Road, MS D–24, Atlanta, GA 30333. Written comments should be received within 14 days of this notice. OMB is expected to act on the request of CDC within 21 days of publication of this notice.

Proposed Project

Assisted Reproductive Technology (ART) Program Reporting System—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background: Section 2(a) of Pub. L. 102–493 (known as the Fertility Clinic Success Rate and Certification Act of 1992 (FCSRCA), 42 U.S.C. 263a–1(a)) requires that each assisted reproductive technology (ART) program shall annually report to the Secretary through the Centers for Disease Control and Prevention—(1) pregnancy success rates achieved by such ART program, and (2) the identity of each embryo laboratory used by such ART program and whether the laboratory is certified or has applied for such certification under this act.

The Centers for Disease Control and Prevention (CDC) is seeking approval of a reporting system for Assisted Reproductive Technology (ART)Program from the Office of Management and Budget (OMB). This reporting system has been designed in collaboration with the Society for Reproductive Technology to comply with the requirements of the FCSRCA. The reporting system includes all ART cycles initiated by any of the approximately 400 ART programs in the United States, and covers the pregnancy outcome of each cycle, as well as a number of data items deemed important to explain variability in success rates across clinics and across individuals. Data is to be collected through computer software developed by SART in consultation with CDC.

In developing the definition of pregnancy success rates and the list of data items to be reported, CDC has consulted with representatives of SART, the American Society for Reproductive Medicine, and RESOLVE, the National Infertility Association (a national, nonprofit consumer organization), as well as a variety of individuals with expertise and interest in this field. The average annual cost to the respondent, including data entry labor and fees, is estimated to be $2,140.

Respondents	Number of respondents	Number of responses/respondent	Average burden/response (in hours)	Total burden (in hours)
ART Clinics	400	220	5/60	7,333
Total				7,333

Dated: April 16, 2002.

Nancy E. Cheal,

Acting Associate Director for Policy, Planning and Evaluation, Centers for Disease Control and Prevention.

[FR Doc. 02–9843 Filed 4–22–02; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

Advisory Committees; Filing of Annual Reports

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing that, as required by the Federal Advisory Committee Act, the agency has filed with the Library of Congress the annual reports of those FDA advisory committees that held closed meetings.

ADDRESSES: Copies of the annual reports are available from the Dockets Management Branch (HFA–305), Food and Drug Administration, 5630 Fishers Lane, rm. 1061, Rockville, MD 20852, 301–827–6860.

FOR FURTHER INFORMATION CONTACT: Linda Ann Sherman, Advisory Committee Oversight and Management Staff (HF–4), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301–827–1220.

SUPPLEMENTARY INFORMATION: Under section 13 of the Federal Advisory Committee Act (5 U.S.C. App. 2) and 21 CFR 14.60 (c), FDA has filed with the Library of Congress the annual reports for the following FDA advisory committees that held closed meetings during the period October 1, 1998, through September 30, 1999:

Center for Biologics Evaluation and Research:
- Allergenic Products Advisory Committee,
- Biological Response Modifiers Advisory Committee, and
- Vaccines and Related Biological Products Advisory Committee.

Center for Drug Evaluation and Research:
- Antiviral Drugs Advisory Committee,
- Arthritis Advisory Committee,
- Dermatologic and Ophthalmic Drugs Advisory Committee,
- Drug Abuse Advisory Committee, and
- Oncologic Drugs Advisory Committee.

Center for Devices and Radiological Health:
- Medical Devices Advisory Committee.

National Center for Toxicological Research:
- Science Advisory Board to the National Center for Toxicological Research.
- Science Board to the Food and Drug Administration.

Annual reports have also been filed for the following FDA advisory committees that held closed meetings during the period October 1, 1999, through September 30, 2000:

Center for Biologics Evaluation and Research:
- Biological Response Modifiers Advisory Committee,
- Blood Products Advisory Committee,
- Transmissible Spongiform Encephalopathies Advisory Committee, and
- Vaccines and Related Biological Products Advisory Committee.

Center for Drug Evaluation and Research:
- Antiviral Drugs Advisory Committee,
- Arthritis Advisory Committee, and
- Dermatologic and Ophthalmic Drugs Advisory Committee.

Center for Devices and Radiological Health:
- Medical Devices Advisory Committee.

National Center for Toxicological Research:
- Science Advisory Board to the National Center for Toxicological Research.

Annual reports are available for public inspection at: (1) The Library of Congress, Madison Bldg., Newspaper and Current Periodical Reading Room, 101 Independence Ave. SE., rm. 133, Washington, DC; and (2) the Dockets Management Branch (HFA–305), Food and Drug Administration, 5630 Fishers Lane, rm. 1061, Rockville, MD 20852, between 9 a.m. and 4 p.m., Monday through Friday.

Dated: April 8, 2002.

Linda A. Suydam,

Senior Associate Commissioner for Communications and Constituent Relations.

[FR Doc. 02–9813 Filed 4–22–02; 8:45 am]

BILLING CODE 4160–01–S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Title III Early Intervention Services Program

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice of availability of funds.

SUMMARY: The Health Resources and Services Administration (HRSA) announces the availability of fiscal year (FY) 2002 funds to be awarded under the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act Title III Early Intervention Services (EIS) Program to support outpatient HIV early intervention and primary care services for low-income, medically underserved people in existing primary care systems. Grants will be awarded for a 3-year period.

Program Purpose: The primary goal of the EIS Program is to increase access to high quality outpatient HIV primary care for low-income, and/or medically underserved populations within existing primary care systems. All programs must have, or establish a comprehensive and coordinated continuum of outpatient HIV primary care services in targeted geographic areas as specified by the applicant. The EIS program defines comprehensive HIV primary care as that which begins with early identification services (testing and counseling), medical evaluation/clinical care, oral health care, adherence counseling, nutritional counseling, mental health, and substance abuse and includes a coordinated referral system for specialty and subspecialty care.

Program Requirements

Funded programs will be expected to provide:

(1) HIV counseling, testing, and referral;

(2) Medical evaluation and clinical care;

(3) Other primary care services; and

(4) Facilitated referrals to other health services.

Funded programs must provide the proposed services directly and/or through formal agreements with public or nonprofit private entities. A minimum of 50% of funds awarded MUST be spent on primary care services to HIV-positive individuals.

Eligible Applicants: Applications will be accepted only from current Ryan White CARE Act Title III Planning grantees. The purpose of this limited competition is to ensure that the Federal investment of funds made through the planning grantees, within these existing communities, is utilized to the fullest extent possible to develop a comprehensive primary care site for HIV services. These current Planning grantees were previously selected by an open and competitive process and approved to plan for the establishment of comprehensive HIV services. Applicants must be public or private non-profit entities. Faith-based and community-based organizations are eligible to apply.

Funding Priorities and/or Preferences: In awarding these grants, preference will be given to applicants located in rural or underserved communities where HIV primary health care resources, including financial resources available from the Ryan White CARE Act, remain insufficient to meet the need for HIV primary care services.

Authorizing Legislation: The EIS Program is authorized by the Public Health Service (PHS) Act, as amended by Public Law 106–345, the Ryan White CARE Act Amendments of 2000 (42 U.S. Code 300–71).

Availability of Funds: The program has approximately 6 million dollars available for this initiative. HRSA expects to fund approximately 20 programs for 3 years. The budget and project periods for approved and funded projects will begin on or about September 1, 2002. Continuation awards within the project period will be made on the basis of satisfactory progress and the availability of funds.

Application Deadline: Applications must be received in the HRSA Grant Application Center (GAC) at the address below by the close of business June 21, 2002. All applications will meet the deadline if they are either (1) received on or before the deadline date or (2) postmarked on or before the deadline date, and received in time for submission to the objective review panel. A legible dated receipt from a commercial carrier or U.S. Postal Service will be accepted instead of a postmark. Private metered postmarks will not be accepted as proof of timely mailing.

Obtaining Application Guidance and Kit: You may access the program guidance alone on HRSA's web site at *www.hrsa.hab.gov/grants.html.*

The official grant application kit and program guidance materials for this announcement may be obtained from the HRSA Grants Application Center, 901 Russell Avenue Suite 450, Gaithersburg, MD 20879, Attn: CFDA 93.918B; telephone 1–877–477–2234; e-mail address *HRSA.GAC@hrsa.gov.*

FOR FUTHER INFORMATION CONTACT: Additional information related to the program may be requested by contacting the Title III Primary Care Services Branch at (301) 443–0735.

Dated: April 16, 2002.

Elizabeth M. Duke,

Administrator.

[FR Doc. 02–9814 Filed 4–22–02; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

List of Recipients of Indian Health Scholarships Under the Indian Health Scholarship Program

The regulations governing Indian Health Care Improvement Act Programs (Pub. L. 94–437) provide at 42 CFR 36.334 that the Indian Health Service shall publish annually in the **Federal Register** a list of recipients of Indian Health Scholarships, including the name of each recipient, school and tribal affiliation, if applicable. These scholarships were awarded under the authority of sections 103 and 104 of the Indian Health Care Improvement Act, 25 U.S.C. 1613–1613a, as amended by the Indian Health Care Amendments of 1988, Pub. L. 100–713.

The following is a list of Indian Health Scholarship Recipients funded under Sections 103 and 104 for Fiscal Year 2001:

Abeita, Lynn Ann, Arizona State University, Pueblo of Isleta, NM

Abeita, Steven John, University of New Mexico-Albuquerque, Pueblo of Isleta, NM

Adams, Andrea L., University of North Dakota, Assiniboine & Sioux Tribes of the Fort Peck Indian Reservation, MT

Alexander, Andrea Lynn, University of Central Oklahoma, Seminole Nation of Oklahoma

Alexander, Lise Kalliah, University of Washington School of Medicine, Confederated Tribes of the Grand Ronde Community of Oregon

Allery, Cynthia Ann, University of North Dakota, Turtle Mountain Band of Chippewa Indians of North Dakota

Allery, Lonnie William, Turtle Mountain Community College, Turtle Mountain Band of Chippewa Indians of North Dakota