

and received comments are available for public examination in the Dockets Management Branch between 9 a.m. and 4 p.m., Monday through Friday.

### III. Electronic Access

Persons with access to the Internet may obtain the document at <http://www.fda.gov/cber/guidelines.htm>.

Dated: October 29, 2001.

**Margaret M. Dotzel,**

*Associate Commissioner for Policy.*

[FR Doc. 01-29004 Filed 11-20-01; 8:45 am]

**BILLING CODE 4160-01-S**

## 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) The proposed collection of information for the proper performance of the functions of the agency; (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: Children's Hospitals Graduate Medical Education Payment Program (CHGME) (OMB No. 0915-0247): Revision

The CHGME Payment Program was enacted by Public Law 106-129 to provide Federal support for graduate medical education (GME) to "freestanding" children's hospitals. This legislation attempts to provide support for GME comparable to the level of Medicare GME support received by other, non-children's hospitals. The legislation indicates that eligible children's hospitals will receive payments for both direct and indirect

medical education. Direct payments are designed to offset the expenses associated with operating approved graduate medical residency training programs and indirect payments are designed to compensate hospitals for expenses associated with the treatment of more severely ill patients and the additional costs relating to teaching residents in such programs.

Technical assistance workshops and consultation with applicant hospitals resulted in an opportunity for hospital representatives to raise issues and provide suggestions resulting in proposed revisions in the CHGME application forms and instructions.

Eligible children's teaching hospitals submit relevant data such as weighted and unweighted full-time equivalent (FTE) resident counts, inpatient discharges and case mix index information by which direct and indirect payments are made to the participating hospitals. Data are submitted by children's hospitals in an annual CHGME application in order to receive funding. Through a reconciliation process, participating hospitals are required to correct and furnish final FTE resident count numbers reflecting changes in counts reported in the annual application form. The reconciliation process begins with fiscal year (FY) 2002 and occurs before the end of the fiscal year.

The estimated burden is as follows:

Form	Number of respondents	Responses per respondents	Hours per response	Total burden hours
HRSA 99-1 .....	60	1	24	1,440
HRSA 99-1 (Reconciliation) .....	60	1	8	480
HRSA 99-2 .....	60	1	14	840
HRSA 99-4 .....	60	1	14	840
Total .....	60	.....	.....	3,600

Send comments to Susan G. Queen, Ph.D., HRSA Reports Clearance Officer, Room 14-22, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: November 15, 2001.

**Jane M. Harrison,**

*Director, Division of Policy Review and Coordination.*

[FR Doc. 01-29058 Filed 11-20-01; 8:45 am]

**BILLING CODE 4165-15-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Training and Technical Assistance Cooperative Agreement Limited Competition Announcement

**AGENCY:** Health Resources and Services Administration, HHS.

**ACTION:** Notice of limited competition cooperative agreement.

**SUMMARY:** The Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau (HAB) announces that applications will be accepted for fiscal year (FY) 2002 awards for a cooperative

agreement to support an International AIDS Education and Training Center (IAETC). The IAETC will assist countries severely affected by the HIV/AIDS epidemic to build capacity for HIV care and support services through the training and education of HIV/AIDS care providers, including physicians, nurses, clinical administrators, and other key personnel. The IAETC will enhance training capacity in the areas of diagnosis, treatment, and prevention of HIV disease, including the prevention of perinatal transmission of the disease, measures for the prevention and treatment of opportunistic infections, and appropriate use of antiretroviral therapy. The IAETC will also develop training on the planning, design, and

management of regional or national HIV/AIDS training programs and HIV/AIDS care facilities and programs.

HRSA will assist the IAETC to identify the countries, institutions, and in-country stakeholders with which the IAETC will collaborate. Initial partners are likely to be in Africa and India. However, the number and variety of requests for assistance are expected to expand as relationships develop and additional countries in the Caribbean, Asia, and Latin America finalize specific HIV/AIDS care and support plans. Country needs and resources will vary, so the IAETC must be prepared and able to tailor its response based on the country profile. Because of the diversity in populations and differences in the epidemic, healthcare infrastructure, and educational resources, HRSA expects that a range of ideas and approaches will be implemented.

As an active partner in this cooperative agreement, HRSA will have significant involvement with the applicant regarding program plans, policies and other issues which may have major implications for any activities undertaken by the applicant under the cooperative agreement. HRSA will provide consultation and technical assistance in planning, operating, and evaluating program activities. HRSA will also facilitate the collaboration with program partners, such as CDC/Atlanta, CDC field offices, USAID, foreign governments, and other key stakeholders.

#### Availability of Funds

It is anticipated that a single recipient will be selected for the IAETC and is expected to be approximately \$500,000 for the initial budget period. Initial funding will be available for 6 months, while subsequent budget periods will be 12 months. The entire project period will be three and one-half years. Continuation awards will be made on the basis of satisfactory progress and the availability of funds. Additional funding may be made available from collaborating U.S. agencies.

Applications are due January 22, 2002.

Applications will be reviewed according to the following criteria: Organizational Capacity and Qualifications; Management Plan, Staffing, Organization, and Resources; Adequacy of the Proposed Plan for Initial Needs Assessment and Plan for Building Training Capacity; Program Collaboration and Linkages; Program Evaluation and Quality Improvement; Appropriateness and Justification of the Budget; and Adherence to Program Guidance.

#### Eligible Applicants

Eligible applicants are public and nonprofit private entities and schools and academic health sciences centers, which are currently funded AIDS Education Training Centers.

#### Authorizing Legislation

The authority of this grant program is Section 307 of the Public Health Service Act. The CFDA number is 93.145.

**DATES:** A letter of intent to submit an application is due December 5, 2001. Applications for this announced grant must be received in the HRSA Grants application Center by the close of business January 22, 2002. Applications shall be considered as meeting the deadline if they are (1) received on or before the deadline date or (2) are postmarked on or before the deadline date and received in time for orderly processing and submission to the review committee. Applicants should request a legibly dated receipt from a commercial carrier or U.S. Postal Service postmark. Private metered postmarks will not be acceptable as proof of timely mailing. Applications postmarked after the due date will be returned to the applicant.

**ADDRESSES:** Letters of intent to apply for funding should be mailed to William Oscar Fleming, HIV/AIDS Bureau, Health Resources and Services Administration, 5600 Fishers Lane, Room 7-29, Rockville, MD 20857. All applications should be mailed or delivered to HRSA Grants Application Center, 1815 N. Fort Meyer Dr., Suite 300, Arlington, VA 22209. Grant applications sent to any address other than that above are subject to being returned. Application forms and guidance will be sent directly to all eligible participants upon the publishing of this Federal Register notice. **Federal Register** notices are available on the World Wide Web via the Internet. The web site address for HAB is: <http://www.hrsa.gov/hab/>.

#### FOR FURTHER INFORMATION CONTACT:

Additional technical information may be obtained from William Oscar Fleming, HIV/AIDS Bureau, Health Resources and Services Administration, 5600 Fishers Lane, Room 7-29, Rockville, MD 20857. The telephone number is (301) 443-4502. The fax number is (301) 443-9887 and the e-mail address is [wffleming@hrsa.gov](mailto:wffleming@hrsa.gov). You may also contact Dr. Laura Cheever, HIV Education Branch, HRSA, 5600 Fishers Lane, Parklawn Building, Rm. 7-16, Rockville, Maryland 20857. Telephone number is (301) 443-2123 and the fax: (301) 443-9887.

Dated: November 15, 2001.

**Elizabeth M. Duke,**

*Acting Administrator.*

[FR Doc. 01-29005 Filed 11-20-01; 8:45 am]

**BILLING CODE 4165-15-P**

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

##### National Institutes of Health

##### National Cancer Institute; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Cancer Institute Special Emphasis Panel FLAIR.

Date: November 27-28, 2001.

Time: 5 p.m. to 5 p.m.

Agenda: To review and evaluate grant applications.

Place: Holiday Inn, 8120 Wisconsin Ave, Bethesda, MD 20814.

Contact Person: Thomas M. Vollberg, PhD, Scientific Review Administrator, Special Review, Referral and Resources Branch, Division of Extramural Activities, National Cancer Institute, National Institutes of Health, 6116 Executive Boulevard, Room 8049, Rockville, MD 20852, 301/594-9582.

This notice is being published less than 15 days prior to the meeting due to the timing limitations imposed by the review and funding cycle.

Any interested person may file written comments with the committee by forwarding the statement to the Contact Person listed on this notice. The statement should include the name, address, telephone number and when applicable, the business or professional affiliation of the interested person.

(Catalogue of Federal Domestic Assistance Program Nos. 93.392, Cancer Construction; 93.393, Cancer Cause and Prevention Research; 93.394, Cancer Detection and Diagnosis Research; 93.395, Cancer Treatment Research; 93.396, Cancer Biology Research; 93.397, Cancer Centers Support; 93.398, Cancer Research Manpower; 93.399, Cancer Control, National Institutes of Health, HHS)