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**J. Where to Obtain Additional Information**

This and other CDC announcements, the necessary applications, and associated forms can be found on the CDC Web site, Internet address: <http://www.cdc.gov>.

Click on "Funding" then "Grants and Cooperative Agreements".

For general questions about this announcement, contact: Technical Information Management, CDC Procurement and Grants Office, 2920 Brandywine Road, Atlanta, GA 30341-4146. Telephone: 770-488-2700.

For business management and budget assistance, contact: Brenda Hayes, Grants Management Specialist, CDC Procurement and Grants Office, 2920 Brandywine Road, Atlanta, GA 30341-4146. Telephone: 770-488-2741. E-mail address: [bkh4@cdc.gov](mailto:bkh4@cdc.gov).

For program technical assistance, contact: Ken Bell, Public Health Advisor, Behavioral and Clinical Surveillance Branch, National Center for HIV, STD and TB Prevention, Centers for Disease Control and Prevention, 1600 Clifton Road Mailstop E46, Atlanta, GA 30333. Telephone: 404-639-2970. E-mail address: [kbell@cdc.gov](mailto:kbell@cdc.gov).

Dated: June 3, 2003.

**Sandra R. Manning,**

*Director, Procurement and Grants Office, Centers for Disease Control and Prevention.*  
[FR Doc. 03-14386 Filed 6-6-03; 8:45 am]

**BILLING CODE 4163-18-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Medicare and Medicaid Services**

[Document Identifier: CMS-10086]

**Emergency Clearance; Notice of Funding Availability and Public Information Collection Requirements Submitted to the Office of Management and Budget; Correction**

**ACTION:** Notice; correction.

**SUMMARY:** In the *Federal Register* issue of Friday, May 30, 2003, 68 FR 32520, FR Doc. 03-13582, make the following corrections:

1. On page 32521, column 2, paragraph 1, line 2, the date, "July 21, 2003", should read "June 27, 2003."

2. On page 32521, column 2, paragraph 1, line 7, and paragraph 4, last line, the date, "July 16, 2003", should read "June 13, 2003."

Dated: June 2, 2003.

**Julie Brown,**

*Acting Reports Clearance Officer, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development and Issuances.*

[FR Doc. 03-14378 Filed 6-6-03; 8:45 am]

**BILLING CODE 4120-03-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Children and Families**

**Submission for OMB Review; Comment Request**

*Title:* Examining Services and Best Practices of Intermediary Organizations and the Faith- and Community-Based Organizations They Serve.

**ANNUAL BURDEN ESTIMATES**

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Intermediary Staff Interview Guide .....	40	2	2.5	200
Intermediary Staff Interview Guide .....	80	2	1.5	240
Estimated Total Annual Hours .....				400

*Additional Information:* Copies of the proposed collection may be obtained by writing to the Administration for Children and Families, Office of Administration, Office of Information Services, 370 L'Enfant Promenade, SW., Washington, DC 20447, Attn: ACF

Reports Clearance Officer. E-mail address: [rsargis@acf.hhs.gov](mailto:rsargis@acf.hhs.gov).

*OMB Comment:* OMB is required to make a decision concerning the collection of information between 30 and 60 days after publication of this document in the *Federal Register*.

*OMB No.:* New Collection.

*Description:* Currently, the Administration for Children and Families, Department of Health and Human Services, is conducting the project "Examining Services and Best Practices of Intermediary Organizations and the Faith- and Community-Based Organizations They Serve." The purpose of the project is to examine (1) the role of intermediary organizations in assisting faith- and community-based organizations in building their capacity to serve needy individuals and families; (2) innovative and best practices among intermediary organizations; (3) promising practices among faith- and community-based organizations; (4) methods to evaluate the services of both types of organizations; and (5) methods to assess and benchmark performance among faith- and community-based groups. Priority will be given to programs that focus on the following areas; homelessness, hunger, at-risk children, transition from welfare to work, and intensive rehabilitation. The project involves the conduct of case studies of up to 10 intermediary organizations and approximately three to four faith-based and community-based organizations that receive assistance or services from each of the intermediaries. Information collection will be through informal discussions and observations on-site at the organizations, using uniform protocols.

*Respondents:*

Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication. Written comments and recommendations for the proposed information collection should be sent directly to the following: Office of Management and Budget, Paperwork

Reduction Project, 725 17th Street, NW., Washington, DC 20503, Attn: Desk Officer for ACF, E-mail address: [lauren\\_wittenberg@omb.eop.gov](mailto:lauren_wittenberg@omb.eop.gov).

Dated: June 3, 2003.

**Robert Sargis,**

*Reports Clearance Officer.*

[FR Doc. 03-14473 Filed 6-6-03; 8:45 am]

**BILLING CODE 4184-01-M**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Children and Families**

**Proposed Information Collection Activity; Comment Request**

**Proposed Projects**

*Title:* Low Income Home Energy Assistance Program (LIHEAP) Leveraging Report.

*OMB No.:* 0970-0121.

*Description:* The LIHEAP leveraging incentive program rewards LIHEAP grantees that have leveraged nonfederal home energy resources for low income households. The LIHEAP leveraging report is the application for leveraging incentive funds that these LIHEAP grantees submit to the Department of Health and Human Services (HHS) for each fiscal year in which they leverage countable resources. Participation in the leveraging incentive program is voluntary and is described at 45 CFR 96.87.

The LIHEAP Leveraging report obtains information on the resources leveraged by LIHEAP grantees each fiscal year (as cash, discounts, waivers, and in-kind); the benefits provided to low income households by these resources (for example, as fuel and payments for fuel, as home heating and cooling equipment, and as

weatherization materials and installation); and, the fair market value of these resources/benefits. HHS needs this information in order to carry out statutory requirements for administering the LIHEAP leveraging incentive program, to determine countability and valuation of grantees' leveraged nonfederal home energy resources, and to determine grantees' shares of leveraging incentive funds. HHS proposes to request a 3-year extension of OMB approval for the currently approved LIHEAP leveraging report information collection.

*Respondents:* State, Local or Tribal Governments.

**ANNUAL BURDEN ESTIMATES**

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
LIHEAP Leveraging Report .....	70	1	38	2,660
Estimated Total Annual Burden Hours .....	.....	.....	.....	2,660

In compliance with the requirements of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comment on the specific aspects of the information collection described above. Copies of the proposed collection of information can be obtained and comments may be forwarded by writing to the Administration for Children and Families, Office of Information Services, 370 L'Enfant Promenade, SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer, E-mail address: [rsargis@acf.hhs.gov](mailto:rsargis@acf.hhs.gov). All requests should be identified by the title of the information collection.

The Department specifically requests comments on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use

of automated collection techniques or other forms of information technology. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Dated: June 3, 2003.

**Robert Sargis,**

*Reports Clearance Officer.*

[FR Doc. 03-14474 Filed 6-6-03; 8:45 am]

**BILLING CODE 4184-01-M**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Food and Drug Administration**

**Blood Products Advisory Committee; Notice of Meeting**

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

**ACTION:** Notice.

This notice announces a forthcoming meeting of a public advisory committee of the Food and Drug Administration (FDA). The meeting will be open to the public.

*Name of Committee:* Blood Products Advisory Committee.

*General Function of the Committee:* To provide advice and

recommendations to the agency on FDA's regulatory issues.

*Date and Time:* The meeting will be held on June 19, 2003, from 8 a.m. to 4:30 p.m. and on June 20, 2003, from 8:30 a.m. to 3 p.m.

*Location:* Hilton Gaithersburg, Grand Ballrooms A, B, C, and D, 620 Perry Pkwy., Gaithersburg, MD.

*Contact Person:* Linda A. Smallwood, Center for Biologics Evaluation and Research (HFM-302), Food and Drug Administration, 1401 Rockville Pike, Rockville, MD 20852-1448, 301-827-3514, or FDA Advisory Committee Information Line, 1-800-741-8138 (301-443-0572 in the Washington, DC area), code 19516. Please call the Information Line for up-to-date information on this meeting.

*Agenda:* On June 19, 2003, the committee will hear updates on the following tentative topics: Medical Device User Fee and Modernization Act, secure e-mail and electronic submissions, white particulate matter in blood bags, safety reporting requirements for human drug and biological products, and bovine spongiform encephalopathy in Canada. The committee will further hear informational presentations on severe acute respiratory syndrome and West