New Executive Office Building, Room 10235, Washington, DC 20503, Attention: Allison Eydt, Desk Officer for IHS.

FOR FURTHER INFORMATION CONTACT: Send requests for more information on the proposed collection or to obtain a copy of the data collection instrument(s) and instructions to: Mrs. Christina Rouleau, IHS Reports Clearance Officer, 801 Thompson Avenue, TMP Suite 450, Rockville, MD 20852–1601, call non-toll free (301) 443–5938, send via facsimile to (301) 443–2316, or send your e-mail requests, comments, and return address to: *crouleau@hqe.ihs.gov.*

Comments Due Date: Your comments regarding this information collection are best assured of having their full effect if received within 30-days of the date of this publication.

Dated: March 23, 2006.

Charles W. Grim,

Assistant Surgeon General, Director, Indian Health Service.

[FR Doc. 06–3057 Filed 3–29–06; 8:45 am]

BILLING CODE 4165–16–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

[Funding Opportunity Number: HHS–2006–IHS–CYI–0001; CFDA Number: 93.933]

Office of Clinical and Preventive Services; Children and Youth Projects; Announcement Type: New Cooperative Agreement

Key Dates:

Letter of Intent Deadline: April 14, 2006.

Application Receipt Deadline: May 25, 2006.

Application Review Date: June 26–30, 2006.

Application Notification: July 3–12, 2006.

Earliest Anticipated Start Date: July 17, 2006.

I. Funding Opportunity Description

The Indian Health Service (IHS) announces a full competition for cooperative agreements for Children and Youth Projects (CYP) established to assist federally-recognized Tribes and urban Indian organizations serving American Indian and Alaska Native (AI/AN) children and youth. These cooperative agreements are established under the authority of the Indian Health Care Improvement Act, 25 U.S.C. 1621(o), and section 301(a) of the Public Health Service Act, as amended. This program is described at 93.933 in the Catalog of Federal Domestic Assistance. In 2003, the IHS, Office of the Director provided up to three years of support for the Child and Youth Health Initiative (CYHI) Program in rural, remote and urban AI/AN communities. The IHS funded 17 projects and with Administration for Native American (ANA) partnership, an additional five projects were funded. Project characteristics included education activities and direct health care services in one or more settings. Projects focused on two or more health issues and used an average of 4.8 objectives including process, impact, and surveillance measures. These past projects and their approaches reflect a diverse need and gap in services to children and youth in Indian communities. The current announcement seeks to expand the reach into new communities and enhance existing projects.

The purpose of the CYP is to assist Federally recognized Tribes and urban Indian organizations in promoting health practices, and addressing unmet needs of children and youth. This need will be accomplished through (1) community designed public health approaches; (2) school-linked activities; and/or (3) clinical services. The Maternal and Child Health (MCH) Program has determined that cooperative agreements are the funding mechanism best suited for the projects to achieve agency and MCH programmatic goals.

CYP goals are to support AI/AN children and youth, to promote healthy nutrition, physical activity, reduce teen pregnancy, and aid in the risk reduction of injuries, early morbidity, and premature mortality from injuries. Additional program goals are to aid in the risk reduction of alcohol, tobacco, inhalant and substance abuse, to support a healthy learning environment, and to promote staying in school, and to support community level activities directed at AI/AN children and youth. The MCH programmatic goals for the CYP cooperative agreement align with the ''Healthy People 2010'' goals and specific sub-objectives for children and youth. MCH programmatic goals are as follows:

1. Newly-funded projects will have quality impact and outcome data within three years of initial funding aligned with two or more ''Healthy People 2010'' sub-objectives for children and youth.

2. Established projects (those with at least two years of project evaluation data) who wish to re-compete will demonstrate, within three years of this funding, at least four uses of their data for developing or refining local child and youth services, public health programs, school-linked activities or policies addressing child and youth programs. In addition, within three years of this funding, they will align with two or more ''Health People 2010'' sub-objectives for children and youth.

Project activities should include children and youth specific community services, summer programs, camps, before and after school programs and school connected activities. Projects fostering native language; the imparting of traditional cultural values and practices; parent and family involvement; and intergenerational and peer mentoring are encouraged. Projects directed at children with special health care needs, special educational needs, detained and incarcerated youth, and aftercare for youth in residential treatment programs are also encouraged. Projects that focus on children and youth abuse/neglect and sexual abuse; their awareness, prevention, and treatment are also appropriate. The assembling, training and using of interdisciplinary teams for the assessment of children and youth including assessment and management or care management, or the risk stratification of children and youth for disease and disability (injury) prevention, health maintenance improved socialization, and maximization of their learning is encouraged. The education of children and youth, their communities and families, is part of the IHS effort to promote awareness of the particular needs of children and youth. Therefore, proposed projects may plan, execute and demonstrate strategies that incorporate pamphlets, books and workbooks, posters, modules or training sessions, audio, video, educational television network programming, or other media presentations aimed either at the consumer and/or the support of youth initiatives. Projects designed to change health behaviors by modifying the environment and/or implementing/enforcing policies and procedures are also encouraged.

Projects will be funded in one of two categories. Community capacity varies and projects themselves can differ in size and complexity. Funds will be made available for small projects for $5,000–$15,000, and larger projects for $50,000–$75,000 per year.

Note: For any current grantees under separate awards that wish to apply for this funding period, July 17, 2006–July 16, 2009, grantee must *not* have overlapping award dates. If a funding date overlaps, grantee must terminate from current awards or have the newly funded grant amount reduced to avoid dual funding. This announcement

applies to new and existing applicants. For additional information or clarification, please contact Ms. Michelle Bulls, Grants Policy Officer at (301) 443–6528.

II. Award Information

Type of Awards: Cooperative Agreement (CA).

Estimated Funds Available: The total amount identified for fiscal year (FY) 2006 is $650,000. The awards are for 36 months in duration. The average award for *Category I* is approximately $10,000. The average award for *Category II* is approximately $65,000. In fiscal year 2007 an estimated $650,000 is available for continuation awards based on progress and availability of funds.

Categories of Cooperative Agreement (CA) covered under this announcement:

- *Category I—Small CYP:* Approximately 15% of funds are available to fund up to 8 awards for the Small CYP. Individual awards will range from $5,000 to $15,000.
- *Category II—Large Project:* Approximately 85% of funds are available to fund up to 7 awards for the Large CYP considered ''experienced'' as determined in the application under past and current activities describing history of planning, implementation, and evaluation of previous children and youth projects. Individual awards will range from $50,000 up to $75,000.

Anticipated Number of Awards: 15.

Project Period: July 17, 2006–July 16, 2009, 36 months.

The CA will be a 12-month budget period with three project years.

- *Category I*—Small—3 years beginning on or about July 17, 2006.
- *Category II*—Large—3 years beginning on or about July 17, 2006.

AWARD AMOUNT: $5,000 to $75,000 per year.

- *Category I*—Small—$5,000–$15,000.
- *Category II*—$50,000—$75,000.

Future continuation awards within the project period will be based on satisfactory performance, availability of funding and continuing needs of the Indian Health Service. These annual non-competitive continuation applications will be submitted for Year Ii and III funding.

Maximum Funding Level: The maximum funding level includes both direct and indirect costs. Application budgets which exceed the maximum funding level or project period identified for a project *Category* will not be reviewed. Applicants seeking funding in more than one *Category* will not be reviewed.

Programmatic Involvement: The cooperative agreement will have substantial oversight to ensure best practices and high quality performance in sustaining capacity of the CYP.

Substantial Involvement Description for Cooperative Agreement Activities for *Category I*—Small Projects: The CA *Category I*—Small awardee (Tribe or Tribal/Urban/NonProfit Indian organization) will be responsible for activities listed under A. 1–10. IHS will be responsible for activities listed under B. 1–4. A contractor will be hired by MCH to assist in the oversight in *Category I.* Oversight includes assurances to promote best practices and high quality performance in sustaining the Children and Youth Grant Programs. The contractor will be responsible in reporting to the IHS CYP project officer on the progress and issues of the cooperative agreement awardee.

A. Cooperative Agreement Awardee Activities for Category I—Small Projects

1. Provide a coordinator who has the authority, responsibility, and expertise to plan, implement, and evaluate the project. Position may be part-time or split duties.

2. Where available, projects should demonstrate coordination with other children and youth services in the recipients Tribal or urban organization, Tribal health department, Tribal Epidemiology Centers (TEC) and/or community-based program in order to maximize opportunities and share resources.

3. Be aware of where to find data sources including: Health, child welfare, educational, and psycho-social data descriptive of the children and youth population being served, including those at greatest risk and need.

4. Develop a work plan based on community need, health data and prioritized for prevention and wellness. This would include specific process objectives and action steps to accomplish each.

5. Implement project to reduce risk and promote well being.

6. Implement project to gain visibility and further collaboration in the community.

7. Evaluate the effect of the project on the recipients, key staff and other community stakeholder(s). Evaluation will align with two or more ''Healthy People 2010'' sub-objectives for children and youth.

8. The project coordinator will budget for and attend a mid-project (Year II) training meeting with other awardees, IHS CYP project officer and IHS contractor.

9. The project coordinator will make time available for site visit and conference calls in the first year by IHS project officer and or IHS contractor.

10. The project coordinator will collaborate with the IHS CYP project officer.

B. Indian Health Service Cooperative Agreement Activities for Category I—Small Projects

1. The IHS Maternal and Child Health (MCH) Coordinator or designee will serve as project officer for the CYP.

2. The MCH program will provide consultation and technical assistance. Technical assistance also includes assistance in program implementation, marketing, evaluation, reporting and sharing with other awardees.

3. An IHS contractor (designated by the MCH program) will be responsible for technical assistance oversight, monitoring reporting of projects, conference calls, a Listserv and site visits. The IHS contractor serves as a technical liaison to the IHS MCH program and the CYP Cooperative Agreement Awardee.

4. The IHS and the contractor will coordinate a mid-project (Year II) training workshop for the project coordinators to share lessons learned, successes, new community strategies in children and youth health promotion and best practices.

Substantial Involvement Description for Cooperative Agreement Activities for *Category II*—Large Project: The CA *Category II*—Large Project awardee (Tribe or Tribal/Urban/NonProfit Indian organization) will be responsible for activities listed under A. 1–10. IHS will be responsible for activities listed under B. 1–4. A contractor will be hired by MCH to assist in the oversight in *Category II.* Oversight includes assurances to promote best practices and high quality performance in sustaining the CYP. The contractor will be responsible for reporting to the IHS CYP project officer on the progress and issues of the cooperative agreement awardee.

A. Cooperative Agreement Awardee Activities for Category II—Large Projects

1. Where available, coordinate with the Child Health Program in the recipient's urban organization, Tribal health department, Tribal Epidemiology Center (TEC) and or community-based program to enhance opportunities for the CYP to collaborate with other Tribal public health or community programs.

2. Provide a coordinator who has the authority, responsibility, and expertise to plan, implement and evaluate the project.

3. Review health, child welfare, educational, and/or psycho-social data

descriptive of children and youth population being served, including those at greatest risk and need. Monitor program data internally or demonstrate collaboration on data monitoring for purposes of program evaluation.

4. Develop a work plan based on community need, health data and prioritized for prevention and wellness. This would include specific process objectives and action steps to accomplish each. A core set of indicators would be jointly agreed upon by the project and the IHS project officer.

5. Develop, implement and evaluate a proven or promising project to reduce risk and promote well being in children and youth target population. Any planning phase should be near completion or already completed by the start of year I.

6. Implement project with intent to gain visibility and further collaboration in the community through reporting to a health board or child advisory committee.

7. Evaluate the effect of the project on the recipients, key staff and other children and youth community stakeholders. Evaluation will align with two or more ''Healthy People 2010'' sub-objectives for children and youth.

8. The project coordinator will budget for and attend a mid-project (Year II) training meeting with other awardees, IHS CYP project officer, and IHS contractor.

9. The project coordinator will assist with the development of an agenda and plan for a one to two day site visit in the first year by IHS project officer and or IHS contractor.

10. The project coordinator will collaborate with the IHS CYP project officer.

B. Indian Health Service Cooperative Agreement Activities for Part II Projects

1. The IHS MCH Coordinator or designee will serve as project officer for the CYP.

2. The MCH program will provide consultation and technical assistance. Technical assistance also includes assistance in program implementation, marketing, evaluation, reporting, and sharing.

3. An IHS contractor (hired by the MCH program) will be responsible for technical assistance oversight, monitoring reporting of projects, conference calls, a Listserv, and site visits. The IHS contractor serves as a technical liaison to the IHS MCH program and the CYP Cooperative Agreement Awardee.

4. The IHS and the IHS contractor will coordinate a mid-project period (Year II) training workshop for the project coordinators to share lessons learned, successes, new community strategies in children and youth health promotion and best practices.

III. Eligibility Information

1. Eligible Applicant, the AI/AN must be one of the following:

A. A federally-recognized Indian Tribe; or

B. Urban Indian Organizations as defined by Urbans—25 U.S.C. 1652; or

C. NonProfit Tribal organizations on or near a Federally-recognized Indian Tribal community.

Only one application per Tribe or Tribal organization is allowed. Applicants may only apply for one category. There is no requirement for minimum target population size for *Category I* applicants. Age range is between 5 to 19 years of age or the school age population. *Category II* applicants must serve a minimum target population size of 25 to 100 children and youth annually, between 5 to 19 years of age or the so-called school age population.

2. Cost Sharing or Matching—The Children and Youth Projects does not require matching funds or cost sharing.

3. Other Requirements.

The following documentation is required (if applicable):

A. Tribal Resolution—A resolution of the Indian Tribe served by the project must accompany the application submission. This can be attached to the electronic application. An Indian Tribe that is proposing a project affecting another Indian Tribe must include resolutions from all affected Tribes to be served. Applications by Tribal organizations will not require a specific Tribal resolution if the current Tribal resolution(s) under which they operate would encompass the proposed grant activities. Draft resolutions are acceptable in lieu of an official resolution. However, an official signed Tribal resolution must be received by the Division of Grants Operations prior to the beginning of the Application Review (June 26, 2006). If an official signed resolution is not received by June 26, 2006, the application will be considered incomplete, ineligible for review, and returned to the applicant without consideration. Applicants submitting additional documentation after the initial application submission are required to ensure the information was received by the IHS by obtaining documentation confirming delivery (i.e. FedEx tracking, postal return receipt, etc.).

B. Nonprofit organizations must submit a copy of the 501(c)(3) Certificate.

C. Ineligible applications include requesting for water, sanitation, and waste management; tuition, fees, or stipends for certification or training of staff to provide direct services, the pre-planning, design, and planning of construction for facilities and those seeking funding in two categories.

IV. Application and Submission Information

1. Address to Request Application Package HHS–2006–IHS–CY1–0001. Application package (HHS–2006–IHS–CY1–0001) may be found in Grants.gov. Information regarding the Letter of Intent and the electronic application process may be obtained from:

Program Contact: Ms. Judith Thierry, D.O., M.P.H., Office of Clinical and Preventive Services, Indian Health Service, 801 Thompson Avenue, Suite 300, Rockville, Maryland 20852. (301) 443–5070. Fax: (301) 594–6213.

Grants Contact: Ms. Martha Redhouse, Division of Grants Operations, Indian Health Service, 801 Thompson Avenue, TMP 360, Rockville, Maryland 20852. (301) 443–5204. Fax: (301) 443–9602.

The entire application kit is also available online at: *http://www.ihs.gov/MedicalPrograms/MCH/MC.asp* and *http://www.grants.gov*.

2. Content and Form of Application Submission if prior approval was obtained for paper submission:

- Be single-spaced.
- Be typewritten.
- Have consecutively numbered pages.
- If unable to submit electronically, submit using a black type not smaller than 12 characters per one inch.
- Submit on one side only of standard size 8½″ x 11″ paper.
- Dot not tab, glue, or place in a plastic holder.
- Contain a narrative that does not exceed 14 typed pages that includes the other submission requirements below. (The 14-page narrative does not include the work plan, standard forms, Tribal resolutions, (if necessary), table of contents, budget, budget justifications, multi-year narratives, multi-year budget, multi-year budget justifications, and/or other appendix items.)

(1) Introduction and Need for Assistance.

(2) Project Objective(s), Approach, and Consultants.

(3) Project Evaluation.

(4) Organizational Capabilities and Qualifications.

(5) Categorical Budget and Budget Justification.

Public Policy Requirements: All Federal-wide public policies apply to IHS grants with the exception of Lobbying and Discrimination.

3. Submission Dates and Times.

Applications must be submitted electronically through Grants.gov by close of business Thursday, May 25, 2006. If technical issues arise and the applicant is unable to successfully complete the electronic application process, the applicant must contact Grants Policy staff fifteen days prior to the application deadline and advise them of the difficulties you are having submitting your application on line. The Grants Policy staff will determine whether you may submit a paper application (original and 2 copies). The grantee must obtain prior approval, in writing, from the Grants Policy staff allowing the paper submission. Otherwise, applications not submitted through Grants.gov may be returned to the applicant and it will not be considered for funding.

As appropriate, paper applications (original and 2 copies) are due by Thursday, May 25, 2006. Paper applications shall be considered as meeting the deadline if received by May 25, 2006 or postmarked on or before the deadline date. Applicants should request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or U.S. Postal Service. Private metered postmarks will not be acceptable as proof of timely mailing and will not be considered for funding.

Late applications will be returned to the applicant without review or consideration.

A hard copy and/or faxed Letter of Intent must be received on or before Friday, April 14, 2006. This should be no more than 2 pages. The fax number is (301) 594–6213 ATTN: Judith Thierry, MCH Program Office. Applications must be received on or before Thursday, May 25, 2006. The anticipated start date of cooperative agreement is July 17, 2006.

State whether *Category I*—Small Project or *Category II*—Large Project funding is being sought. Describe the proposed project, including health topics or issues to be addressed. A partial list includes: Juvenile justice; nutrition, obesity and fitness; child abuse and child sexual abuse; drugs, alcohol and tobacco; school success; mental health; school connected health; children with special health care needs; pregnancy and/or injury prevention. A Letter of Intent is a non binding, but mandatory request for information that will assist in planning both the review and post award phase. Applicants will be notified by fax that their Letter of Intent has been received, as it is received.

Hand Delivered Proposals: Hand delivered proposals will be accepted from 8 a.m. to 5 p.m. Eastern Standard Time, Monday through Friday. Applications will be considered to meet the deadline if they are received on or before the deadline, with hand-carried applications received by close of business 5 p.m. For mailed applications, a dated, legible receipt from a commercial carrier or the U.S. Postal Service will be accepted in lieu of a postmark. Private metered postmarks will not be accepted as proof of timely mailing. Late applications will not be accepted for processing and will be returned to the applicant without further consideration for funding. Applicants are cautioned that express/overnight mail services do not always deliver as agreed. IHS will not accommodate transmission of applications by Fax or e-mail.

Late application will not be accepted for processing, will be returned to the applicant and will not be considered for funding.

Extension of deadlines: IHS may extend application deadlines when circumstances such as acts of God (floods, hurricanes, etc.) occur, or when there are widespread disruptions of mail service, or in other rare cases. Determination to extend or waive deadline requirements rests with the Grants Management Officer, Division of Grants Operations.

4. Intergovernmental Review:

Executive Order 12372 requiring intergovernmental review is not applicable to this program.

5. Funding Restriction:

A. Pre-award costs are allowable at grantees own risk. Prior approval must be obtained from the Program Official.

B. The available funds are inclusive of direct and indirect costs.

C. Only one cooperative agreement will be awarded per applicant.

D. Ineligible Project Activities:

- The CYP may not be used to support recurring operational programs or to replace existing public and private resources. Note: The inclusion of the following projects or activities in an application will render the application ineligible and the application will be returned to the applicant:
- Projects related to water, sanitation, and waste management.
- Projects that include tuition, fees, or stipends for certification or training of staff to provide direct services.
- Projects that include pre-planing, design, and planning of construction for facilities.
- Projects that seek funding in two funding categories.

E. Other Limitations:

1. Grantee must *not* have overlapping award dates. If a funding date overlaps, grantee must terminate from current award or have the newly funded grant amount reduced to avoid dual funding. This announcement applies to new and existing applicants.

2. The current project is not progressing in a satisfactory manner; or

3. The current project is not in compliance with program and financial reporting requirements.

4. Delinquent Federal Debts—No award shall be made to an applicant who has an outstanding delinquent Federal debt until either:

A. The delinquent account is paid in full; or

B. A negotiated repayment schedule is established and at least one payment is received.

6. Other Submission Requirements:

A. Electronic Submission—The preferred method for receipt of applications is electronic submission through Grants.gov. However, should any technical problems arise regarding the submission, please contact Grants.gov Customer Support at (800) 518–4726 or *support@grants.gov.* The Contact Center hours of operation are Monday–Friday from 7 a.m. to 9 p.m. (Eastern Standard Time). If you require additional assistance please contact IHS Grants Policy staff at (301) 443–6528 at least fifteen days prior to the application deadline. To submit an application electronically, please use the *http://www.Grants.gov* Web site. Download a copy of the application package, on the Grants.gov Web site, complete it offline and then upload and submit the application via the Grants.gov Web site. You may not e-mail an electronic copy of a grant application to us.

Please not the following:

- Under the new IHS requirements, paper applications are not allowable. However, if technical issues arise and the applicant is unable to successfully complete the electronic application process, the applicant must contact Grants Policy staff fifteen days prior to the application deadline and advise them of the difficulties you are having submitting your application on line. The Grants Policy staff will determine whether you may submit a paper application. The grantee must obtain prior approval, in writing, from the Grants Policy staff allowing the paper submission. Otherwise, applications not submitted through Grants.gov may be returned to the applicant and it may/will not be considered for funding.

• The paper application (original and 2 copies) may be sent directly to the Division of Grants Operations, 801 Thompson Avenue, TMP 360, Rockville, MD 20852 by May 25, 2006.

• When you enter the Grants.gov Web site, you will find information about submitting an application electronically through the Web site, as well as the hours of operation. We strongly recommend that applicants not wait until the deadline date to begin the application process through Grants.gov Web site.

• To use Grants.gov, you, as the applicant, must have a DUNS number and register with the Central Contractor Registry (CCR). You should allow a minimum of five days to complete CCR registration. See below on how to apply.

• You must submit all documents electronically, including all information typically included on the SF–424 and all necessary assurances and certifications.

• Your application must comply with any page limitation requirements described in the program announcement. After you electronically submit your application, you will receive an automatic acknowledgment from Grants.gov that contains a Grants.gov tracking number. The Indian Health Service will retrieve your application from Grants.gov Web site.

• You may access the electronic application for this program on *http://www.Grants.gov*.

• You must search for the downloadable application package by CFDA number—93.933.

• To receive an application package, the applicant must provide the Funding Opportunity Number: HHS–2006–IHS–CYP–001.

E-mail applications will not be accepted under this announcement.

B. DUNS NUMBER—Beginning October 1, 2003, applicants were required to have a Dun and Bradstreet (DUNS) number. The DUNS number is a nine-digit identification number which uniquely identifies business entities. Obtaining a DUNS number is easy and there is no charge. To obtain a DUNS number, access *http://www.dnb.com/us/* or call (866) 705–5711. Interested parties may wish to obtain their DUNS number by phone to expedite the process.

Applications submitted electronically must also be registered with the Central Contractor Registry (CCR). A DUNS number is required before CCR registration can be completed. Many organizations may already have a DUNS number. Please use the number listed above to investigate whether or not your organization has a DUNS number. Registration with the CCR is free of charge.

Applicants may register by calling (888) 227–2423. Applications must also be registered with the CCR to submit electronically. Please review and complete the CCR ''Registration Worksheet'' located in the appendix of the CYP application kit or on *http://www.Grant.gov/CCRRegister*.

More detailed information regarding these registration processes can be found at *http://www.Grants.gov* Web site.

V. Application Review Information

The instructions for preparing the application narrative also constitute the evaluation criteria for reviewing and scoring the application. Weights assigned to each section are noted in parentheses. The 14-page narrative should include only the first year of activities; information for multi-year projects should be included as an appendix. See ''Multi-year Project Requirements'' at the end of this section for more information. The narrative section should be written in a manner that is clear to outside reviewers unfamiliar with prior related activities of the applicant. It should be well organized, succinct, and contain all information necessary for reviewers to understand the project fully.

1. Criteria.

Introduction and Need for Assistance. (20 points)

A. Describe and define the target population at the program location(s) (i.e., Tribal population and Tribal census tract data (when available); number of children and/or youth; data from previous community needs assessment; data from technical assistance site visit(s); school, recreation, after school or juvenile justice sources). Information sources must be appropriately identified.

B. Describe the geographic location of the proposed project including any geographic barriers to the health care users in the area to be served.

C. Describe the Tribe's/Tribal organization's current health operation. Include what programs and services are currently provided (i.e., federally funded, State funded, etc.). Include information regarding whether the Tribe/Tribal organization has a health department and/or health board and how long it has been operating. Provide similar information on the educational and juvenile justice organization programs and services.

D. Describe the existing resources and services available, including the maintenance of Native healing systems and intergenerational activities (i.e., mentoring, language, traditional teaching, storytelling, where appropriate, which are related to the specific program/service the applicant is proposing to provide. Supply the name, address, and phone number of a contact person for each.

E. Identify all current and previous children and youth activities funded, dates of funding, and summary of project accomplishments. State how previous funds facilitated the progression of health or wellness development relative to the current proposed project. (Copies of reports will not be accepted.)

F. State whether the project is a *Category I* or *II* and the size of the children and youth target group. *Category I* has no minimum and *Category II* projects must serve a minimum of 25 children annually.

G. Explain the reason for your proposed project by identifying specific needs of the target population and gaps or weaknesses in services or infrastructure that will be addressed by the proposed project. Explain how these gaps/weaknesses were discovered. Describe past efforts, collaborations with State/county programs and availability of program funding from Federal/non-Federal sources.

H. Summarize the applicable national, IHS, and/or State standards, laws and regulations, Tribal codes, such as those in the arenas of safety, school attendance, and child welfare.

Project Objective(s), Work Plan and Consultants. (40 points)

A. Identify the proposed project objective(s) addressing the following:

• Specific.

• Measurable and (if applicable) quantifiable.

• Achievable.

• Relevant and outcome oriented.

• Time-limited.

Example: The Project will decrease the number of students who drop out of school during FY 2006 by 10% by orienting students through the use of contracts, peer-mentoring and incentives at the start of the school year.

B. State objectives concisely. Describe what the project intends to accomplish and how the objectives will be measured, including if the accomplishments are replicable. Describe how you will align with two or more ''Healthy People 2010'' objectives related to children and youth. Include frequency of measurement.

C. Describe the approach, the tasks and resources needed to implement and complete the project. Include a time line of milestones, break down or chart. Include the date the project will begin to accept clients.

D. Discuss expected results. Describe data collection for the project, and how it will be obtained, analyzed, and maintained by the project. Data should include, but is not limited to the number of children and youth served, services provided, program satisfaction, short term impact, costs associated with the program and long-term outcomes. Describe how data collection will support the state project objectives and how it will support the project evaluation in order to determine the impact of the project. Address how the proposed project will result in change or improvement in health or well-being status program operations or processes for each proposed project objective.

E. Also address what if any tangible products are expected from the project (i.e. policies and procedure manual; needs assessment; curricula or educational materials; publication or formal reports beyond those required by the grant).

F. Address the extent to which the proposed project will build the local capacity to provide, improve, or expand services that addresses the need of the target population.

G. Submit a work plan in the appendix which includes the following information:

- Provide the action steps on a time line for accomplishing the proposed project objective(s).
- Identify who will perform the action steps.
- Identify who will supervise the action steps taken.
- Identify who will accept and/or approve work products at the end of the proposed project.
- Include any training that will take place during the proposed project, who will conduct the training and who will be attending the training.
- Include evaluation activities planned and survey tools or instruments.

H. If consultants or contractors will be used during the proposed project, please include the following information in their position description and scope of work (or note if consultants/contractors will not be used):

- Educational requirements.
- Desired qualifications and work experience.
- Expected work products to be delivered on a time line.
- Who will supervise the contractor.

If a potential consultant/contractor has already been identified, please include a resume and letter of commitment in the appendix.

Project Evaluation. (15 points)

Describe the methods for evaluating the project activities. Each proposed project objective should have an evaluation component and the evaluation activities should appear on the work plan. At a minimum, projects should describe plans to collect/summarize process evaluation information (e.g., reach of the program including numbers and/or age-ranges of the youth served) about all project activities. When applicable, impact evaluation activities (i.e., those designed to assess/summarize initial and/or follow-up attitudes, satisfaction, knowledge, behaviors, practices, and/or policies/procedures) should also be described. Please address the following for each of the proposed objectives:

A. What data will be collected to evaluate the success of the objective(s)?

B. How the data will be collected to assess the program's objective(s) (e.g., methods used such as, but not limited to focus groups, surveys, interviews, or other data collective activities?

C. When the data will be collected and the data analysis completed?

D. The extent to which there are specific data sets, data bases or registries already in place to measure/monitor meeting objective.

E. Who will collect the data and any cost of the evaluation (whether internal or external)?

F. Where and to whom the data will be presented?

Process Evaluation Example: The Project will conduct 8 school-based obesity prevention educational activities reaching up to 100 students (in grades 9–12) by the end of Year I. This will be assessed by having project staff document the dates of attendance at, and grade reach by educational sessions conducted in Year I. Project sign-in sheets will assist in identifying number of and grades of student participants.

Impact Evaluation Example: The project will increase the use of ATV helmets by 10% by the end of Project Year I. This will be assessed through the conduct of a baseline and follow-up ATV helmet use surveys conducted by the project staff at well-known ATV trails during the third and ninth month of project year I.

Organizational Capabilities and Qualifications. (15 points)

A. Describe the organizational structure of the Tribe/Tribal organization beyond health care activities.

B. If management systems are already in place, simple note it. (A copy of the 25 CFR part 900, subpart F, is available in the CYP application kit.)

C. Describe the ability of the organization to manage the proposed project. Include information regarding similarly sized projects in scope and financial assistance as well as other grants and projects successfully completed.

D. Describe what equipment (i.e., fax machine, phone, computer, etc.) and facility space (i.e., office space) will be available for use during the proposed project. Include information about any equipment not currently available that will be purchased through the grant.

E. List key personnel who will work on the project. Identify existing personnel, grant writer(s) if utilized and new program staff to be hired. Include title used in the work plan. In the appendix, include position descriptions and resumes for all key personnel. Position descriptions should clearly describe each position and duties, indicating desired qualifications experience, requirements related to the proposed project and how they will be supervised. Resumes must indicate that the proposed staff member is qualified to carry out the proposed activities and who will determine if the work of a contractor is acceptable. Note who will be writing the progress reports. If a position is to be filled, indicate that information on the proposed position description.

F. If the project requires additional personnel (i.e., ITT support, volunteers, drivers, chaperones, etc.), note these and address how the Tribe/Tribal organization will sustains the position(s) after the grant expires. (If there is no need for additional personnel, simply note it.).

Categorical Budget and Budget Justification. (10 points)

A. Provide a categorical budget (Form SF 424A, Budget Information Non-Construction Programs) completing each of the budget periods requested.

B. If indirect costs are claimed, indicate and apply the current negotiated rate to the budget. Include a copy of the rate agreement in the appendix.

C. Provide a narrative justification explaining why each line item is necessary/relevant to the proposed project. Include sufficient cost and other details to facilitate the determination of cost allow ability (i.e., relevance of travel, crucial supplies, age appropriate equipment, reason for incentives and honoraria, etc.).

D. Indicate any special start-up costs.

Multi-Year Project Requirements

Projects requiring a second and/or third year must include a brief project narrative and budget (one additional page per year) addressing the developmental plans for each additional year of the project.

Appendix Items

A. Work plan and time line for proposed objectives.

B. Position descriptions for key staff.

C. Resumes of key staff that reflect current duties.

D. Consultant or contractor proposed scope of work and letter of commitment (if applicable).

E. Indirect Cost Agreement.

F. Organization chart highlighting proposed project and other key contacts.

G. Map of area to benefit project identifying where target population resides and project location(s).

H. Multi-Year Project Requirements (if applicable).

I. Additional documents to support narrative (i.e. data tables, key news articles, table with two or more ''Healthy People 2010'' objectives project seeks to address, etc.).

2. Review and Selection Process.

In addition to the above criteria/requirements, applications are considered according to the following:

A. Letter of Intent Submission Deadline: April 14, 2006 and

B. Application Submission Deadline: May 25, 2006. Applications submitted in advance of or by the deadline and verified in Grants.gov will undergo preliminary review to determine that:

- The applicant and proposed project type is eligible in accordance with this grant announcement.
- The application is not a duplication of a previously funded project.
- The application narrative, forms, and materials submitted meet the requirements of the announcement allowing the review panel to undertake an in-depth evaluation; otherwise, it may be returned.

C. Competitive Review of Eligible Applications Review: June 26–30, 2006.

- Applications meeting eligibility requirements that are complete, responsive, and conform to this program announcement will be reviewed for merit by the Ad Hoc Objective Review Committee (ORC) appointed by the IHS to review and make recommendations on these applications. The review will be conducted in accordance with the IHS Objective Review Guidelines. The technical review process ensures selection of quality projects in a national competition for limited funding. Applications will be evaluated and rated on the basis of the evaluation criteria listed in Section V. The criteria are used to evaluate the quality of a proposed project, determine the likelihood of success, and assign a numerical score to each application. The scoring of approved applications will assist the IHS in determining which proposals will be funded if the amount of CYP funding is not sufficient to support all approved applications. Applications recommended for approval, having a score of 60 or above by the ORC and scored high enough to be considered for funding, are ranked and forwarded to the MCH Program for further recommendation. Applications scoring below 60 points will be disapproved and returned to the applicant. Applications that are approved but not funded will not be carried over into the next cycle for funding consideration.

3. Anticipated Announcement and Award Dates: The IHS anticipates announcement date of Thursday March 30 and award date of July 17, 2006.

VI. Award Administration Information

1. Award Notices

Notification: Week of July 3, 2006.

The program officer will notify the contact person identified on each proposal of the results in writing via postal mail. Applicants whose applications are declared ineligible will receive written notification of the ineligibility determination and their original grant application via postal mail. The ineligible notification will include information regarding the rationale for the ineligible decision citing specific information from the original grant application. Applicants who are approved but unfunded and disapproved will receive a copy of the Executive Summary which identifies the weaknesses and strengths of the application submitted. Applicants which are approved and funded will be notified through the Financial Assistant Award (FAA) document. The FAA will serve as the official notification of a grant award and will state the amount of Federal funds awarded, the purpose of the grant, the terms and conditions of the grant award, the effective date of the award, the project period, and the budget period. Any other correspondence announcing to the Applicant's Project Director that an application was recommended for approval is not an authorization to begin performance. Pre-award costs are not allowable charges under this program grant.

2. Administrative and National Policy Requirements

Grants are administered in accordance with the following documents:

A. This cooperative agreement.

B. 45 CFR part 92, ''Uniform Administrative Requirements for Grants and Cooperative Agreements to State, Local, and Tribal Governments'', or 45 CFR part 74, ''Uniform Administration Requirements for Awards and Subawards to Institutions of Higher Education, Hospitals, Other NonProfit Organizations, and Commercial Organizations''.

C. Public Health Service Grants Policy Statement.

D. Grants Policy Directives.

E. Appropriate Cost Principles: OMB Circular A–87, ''State, Local, and Indian Tribal Governments,'' or OMB Circular A–122, ''NonProfit Organizations''.

F. OMB Circular A–133, ''Audits of States, Local Governments, and NonProfit Organizations''.

G. Other Applicable OMB circulars.

3. Reporting

A. Program Report—Program progress reports are required semi-annually by January 17 and July 17 of each funding year. 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/outlined in award letters. A final report must be submitted within 90 days of expiration of the budget/project period.

B. Financial Status Report—Semi-annual financial status reports (FSR) must be submitted within 30 days of the end of the half year. Final FSR are due within 90 days of expiration of the budget/project period. Standard Form 269 can be download from *http://www.whitehouse.gov/omb/grants/sf269.pdf* for financial reporting.

VII. Agency Contact(s)

Interested parties may obtain CYP programmatic information from the MCH Program Coordinator through the information listed under Section IV of this program announcement. Grant-related and business management information may be obtained from the Grants Management Specialist through the information listed under Section IV of this program announcement. Please note that the telephone numbers provided are not tool-free.

VIII. Other Information

The DHHS is committed to achieving the health promotion and disease prevention objectives of *Healthy People 2010*, a DHHS-led activity for setting priority areas. Potential applicants may obtain a printed copy of *Healthy People 2010*, (Summary Report No. 017–001–00549–6) or CD–ROM, Stock No. 017–001–00549–5, through the Superintendent of Documents, Government Printing Office, P.O. Box 371954, Pittsburgh, PA, 15250–7945, (202) 512–1800. You may also access this information at the following Web site: *http://www.healthypeople.gov/Publications.*

The U.S. Census Bureau website contains AI/AN specific data at the Tribal census tract level. Data is provided at *http://factfinder.census.gov/home/aian/index.html* by Tribe and language; reservations and other AI/AN areas; country and Tribal census tract level; and economic category.

The Public Health Service (PHS) strongly encourages all grant and contract recipients to provide a smoke-free workplace and promote the non-use of all tobacco products. In addition, Public Law 103–227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of the facility) in which regular or routine education, library, day care, health care or early childhood development services are provided to children. This is consistent with the PHS mission to protect and advance the physical and mental health of the American People.

Dated: March 21, 2006.

Robert G. McSwain,

Deputy Director, Indian Health Service.

[FR Doc. 06–3008 Filed 3–29–06; 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 National Cancer Institute Clinical Trials Advisory Committee (Committee).

This Committee shall advise the Director, NCI, NCI Deputy Directors, and the Director of each NCI Division on the NCI-support national clinical trials enterprise to build a strong scientific infrastructure by bringing together a broadly developed and engaged coalition of stakeholders involved in the clinical trials process.

The Committee will consist of 25 members, including the Chair, appointed by the Director, NCI. Members shall be authorities knowledgeable in the fields of community, surgical, medical, and radiation oncology, patient advocacy, extramural clinical investigation, regulatory agencies, pharmaceutical industry, public health, clinical trials design, management and evaluation, drug development and developmental therapeutics, cancer prevention and control research in the fields of interest to NCI.

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

Dated: March 21, 2006.

Elias A. Zerhouni,

Director, National Institutes of Health.

[FR Doc. 06–3096 Filed 3–29–06; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Government-Owned Inventions; Availability for Licensing

AGENCY: National Institutes of Health, Public Health Service, HHS.

ACTION: Notice.

SUMMARY: The inventions listed below are owned by an agency of the U.S. Government and are available for licensing in the U.S. in accordance with 35 U.S.C. 207 to achieve expeditious commercialization of results of federally-funded research and development. Foreign patent applications are filed on selected inventions to extend market coverage for companies and may also be available for licensing.

ADDRESSES: Licensing information and copies of the U.S. patent applications listed below may be obtained by writing to the indicated licensing contact at the Office of Technology Transfer, National Institutes of Health, 6011 Executive Boulevard, Suite 325, Rockville, Maryland 20852–3804; telephone: 301/496–7057; fax: 301/402–0220. A signed Confidential Disclosure Agreement will be required to receive copies of the patent applications.

Immunogenic Peptides and Methods of Use for Treating and Preventing Cancer

Jay A. Berzofsky *et al.* (NCI)
U.S. Provisional Application No. 60/773,319 filed 03 Nov 2005 (HHS Reference No. E–312–2005/0–US–01)
Licensing Contact: John Stansberry; 301/435–5236; *stansbej@mail.nih.gov*.

Rhabdomyosarcoma is a malignant (cancerous), soft tissue tumor found in children. The most common sites are the structures of the head and neck, the urogenital tract, and the arms or legs. The inventors have discovered an epitope that is created by a chromosomal translocation that occurs in about 80% of alveolar rhabdomyosarcoma and can elicit a human cytotoxic T lymphocytes (CTL) response in individuals who express HLA–B7.

Many tumors express mutated tumor associated antigens that often contain T-lymphocyte epitopes. However, the immune system often remains incapable of overtaking the growth potential of the malignant cells. Previous attempts to obtain protective and therapeutic anti-tumor immunity have been moderately successful (Dagher *et al.*, *Med Pediatr Oncol* 38: 158–164 (2002) and Rodeberg *et al.*, *Cancer Immuno Immunother* 54: 526–534 (2005)). This present invention seeks to improve on previous attempts by providing more immunogenic peptides that bind to a Major Histocompatibility Complex (MHC) Class I molecule with higher affinity, and fusion proteins comprising at least one of the inventive immunogenic peptides. This discovery involves human T-cell responses to human tumors.

The National Cancer Institute welcomes statements of capability or interest from parties interested in collaborative research to further develop, evaluate, or commercialize NCI's technology related to methods of protective and therapeutic immunogenic peptides. Please contact Dr. Patrick Twomey at 301–496–0477 or *twomeyp@mail.nih.gov* for more information.

Impaired Neuregulin1-Stimulated B Lymphoblast Migration as Diagnostic for Schizophrenia

Daniel Weinberger *et al.* (NIMH)
U.S. Provisional Application No. 60/735,353 filed 10 Nov 2005 (HHS Reference No. E–181–2005/1–US–01)
Licensing Contact: Norbert Pontzer; 301/435–5502; *pontzern@mail.nih.gov*.

Schizophrenia may be a neurodevelopmental disorder (Weinberger D.R. and Marenco S. in *Schizophrenia as a neurodevelopmental disorder*, Hirsch S., Weinberger D.R. (eds) Schizophrenia, 2nd ed., Blackwell Science: Oxford, UK, 2003 pp 326–348). Neuregulin1 (NRG1) plays a critical role in neuronal migration and maturation by interacting with ErbB tyrosine kinase receptors and linkage studies and genetically engineered animals have implicated NRG1-mediated signaling in the neuropathogenesis of schizophrenia. Although no technique is available to assess NRG1/ErbB mediated neural migration in living human brain, there is increasing recognition that neuronal cells and immune cells share many cellular and molecular mechanisms for cell migration and motility. These inventors showed NRG1 mediated chemotactic responses of B lymphocytes from schizophrenic patients are