

governs awards to state and local governments. Applicants funded under this announcement must be aware of and comply with these regulations. The CFR volume that includes parts 74 and 92 may be downloaded from: [http://www.access.gpo.gov/nara/cfr/waisidx\\_03/45cfrv1\\_03.html](http://www.access.gpo.gov/nara/cfr/waisidx_03/45cfrv1_03.html).

The HHS Appropriations Act requires that when issuing statements, press releases, requests for proposals, bid solicitation, and other documents describing projects or programs funded in whole or in part with Federal money, grantees shall clearly state the percentage and dollar amount of the total cost of the program or project which will be financed with Federal money and the percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.

**3. Reporting:** All projects are required to have an evaluation plan, consistent with the scope of the proposed project and funding level that conforms to the project's stated goals and objectives. The evaluation plan should include both a process evaluation to track the implementation of project activities and an outcome evaluation to measure changes in knowledge and skills that can be attributed to the project. Project funds may be used to support evaluation activities.

In addition to conducting their own evaluation of projects, successful applicants must be prepared to participate in an external evaluation, to be supported by OGHA/HHS and conducted by an independent entity, to assess efficiency and effectiveness for the project funded under this announcement.

Within 30 days following the end of each of quarter, submit a performance report no more than ten pages in length must be submitted to OGHA/HHS. A sample monthly performance report will be provided at the time of notification of award. At a minimum, monthly performance reports should include:

- Concise summary of the most significant achievements and problems encountered during the reporting period, e.g. number of training courses held and number of trainees.
- A comparison of work progress with objectives established for the quarter using the grantee's implementation schedule, and where such objectives were not met, a statement of why they were not met.
- Specific action(s) that the grantee would like the OGHA/HHS to undertake to alleviate a problem.
- Other pertinent information that will permit monitoring and overview of project operations.

- A quarterly financial report describing the current financial status of the funds used under this award. The awardee and OGHA will agree at the time of award for the format of this portion of the report.

Within 90 days following the end of the project period a final report containing information and data of interest to the Department of Health and Human Services, Congress, and other countries must be submitted to OGHA/HHS. The specifics as to the format and content of the final report and the summary will be sent to successful applicants. At minimum, the report should contain:

- A summary of the major activities supported under the agreement and the major accomplishments resulting from activities to improve mortality in partner country.
- An analysis of the project based on the problem(s) described in the application and needs assessments, performed prior to or during the project period, including a description of the specific objectives stated in the grant application and the accomplishments and failures resulting from activities during the grant period.

Quarterly performance reports and the final report may be submitted to: U.S. Department of Health and Human Services, Office of the Secretary, Office of Global Health Affairs, 5600 Fishers Lane, Suite 18-105, Rockville, Maryland 20857.

A Financial Status Report (FSR) SF-269 is due 90 days after the close of each 12-month budget period and submitted to the OPHS-Office of Grants Management

## VII. Agency Contacts

For programmatic requirements, please contact: Jeff Waggoner, Office of Global Health Affairs, 5600 Fishers Lane, Suite 18-105, Rockville, MD 20857.

For administrative requirements, please contact: DHHS, Office of Public Health and Science, Office of Grants Management, 1101 Wootton Parkway, Suite 550, Rockville, Maryland 20857, Telephone: (240) 453-8822.

## VIII. Tips for Writing a Strong Application

**Include DUNS Number.** You must include a DUNS Number to have your application reviewed. To obtain a DUNS number, access <http://www.dunandbradstreet.com> or call 1-866-705-5711. Please include the DUNS number next to the OMB Approval Number on the application face page.

**Keep your audience in mind.** Reviewers will use only the information contained in the application to assess the application. Be sure the application and responses to the program requirements and expectations are complete and clearly written. Do not assume that reviewers are familiar with the applicant organization. Keep the review criteria in mind when writing the application.

**Start preparing the application early.** Allow plenty of time to gather required information from various sources.

**Follow the instructions in this guidance carefully.** Place all information in the order requested in the guidance. If the information is not placed in the requested order, you may receive a lower score.

**Be brief, concise, and clear.** Make your points understandable. Provide accurate and honest information, including candid accounts of problems and realistic plans to address them. If any required information or data is omitted, explain why. Make sure the information provided in each table, chart, attachment, etc., is consistent with the proposal narrative and information in other tables.

**Be organized and logical.** Many applications fail to receive a high score because the reviewers cannot follow the thought process of the applicant or because parts of the application do not fit together.

**Be careful in the use of appendices.** Do not use the appendices for information that is required in the body of the application. Be sure to cross-reference all tables and attachments located in the appendices to the appropriate text in the application.

**Carefully proofread the application.** Misspellings and grammatical errors will impede reviewers in understanding the application. Be sure pages are numbered (including appendices) and that page limits are followed. Limit the use of abbreviations and acronyms, and define each one at its first use and periodically throughout application.

Dated: March 31, 2006.

**Mary Lou Valdez,**

*Deputy Director for Policy, Office of Global Health Affairs.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Meeting of the Chronic Fatigue Syndrome Advisory Committee

**AGENCY:** Office of the Secretary, Office of Public Health and Science, HHS.

**ACTION:** Notice.

**SUMMARY:** As stipulated in the Federal Advisory Committee Act, the U.S. Department of Health and Human Services is hereby giving notice that the Chronic Fatigue Syndrome Advisory Committee (CFSAC) will hold a meeting. The meeting is open to the public.

**DATES:** The meeting will be held on Monday, April 24, 2006, from 9 a.m. to 5 p.m.

**ADDRESSES:** Department of Health and Human Services, Room 800 Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201.

**FOR FURTHER INFORMATION CONTACT:** CDR John Eckert; Acting Executive Secretary, Chronic Fatigue Syndrome Advisory Committee; Department of Health and Human Services, 200 Independence Avenue, SW., Room 716G, Washington, DC 20201; (202) 690-7694.

**SUPPLEMENTARY INFORMATION:** CFSAC was established on September 5, 2002 to advise, consult with, and make recommendations to the Secretary through the Assistant Secretary for Health, on a broad range of topics including (1) the current state of knowledge and research about the epidemiology and risk factors relating to chronic fatigue syndrome, and identifying potential opportunities in these areas; (2) current and proposed diagnosis and treatment methods for chronic fatigue syndrome; and (3) development and implementation of programs to inform the public, health care professionals, and the biomedical, academic, and research communities about chronic fatigue syndrome advances.

The agenda for this meeting is being developed and will be posed on the CFSAC Web site, <http://www.hhs.gov/advcomcfs>, when it is finalized.

Public attendance at the meeting is limited to space available. Individuals must provide a photo ID for entry into the meeting. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the designated contact person. Members of the public will have the opportunity to provide comments at the meeting. Pre-registration is required for public comment by April 19, 2006. Any individual who wishes to participate in the public comment session should call the telephone number listed in the contact information to register. Public comment will be limited to five minutes per speaker. Any member of the public who wishes to have printed material distributed to CFSAC members should

submit materials to the Acting Executive Secretary, CFSAC, whose contact information is listed above prior to the close of business April 19, 2006.

Dated: April 3, 2006.

**CDR John J. Eckert,**

*Acting Executive Secretary, Chronic Fatigue Syndrome Advisory Committee.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration on Aging

#### Agency Information Collection Activities; Submission for OMB Review; Comment Request; State Annual Long-Term Care Ombudsman Report and Instructions

**AGENCY:** Administration on Aging, HHS.

**ACTION:** Notice.

**SUMMARY:** The Administration on Aging (AoA) is announcing that the proposed collection of information listed below has been submitted to the Office of Management and Budget (OMB) for review and clearance under the Paperwork Reduction Act of 1995.

**DATES:** Submit written comments on the collection of information by May 10, 2006.

**ADDRESSES:** Submit written comments on the collection of information by fax 202.395.6974 or by mail to the Office of Information and Regulatory Affairs, OMB, New Executive Office Bldg., 725 17th St. NW., rm. 10235, Washington, DC 20503, Attn: Brenda Aguilar, Desk Officer for AoA.

**FOR FURTHER INFORMATION CONTACT:** Sue Wheaton, telephone: (202) 357-3587; e-mail: [sue.wheaton@aoa.gov](mailto:sue.wheaton@aoa.gov).

**SUPPLEMENTARY INFORMATION:** In compliance with 44 U.S.C. 3507, AoA has submitted the following proposed collection of information to OMB for review and clearance.

To comply with this requirement, AoA is publishing notice of the proposed collection of information set forth in this document. With respect to the following collection of information, AoA invites comments on: (1) Whether the proposed collection of information is necessary for the proper performance of AoA's functions, including whether the information will have practical utility; (2) the accuracy of AoA's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) ways to enhance the quality, utility, and clarity of the

information to be collected; and (4) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques when appropriate, and other forms of information technology. The reporting system, the National Ombudsman Reporting System (NORS), was developed in response to the needs and directives pertaining to the Long Term Care Ombudsman Program and approved by the Office of Management and Budget for use in FY 1995-96 and extended with slight modifications for use in FY 1997-2001 and again for FY 2002-2006.

This request is to institute the use of the revised information collection, State Annual Long-Term Care Ombudsman Report (and Instructions), from state agencies on aging and state long-term care ombudsman programs under Titles III and VII of the Older Americans Act. The data collected on complaints filed with ombudsman programs and narrative on long-term care issues provide information to Centers for Medicare and Medicaid Services and others on patterns of concerns and major long-term care issues affecting residents of long-term care facilities. Both the complaint and program data collected assist the states and local ombudsman programs in planning strategies and activities, providing training and technical assistance and developing performance measures.

A list of the proposed changes and the revised reporting form and instructions may be viewed in the ombudsman section of the AoA Web site, [http://www.aoa.gov/prof/aoaprogram/elder\\_rights/LTCombudsman/NORS/nors\\_form\\_instructions.asp](http://www.aoa.gov/prof/aoaprogram/elder_rights/LTCombudsman/NORS/nors_form_instructions.asp). These documents represent the results of work with the states and local ombudsmen to revise and update the form and instructions for use beginning in FY 2007. AoA estimates the burden of this collection of information as follows: Approximately 10 minutes per case, per respondent, for a total annual hour burden of 10,258 hours, with 52 State Agencies on Aging responding annually.

Dated: April 5, 2006.

**Josefina G. Carbonell,**

*Assistant Secretary for Aging.*

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