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**SUPPLEMENTARY INFORMATION:** The agency intends to add nonvoting industry representative to its advisory committee identified below:

**I. CFSAN Food Advisory Committee**

The Committee shall provide advice primarily to Commissioner of Food and Drugs and other appropriate officials, on emerging food safety, food science, nutrition, and other food-related health issues that the FDA considers of primary importance for its food and cosmetics programs. The Committee may be charged with reviewing and evaluating available data and making recommendations on the following matters, such as those relating to: (1) Broad scientific and technical food or cosmetic related issues, (2) the safety of new foods and food ingredients, (3) labeling of foods and cosmetics, (4) nutrient needs and nutritional adequacy, and (5) safe exposure limits for food contaminants. The Committee may also be asked to provide advice and make recommendations on ways of communicating to the public the potential risks associated with these issues and on approaches that might be considered for addressing the issues.

**II. Selection Procedure**

Any industry organization interested in participating in the selection of an appropriate nonvoting member to represent industry interests should send a letter stating that interest to the FDA contact (see **FOR FURTHER INFORMATION CONTACT**) within 30 days of publication of this document. Within the subsequent 30 days, FDA will send a letter to each organization that has expressed an interest, attaching a complete list of all such organizations; and a list of all nominees along with their current resumes. The letter will also state that it is the responsibility of the interested organizations to confer with one another and to select a candidate, within 60 days after the receipt of the FDA letter, to serve as the nonvoting member to represent industry interests for a particular committee. The interested organizations are not bound by the list of nominees in selecting a candidate. However, if no individual is

selected within 60 days, the Commissioner of Food and Drugs will select the nonvoting member to represent industry interests.

**III. Application Procedure**

Individuals may self nominate and/or an organization may nominate on one or more individuals to serve as a nonvoting industry representative. A current curriculum vitae and the name of the committee of interest should be sent to the FDA contact person within the 30 days. FDA will forward all nominations to the organizations expressing interest in participating in the selection process for the committee. (Persons who nominate themselves as nonvoting industry representatives will not participate in the selection process).

FDA has a special interest in ensuring that women, minority groups, individuals with physical disabilities, and small businesses are adequately represented on its advisory committees, and therefore, encourages, nominations for appropriately qualified candidates from these groups. Specifically, in this document, nominations for nonvoting representatives of industry interests are encouraged from the food production and manufacturing industry, the dietary supplement manufacturing industry, the agricultural biotechnology manufacturing industry.

This notice is issued under the Federal Advisory Committee Act (5 U.S.C. app. 2) and 21 CFR part 14, relating to advisory committees.

Dated: June 4, 2007.

**Randall W. Lutter,**

*Associate Commissioner for Policy and Planning.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Resources and Services Administration**

**Agency Information Collection Activities: Submission for OMB Review; Comment Request**

Periodically, the Health Resources and Services Administration (HRSA)

publishes abstracts of information collection requests under review by the Office of Management and Budget (OMB), in compliance with the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35). To request a copy of the clearance requests submitted to OMB for review, call the HRSA Reports Clearance Office on (301)-443-1129.

The following request has been submitted to the Office of Management and Budget for review under the Paperwork Reduction Act of 1995:

**Proposed Project: The Health Center Program Application Forms: (OMB No. 0915-0285 Extension)**

Health centers receiving grant funding under Section 330 of the Public Health Service (PHS) Act are a major component of America's health care safety net, the Nation's "system" of providing primary health care to underserved communities and vulnerable populations. Health centers care for people regardless of their ability to pay and whether or not they have health insurance. They provide primary health care, as well as services such as transportation and translation. Many health centers also offer dental, mental health, and substance abuse care. Grants to health centers are administered by HRSA's Bureau of Primary Health Care (BPHC). In an effort to encourage the creation of new health centers and sites as well as improve and strengthen existing sites, HRSA periodically issues new grant opportunities.

HRSA uses the following application forms to administer and manage the Federal Qualified Health Center. These application forms are used by new and existing FQHC's to apply for grant and non-grant opportunities, re-new their grant or non-grant opportunities or change their scope of project.

Estimates of annualized reporting burden are as follows:

Type of application form	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
General Information Worksheet .....	1,021	1	1,021	3.0	3,063
P12 Planning General Information Worksheet .....	300	1	300	12.0	3,600
BPHC Funding Request Summary .....	1,021	1	1,021	0.5	510.5
Proposed Staff Profile .....	1,021	1	1,021	6.0	6,126
Income Analysis Form .....	1,021	1	1,021	15.0	15,315
Community Characteristics .....	1,021	1	1,021	12.0	12,252

Type of application form	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
Services Provided .....	1,021	1	1,021	0.5	510.5
Sites Listing .....	1,021	1	1,021	1.0	1,021
Other Site Activities .....	700	1	700	0.5	350
Board Member Characteristics .....	1,021	1	1,021	1.0	1,021
Request for Waiver of Governance Requirements .....	150	1	150	1.0	150
Compliance Matrix .....	1,021	1	1,021	.5	510.5
Health Center Affiliation Certification .....	250	1	250	.5	125
Health Center Affiliation Checklist .....	1,021	1	1,021	.5	510.5
Need for Assistance .....	900	1	900	6.0	5,400
Emergency Preparedness Form .....	1,021	1	1,021	1.0	1,021
FTCA Form .....	800	1	800	1.0	800
Points of Contact .....	800	1	800	.5	400
<b>Total</b> .....	<b>1,021</b>	<b>.....</b>	<b>15,131</b>	<b>.....</b>	<b>52,686</b>

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to: Karen Matsuoka, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: June 5, 2007.

**Caroline Lewis,**

*Associate Administrator for Management.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Response to Solicitation of Comments on a Funding Priority for Multiple Counties Under the Fiscal Year 2007 New Access Points in High Poverty Counties Grant Opportunity

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

**ACTION:** Response to Solicitation of Comments.

**SUMMARY:** A notice was published in the *Federal Register* (FR) on December 6, 2006, (Vol. 71, No. 234, pp. 70780-70781), describing a funding priority to be included in the fiscal year (FY) 2007 New Access Points in High Poverty Counties grant opportunity. The notice requested public comments on the proposed funding priority to be sent to HRSA no later than January 5, 2007.

Comments were received from over 30 organizations and/or individuals in response to the notice of the proposed funding priority. The majority of comments received did not pertain specifically to the proposed funding priority, but rather the President's High

Poverty Counties Initiative ("the Initiative") and grant opportunity; therefore this notice presents a summary of the general comments received with HRSA's corresponding responses including references to the FY 2007 New Access Points in High Poverty Counties (HRSA-07-069) funding opportunity, as well as a summary of the final funding priority.

#### Summary of Comments Received

##### *Issue: Methodology and List of Eligible Counties*

*Comments:* Over 25 of the comments received requested additional information on the poorest counties that would be eligible for the grant opportunities offered under the Initiative. A number of comments offered suggestions for the methodology of determining the eligible counties, while others solely requested a list of the eligible counties.

*Agency Response:* Specific eligibility requirements for the New Access Points in High Poverty Counties (HRSA-07-069) opportunity, as well as the Planning Grants in High Poverty Counties (HRSA-07-066) funding opportunity, are detailed within the respective grant announcements available online through the HRSA Web site at: <http://www.hrsa.gov/grants>. Eligibility for both opportunities is limited to the 200 eligible high poverty counties that have been determined using two cohorts with no section 330 grantee site and a high percentage of people living below 200 percent of the Federal poverty level. One cohort consists of counties with populations at or above 100,000 (high population) and makes up approximately 25 percent of the total eligible counties. The other cohort consists of counties with populations below 100,000 (low population) and constitutes approximately 75 percent of the eligible

counties. The low population counties were also screened by a provider need criteria. To be eligible, low population counties were required to exhibit a need of at least one additional primary care provider (PCP), using a standard of one PCP for every 3,000 persons. The list of eligible counties is included within each of the grant announcements.

##### *Issue: Focusing on County Level for Eligibility*

*Comments:* Comments expressed specific concern over the decision to limit eligibility for the Initiative to the county level, especially since counties differ significantly in geographic size, population density, diversity, etc. Suggestions included opening the competition to all communities, with a priority instead to the defined high poverty counties.

*Agency Response:* The Initiative was established to further the success of the President's Health Center Initiative by focusing support and increasing access to quality health services in the Nation's poorest counties without a health center. Counties were selected as the focus of this particular initiative because they are a recognized boundary for the delivery of public health and social services in many communities, and the Initiative will help support county level efforts to provide needed primary care services to their populations.

##### *Issue: Guidance information*

*Comments:* Comments requested further information on the application guidance release date, funding levels, and how to apply for the funding opportunities.

*Agency Response:* The New Access Point in High Poverty Counties (HRSA-07-069) and Planning Grants in High Poverty Counties (HRSA-07-066) opportunities were both released March 14, 2007, and were made available on