

information on patients served, pharmaceuticals prescribed, pricing, and other sources of support to provide AIDS medication treatment, eligibility requirements, cost data, and coordination with Medicaid. Each quarterly report requests updates from programs on number of patients served, type of pharmaceuticals prescribed, and prices paid to provide medication. The first quarterly report of each ADAP

fiscal year (due in July of each year) also requests information that only changes annually (e.g., State funding, drug formulary, eligibility criteria for enrollment, and cost-saving strategies including coordinating with Medicaid).

The quarterly report represents the best method for HRSA to determine how ADAP grants are being expended and how to provide answers to requests from Congress and other organizations. This

new quarterly report will replace two current monthly progress reports plus information currently submitted annually. The new quarterly report should reduce burden, avoid duplication of information, and provide HRSA information in a form that easily lends itself to responding to inquiries.

The estimated annual burden per ADAP grantee is as follows:

Type of respondent	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
First quarterly report .....	57	1	57	3	171
Second, third, & fourth quarterly reports .....	57	3	171	1.5	256.5
<b>Total</b> .....	<b>57</b>	<b>.....</b>	<b>228</b>	<b>.....</b>	<b>427.5</b>

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to: John Kraemer, Health Resources and Services Administration, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: September 23, 2004.

**Tina M. Cheatham,**

*Director, Division of Policy Review and Coordination.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Indian Health Service**

**“Closing the Health Gap”—Sudden Infant Death Syndrome and Infant Mortality Initiative**

**AGENCY:** Indian Health Service, HHS.

**ACTION:** Notice of Intent to Award for Single Source Award with the Aberdeen Area Tribal Chairman’s Health Board Northern Plains Healthy Start Project.

*Recipient:* Aberdeen Tribal Chairman’s Health Board Northern Plains Healthy Start Project.

*Purpose of the Award:* The Indian Health Service (IHS) announces an award for single source award as established under the authority of Section 301(a) of the Public Health Service Act, as amended. The single source award is to support the Aberdeen Area Indian Health Service tribal organization, not the IHS. The Aberdeen Area Tribal Chairman’s Health Board and its program the Northern Plains Healthy Start Project (NPHSP) meet the

eligibility criteria for CFDA 93.933 as a demonstration project for the expressed purpose of promoting and improving health and health care services in tribal communities. The award is part of a larger Office of Minority Health initiative entitled “Closing the Health Gap” with the expressed purpose of addressing elevated infant mortality, a known health disparity for American Indians and Alaska Natives. NPHSP has been in existence for twelve years. Increased emphasis will be placed on case management and community measures to address maternal and infant health promotion and reduction of risk factors associated with sudden Infant Death Syndrome and infant mortality (SIDS/IM).

*Amount of Award:* \$450,000 in funds will be awarded.

*Project Period:* There will be only one funding cycle during Fiscal Year (FY) 2004. The project will be funded in annual budget periods for up to three years depending on the defined scope of work. Continuation of the project will be based on the availability of appropriations in future years, the continuing need the IHS has for the projects, and satisfactory project performance. The Project period will run from October 1, 2004 to September 30, 2007.

*Justification for the Exception to the Competition:* The IHS Area with the highest IMR and SIDS rates is the Aberdeen Area. This Area includes Tribes situated in the states of Iowa, Nebraska, North Dakota and South Dakota. The Aberdeen Area Tribal Chairman’s Health Board maintains a 501(c)3 status and is comprised of representatives of eighteen Tribes, sixteen of which participate in the NPHSP. NPHSP is a program within the Aberdeen Tribal Chairman’s Health

Board and operates in the four states. The project consists of home based interventions in the form of case management to high risk prenatal American Indian women. NPHSP has served targeted perinatal populations and their families and communities for twelve years. No other tribal program representing such a broad consortia exists. General long-term program goals of the Northern Plains Health Start Project are in alignment with those of the Office of Minority Health “Closing the Health Gap—SIDS/IMR Initiative.”

*Agency Contacts:* For program information, contact: Judith Thierry, D.O., Maternal and Child Health Coordinator, Office of Public Health, IHS, 801 Thompson Avenue, Suite 300, Rockville, Maryland 20852; (301) 443-5070; [jthierry@na.ihs.gov](mailto:jthierry@na.ihs.gov); or (301) 594-6213 (fax). For grant and business information, contact Ms. Martha Redhouse, Grants Management Specialist, Division of Grants Policy, IHS, 801 Thompson Avenue, Suite 120, Rockville, MD 20852; (301) 443-5204. (The telephone numbers for Dr. Thierry and Ms. Redhouse are not toll-free).

Dated: September 24, 2004.

**Robert G. McSwain,**

*Acting Deputy Director for Management Operations, Indian Health Service.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**National Institutes of Health**

**Proposed Collection; Comment Request; Inventory and Evaluation of Clinical Networks**

**SUMMARY:** In compliance with the requirement of Section 3506(c)(2)(A) of