

Responses: 13,250; Total Annual Hours: 6,625.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS Web Site address at <http://cms.hhs.gov/regulations/prd/default.asp>, or E-mail your request, including your address, phone number, OMB number, and CMS document identifier, to [Paperwork@cms.hhs.gov](mailto:Paperwork@cms.hhs.gov), or call the Reports Clearance Office on (410) 786-1326. Written comments and recommendations for the proposed information collections must be mailed within 30 days of this notice directly to the OMB desk officer: OMB Human Resources and Housing Branch, Attention: Brenda Aguilar, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: December 6, 2002.

**Julie Brown,**

Acting, Paperwork Reduction Act Team Leader, CMS Reports Clearance Officer, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development and Issuances.

[FR Doc. 02-31547 Filed 12-13-02; 8:45 am]

BILLING CODE 4120-03-P

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Indian Health Service**

**Availability of Funds for Loan Repayment Program for Repayment of Health Professions Educational Loans**

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

**ACTION:** Notice.

**SUMMARY:** The Administration's budget request for Fiscal Year (FY) 2003 includes \$11,923,500 for the Indian Health Service (IHS) Loan Repayment Program (LRP) for health professions educational loans (undergraduate) in return for full-time clinical service in Indian health programs. It is anticipated that \$11,923,500 will be available to support approximately 298 competing awards averaging \$40,000 per award.

This program announcement is subject to the appropriation of funds. This notice is being published early to coincide with the recruitment activity of the IHS, which competes with other Government and private health management organizations to employ qualified health professionals. Funds must be expended by September 30 of the fiscal year. This program is authorized by section 108 of the Indian Health Care Improvement Act (IHCIA) as amended, 25 U.S.C. 1601 *et seq.* The

IHS invites potential applicants to request an application for participation in the LRP.

**DATES:** Applications for the FY 2003 LRP will be accepted and evaluated monthly beginning January 17, 2003, and will continue to be accepted each month thereafter until all funds are exhausted. Subsequent monthly deadline dates are scheduled for Friday of the second full week of each month. Notice of awards will be mailed on the last working day of each month.

Applicants selected for participation in the FY 2003 program cycle will be expected to being their service period no later than September 30, 2003.

Applicants shall be considered as meeting the deadline if they are either:

1. Received on or before the deadline date; or
2. Sent 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 are not acceptable as proof of timely mailing.)

Applications received after the monthly closing date will be held for consideration in the next monthly funding cycle. Applicants who do not receive funding by September 30, 2003, will be notified in writing.

For to be used for application:

Applications must be submitted on the form entitled "Application for the Indian Health Service Loan Repayment Program," identified with the Office of Management and Budget approval number of OMB #0917-0014 (expires 12/31/02).

**ADDRESSES:** Application materials may be obtained by calling or writing to the address below. In addition, completed applications should be returned to: IHS Loan Repayment Program, 801 Thompson Avenue, Suite 120, Rockville, Maryland 20852, PH: 301/443-3396 [between 8 a.m. and 5 p.m. (EST) Monday through Friday, except Federal holidays].

**FOR FURTHER INFORMATION CONTACT:**

Please address inquiries to Ms. Jacqueline K. Santiago, Chief, IHS Loan Repayment Program, 801 Thompson Avenue, Suite 120, Rockville, Maryland 20852, PH: 301/443-3396 [between 8 a.m. and 5 p.m. (EST) Monday through Friday, except Federal holidays].

**SUPPLEMENTARY INFORMATION:** Section 108 of the IHCIA, as amended by Pub. L. 100-713 and 102-573, authorizes the IHS LRP and provides in pertinent part as follows:

The Secretary, acting through the Service, shall establish a program to be known as the

Indian health Service Loan Repayment Program (hereinafter referred to as the "Loan Repayment Program") in order to assure an adequate supply of trained health professionals necessary to maintain accreditation of, and provide health care services to Indians through, Indian health programs.

Section 4(n) of the IHCIA, as amended by the Indian Health Care Improvement Technical Corrections Act of 1996, Pub. L. 104-313, provides that:

"Health Profession" means allopathic medicine, family medicine, internal medicine, pediatrics, geriatric medicine, obstetrics and gynecology, podiatric medicine, nursing, public health nursing, dentistry, psychiatry, osteopathy, optometry, pharmacy, psychology, public health, social work, marriage and family therapy, chiropractic medicine, environmental health and engineering, an allied health profession, or any other health profession.

For the purposes of this program, the term "Indian health program" is defined in Section 108(a)(2)(A), as follows:

\* \* \* any health program or facility funded, in whole or in part, by the IHS for the benefit of Indians and administered:

- a. Directly by the Service; (or)
- b. By any Indian tribe or tribal or Indian organization pursuant to a contract under:

(1) The Indian Self-Determination Act; or

(2) Section 23 of the Act of April 30, 1908, (25 U.S.C. 47), popularly known as the Buy Indian Act; or

(3) By an urban Indian organization pursuant to Title V of this act.

Applicants may sign contractual agreements with the Secretary for 2 years. The IHS will repay all, or a portion of the applicant's health profession educational loans (undergraduate and graduate) for tuition expenses and reasonable educational and living expenses in amounts up to \$20,000 per year for each year of contracted service. Payments will be made annually to the participant for the purpose of repaying his/her outstanding health profession educational loans. Payment of health profession education loans will be made to the participant within 120 days, from the date the contract becomes effective.

The Secretary must approve the contract before the disbursement of loan repayments can be made to the participant. Participants will be required to fulfill their contract service agreements through full-time clinical practice at an Indian health program site determined by the Secretary. Loan repayment sites are characterized by physical, cultural, and professional isolation, and have histories of frequent

staff turnover. All Indian health program sites are annually prioritized with the Agency by discipline, based on need or vacancy.

All health professionals will receive up to \$20,000 per year for the length of their contract. Where the amount of the LRP award may result in an increase in Federal income tax liability, the IHS will pay an additional 20 percent of the participant's total loan repayments to the Internal Revenue Service for the increased tax liability.

For FY 2003 new LRP applicants who are or will be stationed in an IHS Health care facility with a health professional vacancy rate of at least 40% for 6 consecutive months and has been deemed a health professional critical shortage site by the Director of IHS may receive up to \$30,000 per year plus an additional 31 percent for Federal Withholding if funding is available. Current LRP participants at critical shortage sites will continue to receive up to \$20,000 a year and a 20 percent tax subsidy rate until their current contracts have expired. However, LRP participants stationed at critical shortage sites who wish to extend their contracts will be eligible to receive up to the amount of \$30,000 a year and a 31 percent tax subsidy for the additional contract period if funds are available and the funding will not exceed the total of the individual's outstanding eligible health profession educational loans.

Pursuant to section 108(b), to be eligible to participate in the LRP, an individual must:

- (1) A. Be enrolled:
  - (i) In a course of study or program in an accredited institution, as determined by the Secretary, within any State and be scheduled to complete such course of study in the same year such individual applies to participate in such program; or
  - (ii) In an approved graduate training program in a health profession; or
- B. Have a degree in a health profession and a license to practice; and
- (2) A. Be eligible for, or hold an appointment as a Commissioned Officer in the Regular or Reserve Corps of the Public Health Service (PHS); or
- B. Be eligible for selection for civilian service in the Regular or Reserve Corps of the (PHS); or
- C. Meet the professional standards for civil service employment in the IHS; or
- D. Be employed in an Indian health program without service obligation; and
- (3) Submit to the Secretary an application for a contract to the Loan Repayment Program

All program must sign and submit to the Secretary, a written contract

agreeing to accept repayment of educational loans and to serve for the applicable period of obligated service in a priority site as determined by the Secretary, and submit a signed affidavit attesting to the fact that they have been informed of the relative merits of the U.S. PHS Commissioned Corps and the Civil Service as employment options.

Once the applicant is approved for participation in the LRP, the applicant will receive confirmation of his/her loan repayment award and the duty site at which he/she will serve his/her loan repayment obligation.

The IHS has identified the positions in each Indian health program for which there is a need or vacancy and ranked those position in order of priority by developing discipline-specific prioritized lists of sites. Ranking criteria for these sites include the following:

- Historically critical shortages caused by frequent staff turnover;
- Current unmatched vacancies in a Health Profession Discipline;
- Projected vacancies in a Health Profession Discipline;
- Ensuring that the staffing needs of Indian health program administered by an Indian Tribe or Tribal or health organization receive consideration on an equal basis with programs that are administered directly by the Service; and
- Giving priority to vacancies in Indian health programs that have a need for health professionals to provide health care services as a result of individuals having breached LRP contracts entered into under this section.

• Consistent with this priority ranking, in determining applications to be approved and contracts to accept, the IHS will give priority to applications made by American Indians and Alaska Natives and to individuals recruited through the efforts of Indian Tribes or Tribal or Indian organizations.

• Funds appropriated for the LRP in FY 2003 will be distributed among the health profession as follows: allopathic/osteopathic practitioners will receive 27 percent, registered nurses 20 percent, mental health professionals 10 percent, dentists 12 percent, pharmacies 10 percent, optometrists 5 percent, physician assistants/advanced practice nurses 6 percent, podiatrists 4 percent, physical therapists 2 percent, other professions 4 percent. This requirement does not apply if the number of applicants from these groups, respectively, is not sufficient to meet the requirement.

Applicants whose applications were complete by September 30, 2000, and who want to complete in the FY 2003

award cycle, will receive a site score equal to either their FY 2000, FY 2001, FY 2002, or the FY 2003 score, whichever is higher.

The following factors are equal in weight when applied, and are applied when all other criteria are equal and a selection must be made between applicants.

One or all of the following factors may be applicable to an applicant, and the applicant who has the most of these factors, all other criteria being equal, would be selected.

- An applicant's length of current employment in the IHS, Tribal, or urban program.
- Availability for service earlier than other applicants (first come, first served).
- Date the individual's application was received.

Any individual who enters this program and satisfactorily completes his or her obligated period of service may apply to extend his/her contract on a year-by-year basis, as determined by the IHS. Participants extending their contracts will receive up to the maximum amount of \$20,000 per year plus an additional 20 percent for Federal Withholding. Participants who were awarded loan repayment contracts prior to FY 2000 will be awarded extensions up to the amount of \$30,000 a year and 31 percent in tax subsidy if funds are available, and will not exceed the total of the individual's outstanding eligible health profession educational loans.

Any individual who owes an obligation for health professional service to the Federal Government, a State, or other entity is not eligible for the LRP unless the obligation will be completely satisfied before they begin service under this program.

The IHS Area Offices and Services Units are authorized to provide additional funding to make awards to applicants in the LRP, but must be in compliance with any limits in the appropriation and Section 108 of the Indian Health Care Improvement Act not to exceed the amount authorized in the IHS appropriation (up to \$22,000,000 for FY 2003.)

Should an IHS Area Office contribute to the LRP, those funds will be used for only those sites located in that Area. Those sites will retain their relative ranking from the national site-ranking list. For example, the Albuquerque Area Office identifies supplemental monies for dentists. Only the dental positions within the Albuquerque Area will be funded with the supplemental monies consistent with the national ranking and site index within that Area.

Should an IHS Service Unit contribute to the LRP, those funds will be used for only those sites located in that Service Unit. Those sites will retain their relative ranking from the national site-ranking list. For example, Chinle Service Unit identifies supplemental monies for pharmacies. The Chinle Service Unit consists of two facilities, namely the Chinle Comprehensive Health Care Facility and the Tsaile PHS Indian Health Center. The national ranking will be used for the Chinle Comprehensive Health Care Facility (Score =44) and the Tsaile PHS Indian Health Center (Score =46). With a score of 46, the Tsaile PHS Indian Center would receive priority over the Chinle Comprehensive Health Care Facility.

This program is not subject to review under Executive Order 12372.

Dated: December 9, 2002.

The Catalog of Federal Domestic Assistance Number is 93.164.

**Charles W. Grim,**

*Assistant Surgeon General, Interim Director.*

[FR Doc. 02-31581 Filed 12-13-02; 8:45 am]

**BILLING CODE 4160-16-M**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Substance Abuse and Mental Health Services Administration**

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

In compliance with section 3506(c)(2)(A) of the Paperwork

Reduction Act of 1995 concerning opportunity for public comment on proposed collections of information, the Substance Abuse and Mental Health Services Administration will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the information collection plans, call the SAMHSA Reports Clearance Officer on (301) 443-7978.

Comments are invited on: (a) Whether the proposed collections of information are necessary for the proper performance of the functions of the agency, 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:** Registration Form for the National Registry of Effective Prevention Programs—(OMB No. 0930-0210; Extension, no change)—section 515(d) of the Public Health Service Act (42 U.S.C. 290bb-21) requires that the Director of SAMHSA's Center for Substance Abuse Prevention (CSAP) establish a national data base providing information on programs for the prevention of substance abuse and specifies that the data base shall contain information appropriate for use by public entities and information appropriate for use by nonprofit private

entities. Since 1994, CSAP has met this responsibility through the High Risk Populations Databank on programs for the prevention of substance abuse funded by direct CSAP grants. Because relatively few direct grants of this type have been issued in recent years, CSAP must expand its information collection to include voluntary submission of descriptions of effective substance abuse prevention conducted by state and local governments, nonprofit entities, and the private sector.

CSAP has developed a template to enable practitioners who have evidence that their program reduces risk factors or increases protective factors pertaining to substance abuse to nominate their own standardized program for the Registry. Each program that is nominated should have been standardized (including curriculum manuals, implementation manuals, videotapes, etc.), well implemented, and findings should derive from well designed research efforts. Program models nominated will be reviewed and rated by experts annually to be recommended to the field.

CSAP will promote selected models by providing funds to support development of program materials for dissemination, by connecting program developers with organizations able to help in the dissemination efforts, and by promoting model programs nationally through CSAP's State Incentive Grant recipients and regional Centers for Applied Prevention Technology. Annual burden estimates for the Registry are shown in the table below.

Type of submission	Number of respondents	Responses/ respondent	Hours/ response	Total burden hours
Complete .....	180	1	1.25	225
Abbreviated .....	8	1	.25	2
<b>Total .....</b>	<b>188</b>	<b>.....</b>	<b>.....</b>	<b>227</b>

Send comments to Nancy Pearce, SAMHSA Reports Clearance Officer, Room 16-105, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: December 10, 2002.

**Richard Kopanda,**

*Executive Officer, SAMHSA.*

[FR Doc. 02-31561 Filed 12-13-02; 8:45 am]

**BILLING CODE 4162-20-P**

**DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT**

**[Docket No. FR-4723-FA-13]**

**Announcement of Funding Awards for Fiscal Year 2002; Brownfields Economic Development Initiative**

**AGENCY:** Office of the Assistant Secretary for Community Planning and Development, HUD.

**ACTION:** Announcement of funding awards.

**SUMMARY:** In accordance with section 102(a)(4)(C) of the Department of Housing and Urban Development

Reform Act of 1989, this document notifies the public of funding awards for the Fiscal Year 2002 Brownfields Economic Development Initiative. The purpose of this document is to announce the names and addresses of the award winners and the amount of the awards to be used to stimulate economic development by local governments and private sector parties in brownfields.

**FOR FURTHER INFORMATION CONTACT:** Donald P. Mains, Deputy Assistant Secretary for Economic Development, U.S. Department of Housing and Urban Development, Room 7136, 451 Seventh Street, SW., Washington, DC 20410,