

Titles I, II, and III, HIV community-based organizations; State and local health agencies; Ryan White Title IV HIV comprehensive family-centered care projects, prevention, education and peer support activities; national and local consumer organizations, including the National Hemophilia Foundation and its Chapters (5 points);

- Evidence of formal patient choice and grievance policies and procedures (5 points);
- Participation in other significant activities, and a description of any involvement with factor replacement product programs (5 points).
- The extent to which (A) the project personnel are well qualified by training and/or experience for their roles in the project and the applicant organization has adequate facilities and personnel; and (B) there is a plan for management of the regional network of hemophilia diagnostic and treatment centers (15 points). In addressing this criterion please describe the following items:
 - Regional program management;
 - Fostering communication among and providing technical assistance and training to HTC's;
 - Other significant regional activities;
 - The extent to which the estimated cost to the government of the project is reasonable, considering the anticipated results (10 points).
 - The strength of the project's plan for evaluation (10 points).

Additional criteria may be used to review and rank applications for this competition. Any such criteria will be identified in the program guidance included in the application kit.

Applicants should pay strict attention to addressing these criteria, in addition to those referenced above. Also, to the extent that regulatory review criteria generally applicable to all Title V programs (at 42 CFR part 51a.5) are relevant to this specific project, such factors will be taken into account.

Paperwork Reduction Act

OMB approval for any data collection in connection with this grant will be sought, as required under the Paperwork Reduction Act of 1995.

Public Health System Reporting Requirements

This program is subject to the Public Health System Reporting Requirements (approved under OMB No. 0937-0195). Under these requirements, the community-based non-governmental applicant must prepare and submit a Public Health System Impact Statement (PHSIS). The PHSIS is intended to provide information to State and local health officials to keep them apprised of

proposed health services grant applications submitted by community-based non-governmental organizations within their jurisdictions. The project abstract may be used in lieu of the one-page PHSIS.

Community-based non-governmental applicants are required to submit the following information to the head of the appropriate State and local health agencies in the area(s) to be impacted no later than the Federal application receipt due date:

- (a) A copy of the face page of the application (SF 424).
- (b) A summary of the project (PHSIS), not to exceed one page, which provides:
 - (1) A description of the population to be served.
 - (2) A summary of the services to be provided.
 - (3) A description of the coordination planned with the appropriate State and local health agencies.

Executive Order 12372

The MCH Federal Set-Aside program has been determined to be a program which is not subject to the provisions of Executive Order 12372 concerning intergovernmental review of Federal programs.

Dated: March 31, 2003.

Dennis P. Williams,

Deputy Administrator.

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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: Practitioner Services Network Initiative—New—SAMHSA's Center for Substance Abuse Treatment (CSAT), plans to obtain information about the providers, care and characteristics of clients with substance abuse disorders and related co-morbidities that receive treatment from practitioners in private practice and organizational settings. This information is needed to complement available information about the substance abuse treatment provided in institutional and publicly funded settings, in order to more completely describe the full range and nature of substance abuse problems affecting the nation.

The CSAT Practitioner Services Network initiative provides support to six of the largest behavioral health associations in the nation to design and implement surveys using representative samples of their members and the clients they serve. The membership of the selected Associations collectively represent a significant proportion of the behavioral health professionals in the country. Two of these associations, the American Psychiatric Association and the American Psychological Association, have separately functioning internet-based PSN infrastructures; from these two groups CSAT will be able to purchase reports based on the data they have already collected.

For four other associations (*i.e.*, the American Association for Marriage and Family Therapy; the American Counseling Association; NAADAC, The Association for Addiction Professionals; and the National Association of Social Workers), CSAT will sponsor new data collection efforts to provide a core set of data elements to be collected in their upcoming membership surveys. The four Associations conduct periodic sample surveys of their memberships through their individual Practitioner Services Network infrastructures and will incorporate a common set of specific substance-abuse questions that are of importance to CSAT into these studies. CSAT will sponsor data collection and purchase, from each Association, a report that addresses the characteristics of practitioners who may be expected to encounter clients with substance abuse disorders, the characteristics of clients with behavioral