 71) set forth provisions to prevent the introduction, transmission, and spread of communicable disease from foreign countries into the United States. Subpart F—Importations—contains provisions for importation of etiologic agents, hosts, and vectors (42 CFR 71.54), requiring persons that import or distribute after importation of these materials to obtain a permit issued by the CDC. This request is for the information collection requirements contained in 42 CFR 71.54 for issuance of permits by CDC to importers or distributors after importation of etiologic agents, hosts, or vectors of human disease.

CDC is requesting continued OMB approval to collect this information through the use of two separate forms. These forms are: (1) Application for Permit to Import or Transport Etiologic Agents, Hosts, or Vectors of Human Disease and (2) Application for Permit to Import or Transport Live Bats.

The Application for Permit to Import or Transport Etiologic Agents, Hosts, or Vectors of Human Disease will be used by laboratory facilities, such as those operated by government agencies, universities, research institutions, and zoologic exhibitions, and also by importers of nonhuman primate trophy materials, such as hunters or taxidermists, to request permits for the importation and subsequent distribution after importation of etiologic agents, hosts, or vectors of human disease. The Application for Permit to Import or Transport Etiologic Agents, Hosts, or Vectors of Human Disease requests applicant and sender contact information; description of material for importation; facility isolation and containment information; and personnel qualifications. Estimated average time to complete this form is 20 minutes.

The Application for Permit to Import or Transport Live Bats will be used by laboratory facilities such as those operated by government agencies, universities, research institutions, and zoologic exhibitions entities to request importation and subsequent distribution after importation of live bats. The Application for Permit to Import or Transport Live Bats requests applicant and sender contact information; a description and intended use of bats to be imported; facility isolation and containment information; and personnel qualifications.

There is no cost to the respondents other than their time. The total annualized burden is 766 hours.

ESTIMATE OF ANNUALIZED BURDEN HOURS

CFR section	Number of respondents	Responses per respondent	Average hourly burden
71.54 Application for Permit	2,300	1	20/60

Dated: September 12, 2006.

Joan F. Karr,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. E6–15504 Filed 9–18–06; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Strategy To Support Health Information Technology Among HRSA's Safety Net Providers

AGENCY: Health Resources and Services Administration (HRSA), HHS.

ACTION: Solicitation of comments.

SUMMARY: HRSA is requesting comments on the future direction and strategy regarding investments in health information technology (HIT) for section 330 grantees and other HRSA safety-net providers through its Office of Health Information Technology (OHIT). OHIT will evaluate all comments received during the public comment period to inform OHIT's policy direction.

DATES: To be considered, comments must be received by October 10, 2006.

FOR FURTHER INFORMATION CONTACT: Anthony Achampong, Division of Health Information Technology State and Community Assistance, Office of Health Information Technology, Health Resources and Services Administration, 5600 Fishers Lane, 7C–22, Rockville, Maryland 20857; *aachampong@hrsa.gov.*

SUPPLEMENTARY INFORMATION: In accordance with Public Health Service Act, Title III, section 330(e)(1)(C), and 330(c)(1)(B) and 330(c)(1)(C).

Background

The Health Resources and Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services, is the primary Federal agency for improving access to health care services for people who are uninsured, isolated or medically vulnerable. Comprising five bureaus and 12 offices, HRSA provides leadership and financial support to health care providers in every State and U.S. territory. HRSA grantees provide health care to uninsured people, people living with HIV/AIDS, and pregnant women, mothers and children. They train health professionals and improve systems of care in rural communities. HRSA is the Nation's access agency—improving health and saving lives by making sure the right services are available in the right places at the right time.

The Office of Health Information Technology (OHIT) serves as the HRSA Administrator's principal advisor for promoting the adoption of HIT in the service of the medically uninsured, underserved and other vulnerable populations, and ensuring that key issues affecting the public and private adoption of HIT are addressed. The mission of OHIT is to promote quality of care and improvements in patient health outcomes through the adoption and effective use of health information technology (HIT) in the safety-net community. OHIT is also responsible for administering the Telehealth and Health Center Controlled Network (HCCN) grant programs. OHIT's goal is to represent the HIT needs of the safety-net community providers to ensure that a digital divide does not separate care for patients of HRSA grantees and those receiving care in other sectors. OHIT's goal is also to provide leadership across the Federal agencies in HIT adoption in the safety-net community.

HCCNs are the potential foundation for a HRSA strategy on HIT adoption and use by section 330 grantees. The HCCN grant program was developed in 1994 to support the creation, development, and operation of networks, controlled by health centers, to ensure access to health care for the medically underserved populations through the enhancement of health center operations. The HCCNs routinely perform core business functions across their marketplace, State, or region. The core business functions range from electronic health records, credentialing and privileging programs, utilization review and management, and clinical quality improvement. They provide these functions at or below marketplace cost to their members to increase efficiencies, reduce costs, and improve health care quality for underserved and uninsured populations. As such, the HCCNs are vital to achieving the President's goal of assuring that every American in the Nation will have an Electronic Health Record (EHR) by 2014.

HRSA'S Quality Initiative

In May 2006, HRSA reconfirmed its goal to improve the quality of health service and health outcomes for all the patients served by HRSA grantees including the 14.5 million patients served by health centers, and announced a commitment to develop new reporting requirements to measure and document clinical outcomes. It is expected that further development of the HIT infrastructure used by health centers and other HRSA grantees will