

the executive branch. This estimate is based on the number of reports filed branchwide for 2002 through 2004 (272,755 in 2002, 263,463 in 2003, and 295,426 in 2004) for a total of 831,644, with that number then divided by three and rounded, to give the projected annual average of 277,215 reports. Of these reports, OGE estimates that 7.6 percent, or some 21,068 per year, will be filed by private citizens. Private citizen filers are those potential (incoming) regular employees whose positions are designated for confidential disclosure filing as well as potential SGEs whose agencies require that they file their new entrant reports prior to assuming Government responsibilities. No termination reports are required for the OGE Form 450.

Each filing is estimated to take an average of one and one-half hours to complete. This yields an annual reporting burden of 31,602 hours. OGE previously has published an estimate of only 15 hours because we were not previously required by OMB to make a branchwide estimate, and 15 hours is the applicable regulatory minimum. The current burden hours for the form as listed in OGE's paperwork inventory therefore account for private citizen filers whose reports were filed each year only with OGE itself. In the past, the number of private citizens whose reports were filed each year with OGE itself was less than 10, but pursuant to the OMB paperwork regulation at 5 CFR 1320.3(c)(4)(i), the lower limit for this general regulatory-based requirement is set at 10 private persons. Thus, OGE reported the current annual burden of 15 hours. The proposed estimate of burden hours includes private citizen reports filed with departments and agencies throughout the executive branch (including OGE).

#### **Consideration of Comments on the Unmodified OGE Form 450**

In this second round paperwork notice, public comment is invited on the unmodified OGE Form 450 as set forth in this notice. In accordance with the Paperwork Reduction Act of 1995 (44 U.S.C. chapter 35), public comments are invited specifically on the need for and practical utility of this collection of information, the accuracy of OGE's burden estimate, the enhancement of quality, utility and clarity of the information collected, and the minimization of burden (including the use of information technology). The Office of Government Ethics, in consultation with OMB, will consider

all comments received, which will become a matter of public record.

Approved: March 27, 2006.

**Marilyn L. Glynn,**

*Acting Director, Office of Government Ethics.*

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## **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

### **Health Resources and Services Administration**

#### **Agency Information Collection Activities: Proposed Collection; Comment Request**

In compliance with the requirement for the opportunity for public comment on proposed data collection projects (section 3506(c)(2)(A) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Public Law 104-13), the Health Resources and Services Administration (HRSA) publishes periodic summaries of proposed projects being developed for submission to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, call the HRSA Reports Clearance Officer at (301) 443-1129.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the grantee, 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) ways to enhance 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.

#### **Proposed Project: Ryan White CARE Act Title I Minority AIDS Initiative (MAI) Report: NEW (Title I MAI Report)**

The HRSA HIV/AIDS Bureau (HAB) administers the Title I CARE Act Program (codified under Title XXVI of the Public Health Service Act). The Title I Minority AIDS Initiative (MAI) supplement is a component of the CARE Act Title I Program to "address substantial need for care and support

services for minority populations in eligible metropolitan areas (EMA)." The overall goal of the MAI is to improve HIV/AIDS-related health outcomes for communities of color by allowing communities to: (1) Expand local service capacity primarily through community-based organizations serving racial and ethnic minorities; (2) improve service delivery; and (3) support the development of new and innovative programs designed to reduce HIV/AIDS-related health disparities.

The Title I MAI Report is designed to collect performance data from Title I MAI grantees, and has the following components: (1) *The Title I MAI Report Plan (Plan)* and (2) *the Title I MAI Annual Report (Report)*. The Plan and Report components will be linked to minimize the reporting burden, and designed to include check box responses, fields for reporting budget, expenditure and client data, and open-ended text boxes for describing client or service-level outcomes. Together, they will collect information from grantees on MAI-funded services, the number and demographics of clients served, and client-level outcomes. This information is needed to monitor and assess: (1) Increases and changes in the type and amount of HIV/AIDS health care and related services being provided to each disproportionately impacted community of color; (2) increases in the number of persons receiving HIV/AIDS services within each racial and ethnic community; and (3) the impact of Title I MAI-funded services in terms of client-level and service-level health outcomes. This information also will be used to plan new technical assistance and capacity development activities, and inform HAB policy and program management functions.

The Title I MAI Report form and instructions will be available for all grantees to download from the HRSA/HAB Web site. All grantees will submit completed data forms through a link on the HRSA/HAB Web site. Grantees may submit a hard copy form to the HRSA Call Center. The Title I MAI Report will be designed to include check box responses, numeric responses, and open-ended questions. All Title I grantees receiving MAI funds from HAB will be required to submit their service providers' data in an aggregate form by service category utilizing one Title I MAI Report.

The estimated response burden for grantees is as follows:

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.

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**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. To 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,