

(2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

1. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Manufacturer Submission of Average Sales Price (ASP) data for Medicare Part B Drugs and Biologicals and Supporting Regulations; *Form No.:* CMS-10110 (OMB# 0938-0921); *Use:* This information collection implements the provisions of the Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003 that require instructions to manufacturers on the submission of average sales price (ASP) data on Medicare Part B drugs to the Centers for Medicare and Medicaid Services (CMS). This form is the tool used by manufacturers to submit the required data.; *Frequency:* Quarterly; *Affected Public:* Business or other for-profit and Not-for-profit institutions; *Number of Respondents:* 120; *Total Annual Responses:* 480; *Total Annual Hours:* 15,360.

2. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* CLIA Budget Workload Reports and Supporting Regulations Contained in 42 CFR 493.1-.2001; *Form No.:* CMS-102-105 (OMB# 0938-0599); *Use:* Information collected will be used by CMS in determining the amount of Federal Reimbursement for compliance surveys. Use of the information includes program evaluation, audit, budget formulation and budget approval; *Frequency:* Quarterly and Annually; *Affected Public:* State, Local, or Tribal Government; *Number of Respondents:* 50; *Total Annual Responses:* 50; *Total Annual Hours:* 4,500.

3. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Procedures for Advisory Opinions Concerning Physician Referrals and Supporting Regulations in 42 CFR Sections 411.370 through 411.389; *Form No.:* CMS-R-216 (OMB# 0938-0714); *Use:* A request must include a complete description of the situation that is subject of the advisory opinion and must include copies of all relevant documents (or relevant portions), such as financial statements, contracts, leases, employment agreements and court documents. The submission must include the identities

and addresses of all known actual and potential parties to the arrangement. A request for an advisory opinion is purely voluntary. The facts will relate to business plans and the requestor will already have collected and analyzed all or most of the information we will need to review the request; *Frequency:* On occasion; *Affected Public:* Not-for-profit institutions, Individuals or Households, and Business or other for-profit; *Number or Respondents:* 200; *Total Annual Responses:* 200; *Total Annual Hours:* 2,000.

4. *Type of Information Collection Request:* Revision of a currently approved collection; *Title of Information Collection:* Physicians' Referrals to Health Care Entities With Which They Have Financial Relationships and Supporting Regulations in 42 CFR, Sections 411.352 through 411.361; *Form No.:* CMS-10047 (OMB# 0938-0846); *Use:* The final rule (HCFA-1809) incorporated into regulations the provisions in paragraphs (a), (b), (c), (d), and (h) of section 1877 of the Social Security Act. Under section 1877, if a physician or a member of a physician's immediate family has a financial relationship with a health care entity, the physician may not refer Medicare patients to that entity for the furnishing of 11 designated health services, unless an exception applies. In addition, section 1877 prohibits an entity from presenting or causing to be presented a Medicare claim or bill to any individual, third party payer, or other entity for designated health services furnished under a prohibited referral. Also, Medicare does not pay for a designated health service furnished under a prohibited referral.; *Frequency:* Annually and Other: whenever financial arrangements between entities that furnish designated health services and physicians change.; *Affected Public:* Business or other for-profit, Not-for-profit institutions, and Individuals or Households; *Number or Respondents:* 62,824; *Total Annual Responses:* 62,824; *Total Annual Hours:* 1,561,633.

5. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Application for Hospital Insurance and Supporting Regulations in 42 CFR 406.7; *Form No.:* CMS-18F5 (OMB# 0938-0251); *Use:* The CMS-18F5 is used to establish entitlement to Hospital Insurance and Supplementary Medical Insurance for beneficiaries entitled under Title XVIII of the Social Security Act. The HCFA-18F5-SP is included in this renewal. (The Agency name change on the Spanish language form has not been done because there is still stock on

hand.); *Frequency:* On occasion; *Affected Public:* Individuals or Households, Business or other for-profit, Not-for-profit institutions, Farms, Federal Government, and State, Local or Tribal Gov.; *Number or Respondents:* 50,000; *Total Annual Responses:* 50,000; *Total Annual Hours:* 12,500.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS's 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@hcfa.gov, or call the Reports Clearance Office on (410) 786-1326. Written comments and recommendations for the proposed information collections must be mailed within 60 days of this notice directly to the CMS Paperwork Clearance Officer designated at the following address: CMS, Office of Strategic Operations and Regulatory Affairs, Division of Regulations Development and Issuances, Attention: Melissa Musotto, Room C5-14-03, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Dated: May 6, 2004.

John P. Burke, III,
*Paperwork Reduction Act Team Leader,
Office of Strategic Operations and Strategic
Affairs, Division of Regulations Development
and Issuances.*

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Notice of Correction for the Office of Community Services Community Economic Development (CED) Training and Technical Assistance Program

AGENCY: Office of Community Services, ACF, HHS.

ACTION: Notice of correction.

Funding Opportunity Title: Community Services Block Grant Community Economic Development Discretionary Grant Program—Training and Technical Assistance.

Funding Opportunity Number: HHS-2004-ACF-OCS-EC-0016.

SUMMARY: This notice is to inform interested parties of corrections made to the Community Services Block Grant Community Economic Development Discretionary Grant Program—Training

and Technical Assistance program announcement. The announcement published on April 30, 2004. The following corrections should be noted:

(1) Under IV. 3 Submission Date and Times, after the "Required Forms" chart, please insert the following:
Additional Forms: Private-non-profit organizations are encouraged to submit

with their applications the additional survey located under "Grant Related Documents and Forms" titled "Survey for Private, Non-Profit Grant Applicants".

What to submit	Required content	Required form or format	When to submit
Survey for Private, Non-profit Grant Applicants.	Per required form	May be found on http://www.acf.hhs.gov/programs/ofs/form.htm .	By application due date.

(2) Under Part VII. Agency Contacts, the telephone number (202) 401-3445 for Debra Brown should be deleted and replaced with (202) 401-3446.

(3) Under Part VII. Agency Contacts, the telephone number (202) 401-2344 for Barbara Zeigler-Johnson should be deleted and replaced with (202) 401-4646.

(4) Under Part VII. Agency Contacts, the e-mail address bziegler-johns@acf.hhs.gov for Barbara Zeigler Johnson should be deleted and replaced with bziegler-johns1@acf.hhs.gov.

The only changes to the Community Services Block Grant Community Economic Development Discretionary are explicitly stated in this Notice of Correction. All applications must still be sent on or before the deadline date specified in the original announcement. Applications must be mailed or delivered to: U.S. Department of Health and Human Services (HHS), Administration for Children and Families, Office of Community Services Operations Center, 1815 Fort Myer Drive, Suite 300, Arlington, Virginia 22209, Attention: Operations Center.

For further information please contact Deborah Brown, Office of Community Services Program Specialist, at (202) 401-3446 or e-mail at dbrown@acf.hhs.gov.

Dated: May 10, 2004.

Clarence Carter,

Director, Office of Community Services.

[FR Doc. 04-10964 Filed 5-13-04; 8:45 am]

BILLING CODE 4184-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

ACF/OCS; Notice of Correction for the Office of Community Services Community Economic Development (CED) Administration and Management Expertise Program

AGENCY: Office of Community Services, ACF, HHS.

ACTION: Notice of correction.

Funding Opportunity Title: Community Services Block Grant Community Economic Development Discretionary Grant Program—Administration and Management Expertise Priority Area.

Funding Opportunity Number: HHS-2004-ACF-OCS-EC-0017.

SUMMARY: This notice is to inform interested parties of corrections made to the Community Services Block Grant Community Economic Development Discretionary Grant Program-Training and Technical Assistance program announcement. The announcement published on April 30, 2004. The following corrections should be noted:

(1) Under IV. 3 Submission Date and Times, after the "Required Forms" chart, please insert the following:

Additional Forms: Private-non-profit organizations are encouraged to submit with their applications the additional survey located under "Grant Related Documents and Forms" titled "Survey for Private, Non-Profit Grant Applicants".

What to submit	Required content	Required form or format	When to submit
Survey for Private, Non-Profit Grant Applications.	Per required form	May be found on http://www.acf.hhs.gov/programs/ofs/form.htm .	By application due date.

(2) Under Part VII. Agency Contacts, the telephone number (202) 401-2344 for Barbara Zeigler-Johnson should be deleted and replaced with (202) 401-4646.

(3) Under Part VII. Agency Contacts, the e-mail address bziegler-johns@acf.hhs.gov for Barbara Zeigler Johnson should be deleted and replaced with bziegler-johns1@acf.hhs.gov.

The only changes to the Community Services Block Grant Community Economic Development Discretionary are explicitly stated in this Notice of Correction. All applications must still be sent on or before the deadline date specified in the original announcement. Applications must be mailed or delivered to:

U.S. Department of Health and Human Services (HHS), Administration for Children and Families, Office of Community Services Operations Center, 1815 Fort Myer Drive, Suite 300, Arlington, Virginia 22209, Attention: Operations Center.

For further information please contact Deborah Brown, Office of Community Services Program Specialist, at (202) 401-3446 or e-mail at dbrown@acf.hhs.gov.

Dated: May 10, 2004.

Clarence Carter,

Director, Office of Community Services.

[FR Doc. 04-10965 Filed 5-13-04; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Funding Opportunity: CSBG T/TA Program—Program Innovations of National Significance

AGENCY: Administration for Children and Families, Office of Community Services, HHS.

Announcement Type: Competitive Grant—Initial.

Funding Opportunity Number: HHS-2004-ACF-OCS-ET-0024.

CFDA Number: 93.570.