each additional year of funding requested (this is not considered part of the 20-page narrative).

Appendix—to include:

a. Tribal Resolution(s) or Letters of Support

b. Biographical sketches of key personnel or position descriptions if position is vacant

c. Organizational chart

d. Workplan

e. Completed IHS Application Checklist

f. Application Receipt Card, PHS 3038–1 Rev. 5–90.

K. Reporting

1. Progress Report—Program progress reports shall be required semiannually. These reports will include a brief description of a comparison of actual accomplishments to the goals established for the period, reasons for slippage and other pertinent information as required. A final report is due 90 days after expiration of the budget/project period.

2. Financial Status Report—Semiannually financial status reports will be submitted 30 days after the end of the half year. A final financial status report is due 90 days after expiration of the budget/project period. Standard Form 269 (long form) will be used for financial reporting.

L. Grant Administration Requirements

Grants are administered in accordance with the following documents:

1. 45 CFR part 92, HHS, Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments, or 45 CFR part 74, Uniform Administrative Requirements for Awards and Subawards to Institutions of Higher Education, Hospitals, Other Nonprofit Organizations, and Commercial Organization; and Certain Grants and Agreements with States, Local Governments and Indian Tribal Governments.

2. PHS Grants Policy Statement, and

3. Appropriate Cost Principles: OMB Circular A–21, Educational Institutions, OMB Circular A–87, State and Local Governments, and OMB Circular A–122, Non-profit Organizations.

M. Objective Review Process

An Objective Review Committee (ORC) in accordance with IHS objective review procedures will review applications meeting eligibility requirements that are complete, responsive, and conform to this program announcement. The objective review process ensures a nationwide competition for limited funding. The ORC will be comprised of IHS (40% or less) and other federal or non-federal individuals (60% or more) with appropriate expertise. The ORC will review each application against established criteria. Based upon the evaluation criteria, the reviewers will assign a numerical score to each application, which will be used in making the final funding decision. Approved applications scoring less than 60 points will not be considered for funding.

N. Results of the Review

The results of the objective review are forwarded to the Director, Office of Management Support (OMS), for final review and approval. The Director, OMS, will also consider the recommendations from the Acting Director, Division of Health Professions Support, and the Grants Management Branch. Applicants are notified in writing on or about July 7, 2002. A Notice of Grant Award will be issued to successful applicants. Unsuccessful applicants are notified in writing of disapproval. A brief explanation of the reasons the application was not approved is provided along with the name of an IHS official to contact if more information is desired.

Dated: January 22, 2002.

Michael H. Trujillo,

Assistant Surgeon General, Director, Indian Health Service.

[FR Doc. 02–2090 Filed 1–28–02; 8:45 am]

BILLING CODE 4160–16–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Collection; Comment Request; Behavioral and Environmental Risk Factors for Childhood Drowning

SUMMARY: In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, for opportunity for public comment on proposed data collection projects, the National Institute of Child Health and Human Development (NICHD), the National Institutes of Health (NIH) will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

Proposed Collection Title: Behavioral and Environmental Risk Factors for Childhood Drowning. Type of Information Collection Request: NEW. Need and Use of Information Collection: The proposed study seeks to determine the relationship between swimming lessons, swimming ability, and other risk or protective factors on the one hand, and the risk of drowning on the other. Drowning is the second leading cause of unintentional injury death among children in the United States. Children under the age of five years are at particularly increased risk with drowning rates peaking among 1–2 year olds. Adolescent males are also at increased risk. While some preventive strategies, such as pool fencing, are known to be effective, the impact of other preventive strategies is unclear. For example, it is estimated that at least 20% of children between the ages of 1–4 years participate in formal swimming instructions, yet the effect of these instructions on the risk of drowning is unknown. Some argue that early exposure to swimming lessons might increase the risk of drowning by increasing exposure and decreasing children's fear of the water. Among adolescents, there is some indirect evidence that more skilled swimmers may be at increased risk of drowning. Better swimmers are likely to participate in more water-related activities and may feel confident enough to swim in higher risk settings, such as remote natural bodies of water with no lifeguards present. The findings from this study will provide valuable information concerning risk and protective factors for childhood drownings, information that is crucial in directing future preventive efforts. The proposed study will utilize a case-control methodology to identify associations between behavioral and environmental factors and the risk of drowning.

Interviews will be conducted with parents/guardians of 1500 children. Additionally, interviews may be conducted with approximately 400 adolescents (ages 12 ''19 years) to assess risk behaviors related to water activities. Interviews will be conducted over a 27 month study period. Frequency of Response: Two occasions. Affected Public: Individuals or households. Type of Respondents: Parents or Guardians, Adolescents. The annual reporting burden is as follows: Estimated Number of Respondents: 1,900; Estimated Number of Responses per Respondent: 2; Average Burden Hours Per Response: 0.33; and Estimated Total Annual Burden Hours Requested: 557. There are no Capital Costs, Operating Costs and/or Maintenance Costs to report.

Request for Comments: Written comments and/or suggestions from the public and affected agencies are invited on one or more of the following points: (1) Whether the proposed collection of information is necessary for the proper

performance of the function of the agency, including whether the information will have practical utility; (2) The accuracy of the agency'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 those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact: Charles Grewe, Contracting Officer, NICHD, NIH. Address: 6100 Executive Blvd., Suite 7A07, Bethesda, MD 20892–7510 ; e-mail address *cg59b@nih.gov;* Phone: (301)496–4611 (collect calls can not be accepted).

Comments Due Date: Comments regarding this information collection are best assured of having their full effect if received within 60-days of the date of this publication.

Dated: January 15, 2002.

Thomas E. Hooven,

Associate Director for Administration, NICHD.

[FR Doc. 02–2115 Filed 1–28–02; 8:45 am]

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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: National Evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program, Phase Two—(OMB No. 0930–0192, Revision)—SAMHSA's Center for Mental Health Services (CMHS) is conducting Phase II of this national evaluation project. Phase II collects data on child mental health outcomes, family life, and service system development and performance. Child and family outcomes of interest include the following: child symptomatology and functioning, family functioning and material resources, and caregiver strain. Delivery system variables of interest include the following: system of care development, adherence to system of care principles, coordination and linkages among agencies, and congruence between services planned versus those received.

To address the research questions in the national evaluation, a longitudinal quasi-experimental design is being used that includes data collection in all grantee sites and comparison sites (where services are delivered in a more traditional manner). This multi-level evaluation is comprised of several major components. Data collection methods include interviews with caregivers and youth, site visits, case record reviews, service diaries, and provider surveys.

Data collection for this evaluation will be conducted over a six year period. The length of time that families will participate in the study ranges from 18 to 36 months depending on when they enter the evaluation. The average annual respondent burden is estimated below; this represents an annual average burden reduction of 5,537 hours from the level currently approved by the Office of Management and Budget.

This revision to the currently approved data collection activities involves: (1) Reducing the number of sites where data collection will occur from 27 to 25, (2) extending the time frame for data collection by an additional 18 months, (3) adding a treatment effectiveness study in two sites including assessment of outcomes, treatment fidelity, and interaction of the treatment with the larger system of care, (4) adding a survey of clinicians/practitioners on their use of evidence-based treatments, and (5) adding a study of how systems of care are sustained after program funding ends.

Respondent	Number of respondents	Responses/ Respondent	Burden/ Response	Total burden hours
Caregiver	5550	.86	2.36	11,264
Youth	3330	.69	1.15	2,642
Provider	1993	.54	.53	570
Total				14,476