

rights, roles, and responsibilities of States.

Authority: Sections 1818(d)(2) and 1818A(d)(2) of the Social Security Act (42 U.S.C. 1395i-2(d)(2) and 1395i-2a(d)(2)).

(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance)

Dated: September 25, 2000.

Nancy-Ann Min DeParle,

Administrator, Health Care Financing Administration.

Dated: September 26, 2000.

Donna E. Shalala,

Secretary.

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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 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 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 on (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 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: Performance Standards for Special Projects of Regional or National Significance (SPRANS), and Community Integrated Service Systems (CISS) Projects—(NEW)

The Health Resources and Services Administration (HRSA) proposes to

modify reporting requirements for SPRANS projects, CISS projects, and other grant programs administered by the Maternal and Child Health Bureau (MCHB) to include national performance measures being developed in accordance with the requirements of the "Government Performance and Results Act (GPRA) of 1993" (Pub. L. 103-62).

This act requires the establishment of measurable goals for Federal programs that can be reported as part of the budgetary process, thus linking funding decisions with performance. Performance measures for States have already been established under the block grant provisions of Title V. Performance measures for other MCHB-funded grant programs are currently being finalized, and will be sent to the Office of Management and Budget for approval.

There are approximately 30 proposed new performance measures, however, some measures are specific to certain types of programs, and will not apply to all grantees. Furthermore, the measures are expected to be based primarily on existing data.

The estimated response burden is as follows:

Type of form	Number of respondents	Responses per respondent	Burden hours per response	Total burden hours
Application and Annual Report	750	1	8	6000
Total	750			6000

Send comments to Susan G. Queen, Ph.D., HRSA Reports Clearance Officer, Room 14-33, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: October 13, 2000.

Jane M. Harrison,

Director, Division of Policy Review and Coordination.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Submission for OMB Review; Comment Request

Periodically, the Health Resources and Services Administration (HRSA) publishes abstracts of information collection requests under review by the Office of Management and Budget, in compliance with the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35). To request a copy of the clearance requests submitted to OMB for review, call the HRSA Reports Clearance Office on (301) 443-1129.

The following request has been submitted to the Office of Management

and Budget for review under the Paperwork Reduction Act of 1995:

Proposed Project: Ryan White Comprehensive AIDS Resources Emergency Act of 1990—Title IV (OMB #0915-0206)—Extension

This is a request for extension of the reporting system of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990, Title IV as amended by the Ryan White CARE Act Amendments of 1996. It authorizes a reporting system to collect information from grantees and the service providers that are their subcontractors as governed under Section 2671 of the Public Health Service (PHS) Act (42 U.S.C. 300ff-71).

Title IV provides support for coordinated HIV services and access to research for children, youth, women, and families. It supports efforts to develop comprehensive, coordinated,

culturally competent, family-centered systems of care and to provide access to research for those infected or affected by HIV infection. The Title IV program supports a broad variety of interventions in health care delivery that are designed to link clients receiving health care to other essential and supporting services and to clinical research. Grants are

made to public and private non-profit health centers and other appropriate public or non-profit private entities that are linked to a comprehensive health care system. This system includes clinical research for children, youth, and women. The HIV/AIDS Bureau (HAB) within HRSA administers funds for Title IV of the CARE Act.

There are 53 grantees under Title IV's Children, Youth, Women and Families Program, with approximately 125 affiliated service providers, for a total of 178 entities who report information about the clients they serve and the services they provide. Grantees are located in 27 States, Puerto Rico and the District of Columbia.

ESTIMATED BURDEN HOURS

Form name	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
Designation of Local Reporting Entities—Table 1A	53	1	53	.25	13.25
Local Network Profile—Table 1B	178	1	178	.5	89
Person-based Demographic and clinical Status Summary—Table 2	178	1	178	30.00	5,340
Service Utilization Summary—Table 3	178	1	178	20.00	3,560
Prevention, Outreach, and Education Activities—Table 4 ..	178	1	178	4.00	712
Total	178	1	178	54.75	9,746

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

Dated: October 13, 2000.

Jane M. Harrison,

Director, Division of Policy Review and Coordination.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Request for Public Comment: 30-Day Notice; Proposed Collection: IHS Urban Indian Health Program Common Reporting Requirements

SUMMARY: In compliance with Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1996, for opportunity

for public comment on proposed information collection projects, the Indian Health Service (IHS) has submitted to the Office of Management and Budget (OMB) a request to review and approve the collection of information listed below. This proposed collection of information was published in the **Federal Register** (63 FR 11688) on January 24, 2000 and allowed 60 days for public comment. No public comment was received in response to the notice. The purpose of this notice is to allow 30 days for public comment to be submitted to OMB.

PROPOSED COLLECTION:

Title: 09-17-0007, "IHS Urban Indian Health Program Common Reporting Requirements."

Type of Information Collection

Request: Three year reinstatement, without change, of previously approved information collection, 0917-0007, "IHS Urban Indian Health Program Common Reporting Requirements" for which approval expired June 30, 2000.

Form Number: The report formats are contained in IHS instruction manual, "Urban Indian Health Programs Common Reporting Requirements." The

reporting formats have been computerized for electronic data submission.

Need and Use of Information

Collection: IHS contracts with urban Indian organizations to: Access and identify health services available to urban Indians; provide health education and health services to urban Indians; identify the unmet health needs of urban Indians; and, make recommendations on methods to improve health services provided to urban Indians. The information is collected annually and used to: monitor contractor performance; prepare budget reports; allocate resources; and, access and evaluate the urban Indian health contract programs.

Affected Public: Individuals or households, not-for-profit institutions and State, Local or Tribal Government.

Type of Respondents: Urban Indian health care organizations. The table below provides: Types of data collection instruments, estimated number of respondents, number of responses per respondent, average burden hour per response, and total annual burden hour.

Data collection instrument	Estimated number of respondents	Responses per respondent	Annual number of responses	Average burden hour per response*	Total annual burden hours
Face Sheet	34	1	34	0.50 (30 min)	17.0
Table 1	34	1	34	1.50 (90 min)	51.0
Table 2	34	1	34	0.57 (34 min)	19.0
Table 3	34	1	34	1.69 (101 min)	57.0
Table 4	**23	1	23	0.38 (23 min)	9.0
Table 5	34	1	34	1.50 (90 min)	51.0
Table 6	34	1	34	1.50 (90 min)	51.0
Table 7	34	1	34	0.75 (45 min)	26.0