Form	Estimated number of respondents	Responses per respondent	Hours per response	Total burden hours
Title I MAI Report	51	2	6	612

Send comments to Susan G. Queen, Ph.D., HRSA Reports Clearance Officer, Room 10–33, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: March 23, 2006.

Tina M. Cheatham,

Director, Division of Policy Review and Coordination.

[FR Doc. E6–4608 Filed 3–29–06; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Proposed Information Collection: Indian Health Service Chief Executive Officer Retention Survey Request for Public Comment: 30-Day Notice

AGENCY: Indian Health Service, HHS.

ACTION: Request for Public Comment: 30-day Proposed Information Collection: Indian Health Service Chief Executive Officer Retention Survey.

SUMMARY: The Indian Health Service (IHS), as part of its continuing effort to reduce paperwork and respondent burden, conducts a pre-clearance consultation program to provide the general public and Federal agencies with an opportunity to comment on proposed and/or continuing collections of information in accordance with the Paperwork Reduction Act of 1995 (PRA95) (44 U.S.C. 3506(c)(2)(A)). This program helps to ensure that the requested data can be provided in the desired format, reporting burden (time and financial resources) is minimized, collection instruments are clearly understood, and the impact of collection requirements on respondents can be properly assessed. As required by section 3507(a)(1)(D) of the Act, the proposed information collection has been submitted to the Office of Management and Budget (OMB) for review and approval.

The IHS received no comments in response to the 60-day **Federal Register** notice (71 FR 3098) published on January 19, 2006. The purpose of this notice is to allow an additional 30 days for public comments to be submitted directly to OMB.

Proposed Collection: Title: 0917–NEW, ''Indian Health Service Chief Executive Officer Retention Survey''. *Type of Information Collection Request:* New Collection. *Form Number:* None. *Forms:* Retention Survey. *Need and Use of Information Collection:* The National Council of Chief Executive Officers (NCCEOs) was established to ensure that the IHS Service Unit Chief Executive Officers (CEOs) effectively participate in the establishment and implementation of strategies to achieve the IHS mission. Part of their responsibility (as stated in their Charter) includes: Ongoing recruitment, development, and retention of professional CEOs. The NCCEOs' purpose is to ensure that the IHS Service Unit CEO and their Tribal CEO counterparts effectively participate in the establishment and implementation of an agency strategy to achieve the IHS mission. The current Executive Committee is actively addressing recruitment, retention and succession planning for their constituents, the IHS CEOs. To enhance their ability to be effective in this challenging tasks, the NCCEOs need to know more about IHS CEOs and the issues that affect retention and recruitment including the competitive influences of private sector health care delivery systems. The chosen method to obtain this critical information from the CEOs of IHS, Tribal and urban facilities is by electronic survey. The goal of the IHS is to raise the health status of American Indians and Alaska Natives to the highest possible level. The meet this goal, the IHS is committed to providing high quality health services to he eligible service population. An important factor in improving the quality of services is ensuring that our clinics and hospitals recruit and retain the best possible CEO reasonably available. The proposed survey is designed to as certain current demographics: Age, gender, years of experience, education, pay compared to complexity of facilities, job satisfaction and retirement eligibility. *Affected Public:* Individuals. *Type of Respondents:* Individuals.

The table below provide the estimated burden hours for this information collection:

ESTMATED BURDEN HOURS

Data collection instrument	Estimated number of respondents	Responses per respondent	Average burden hour per response*	Total annual burden hours
CEO Retention Survey	120	1	0.15 (10 mins.)	20

* For ease of understanding, burden hours are also provided in minutes.

There are not Capital Costs, Operating Costs and/or Maintenance Costs to report.

Request for Comments: Your written comments and/or suggestions are invited on one or more of the following points: (a) Whether the information collection activity is necessary to carry out an agency function; (b) whether the agency processes the information collected in a useful and timely fashion; (c) the accuracy of public burden estimate (the estimated amount of time needed for individual respondents to provide the requested information); (d) whether the methodology and assumptions used to determine the estimate are logical; (e) ways to enhance the quality, utility, and clarity of the information being collected; and (f) ways to minimize the public burden through the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

Direct Comments to OMB: Send your written comments and suggestions regarding the proposed information collection contained in this notice, especially regarding the estimated public burden and associated response time, directly to: Office of Management and Budget, Office of Regulatory Affairs,

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