

environment, and (b) strengthened position (*i.e.*, financial condition, competitive position) of its member health centers in the State marketplace and/or environment.

3. Strength of Collaboration—extent to which commitment (as evidenced by the contribution of time, resources, cash, *etc.*) by each network member is demonstrated in the business plan, implementation plan, strategic plan, budget spreadsheet and accompanying narrative, and operational agreement.

4. Network Operation: Core Strength and Competencies—extent to which the network design is suited to the organizational/administrative capacity of the network members based on operational history of the network.

5. Capacity of the Network to Support Shared/Integrated Operations—extent to which network members have shared and/or integrated functions or components of their systems.

Funding preference: A funding preference is defined as the funding of a specific category or group of approved applications ahead of other categories of applications. A preference will be given to applicants proposing to serve sparsely populated rural or frontier areas.

Estimated amount of available funds: For fiscal year 2003, up to \$2,100,000 will be available for this program.

Estimated project period: 3 years.

Estimated number of awards: This is a new program; the estimated number of awards may range from 5 to 7 in fiscal year 2003.

Estimated or average size of each award: This is a new grant program; the estimated costs are expected to vary considerably with a range from \$150,000 to \$300,000.

Information contact: Applicants may contact Christie Brown by phone at 301-594-4314 or by email at CBrown1@hrsa.gov.

Paperwork Reduction Act: The application for Operational Health Center Networks has been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act. The OMB clearance number is 0920-0428.

Public health system reporting requirements: Under these requirements (approved by the Office of Management and Budget under OMB number 0937-0195), a community-based, non-governmental applicant must prepare and submit a Public Health System Impact Statement 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. This statement must include:

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

Executive Order 12372: This program has been determined to be a program that is subject to the provisions of Executive Order 12372 concerning intergovernmental review of Federal programs by appropriate health planning agencies, as implemented by 45 CFR Part 100. Executive Order 12372 allows States the option of setting up a system for reviewing applications from within their States for assistance under certain Federal programs. The application packages pursuant to this notice will contain a listing of States with review systems and will provide a single point of contact (SPOC) in the State for review. A SPOC list is also available at <http://www.whitehouse.gov/omb/grants/spoc.html>. Applicants (other than federally-recognized Indian tribal governments) should contact their SPOCs as early as possible to alert them to the prospective applications and receive any necessary instructions on the State process. For proposed projects serving more than one State, the applicant is advised to contact the SPOC of each affected State. The due date for State process recommendations is 60 days after the applicable Federal application receipt due date. The granting agency does not guarantee to "accommodate or explain" its responses to State process recommendations received after the due date. (See "Intergovernmental Review of Federal Programs," Executive Order 12372, and 45 CFR part 100, for a description of the review process and requirements.)

Dated: June 25, 2003.

Elizabeth M. Duke,
Administrator.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Indian Health Service Contract Health Service; Purchase-Delivery Order for Health Service

AGENCY: Indian Health Service, HHS.

ACTION: Request for public comment: 30-day proposed information collection:

Indian Health Service Contract Health Service Purchase-Delivery Order for Health Service.

SUMMARY: The Indian Health Service, as part of its continuing effort to reduce paperwork and respondent burden, conducts a pre-clearance consultation program to provide the general public and Federal agencies with an opportunity to comment on proposed and/or continuing collections of information in accordance with the Paperwork Reduction Act of 1995 (44 U.S.C. 3506(c)(2)(A)). This program helps to ensure that requested data can be provided in the desired format, reporting burden (time and financial resources) is minimized, collection instruments are clearly understood, and the impact of collection requirements on respondents can be properly assessed. As required by section 3507(a)(1)(D) of the Act, the proposed information collection has been submitted to the Office of Management and Budget (OMB) for review and approval.

The IHS received no comments in response to the 60-day **Federal Register** notice (67 FR 77800) published on December 19, 2002. The purpose of this notice is to allow an additional 30 days for public comment to be submitted directly to OMB.

Proposed Collection

Title: 0917-0002, re-titled "Indian Health Service Contract Health Service Purchase-Delivery Order for Health Service." **Type of Information Collection Request:** Reinstatement, without change, of a previously approved collection for which approval has expired. **Form number:** IHS-843-1A. **Need and Use of Information Collection:** Respondents certify that they have performed the health care services authorized by the IHS. Information is used to manage, administer and plan for the provisions of health care services to eligible American Indians, process payments to providers, obtain program data, provide program statistics, and serve as a legal document for health care services rendered. **Affected Public:** Businesses or other for-profit, Individuals or Households, Not-for-profit institutions, and State, local or Tribal Government. **Type of Respondents:** Health care providers.

The table below provides the following: types of data collection instructions, estimated number of respondents, number of responses per respondent, annual number of responses, average burden hour per response, and total annual burden hours.