

for this requirement in the budget section of the application.

## **X. Review Procedures and Evaluation Criteria**

### **A. Review Procedures**

The application submitted by the Alliance will initially be reviewed by grants management and program staff for responsiveness. To be considered, an application must meet the following requirements: (1) Be received by the specified due date; (2) be submitted in accordance with section VIII "Submission Requirements" of this document; (3) not exceed the \$65,000 (direct and indirect) for each year requested; (4) address the specific program goals and objectives; and (5) bear the original signatures of both the principal investigator and the organization's authorized official. The application will be considered nonresponsive if it is not in compliance with this document. If the application is found to be nonresponsive, the application will be returned to the applicant without further consideration.

The application submitted by the Alliance will undergo a dual peer review. The application will be reviewed first for scientific and technical merit by an ad hoc panel of experts in areas associated with consumer health information and promotion and disease prevention. If the application is recommended for approval, it will then be presented to the National Advisory Environmental Health Sciences Council for their concurrence.

### **B. Review Criteria**

The application will be reviewed and evaluated according to the following criteria:

Factor 1: Background (15 percent)

*Applicant:* (1) Demonstrated knowledge of the health literacy problem and health care needs in the Hispanic community; (2) documented outcomes of past efforts with the target population; and (3) proposed geographic locations to be served by the proposed program.

Factor 2: Approach (45 percent)

*Applicant:* (1) Describes an acceptable plan of action with details on how the proposed work will be performed, including a timeline, listing of other involved organizations, consultants and key individuals who will work on the project and a short description about their efforts or contributions to the proposed program; (2) identifies the results and benefits to be gained by the Hispanic community; (3) describes the expected program contributions from

providing suitable health information toward improving health literacy and eliminating health disparities in the Hispanic community; and (4) describes how the proposed program meets the following proposed objectives:

- To empower consumers to improve their health by providing better health information; and
- To ensure that health information is clear, informative, effective, and accessible by the Hispanic community.

Factor 3: Management Plan (20 percent)  
Applicant's demonstrated capability to manage the program as determined by the following: (1) Qualification and experience of proposed staff or requirements for "to be hired" staff, proposed staff effort, management experience of the organization related to the proposed program; (2) support and established network to conduct the proposed program; and (3) evaluate the program as determined by the thoroughness, feasibility and appropriateness of the proposed program evaluation design, and data collection and analysis procedures.

Factor 4: Budget and Budget Justification (20 Points)

*Applicant:* Proposed program costs are reasonable and based on activities to be carried out and the expected program outcomes.

## **XI. Mechanism of Support**

Support for this project will be in the form of a cooperative agreement. This agreement will be subject to all policies and requirements that govern the research grant programs of the PHS, including the provisions of 42 CFR part 52, 45 CFR part 74, and PHS Grants Policy Statement. The regulations issued under Executive Order 12372 do not apply. The length of support will be up to 3 years. Cost sharing or matching is not a requirement of this program. The NIH modular grant program does not apply to this FDA program.

## **XII. Dun and Bradstreet Number (DUNS) Requirement**

Beginning October 1, 2003, applicants are required to have a DUNS number to apply for a grant or cooperative agreement from the Federal Government. The DUNS number is a nine-digit identification number, which uniquely identifies business entities. To obtain a DUNS number, call 1-866-705-5711. Be certain to identify yourself as a Federal grant applicant when you contact Dun and Bradstreet.

## **XIII. Legend**

Unless disclosure is required under the Freedom of Information Act as amended (5 U.S.C. 552) as determined

by HHS freedom of information officials or by a court, data contained in the portions of this application that have been specifically identified by page number, paragraph, etc., by the applicant the applicant as containing restricted information, shall not be used or disclosed except for evaluation purposes.

Dated: June 28, 2004.

**Jeffrey Shuren,**

*Assistant Commissioner for Policy.*

[FR Doc. 04-15427 Filed 7-6-04; 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 at (301) 443-1129.

*Comments are invited on:* (a) Whether the proposed collection of information is 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: Division of Perinatal Systems and Women's Health—Forms for the Guidance for Application and Other Reports—NEW**

The *Application Guidance for grants within the Division of Perinatal Systems and Women's Health (DPSWH)* is used annually by all community based organizations and agencies applying for

funding (either continued or new) and in preparing the required annual report. The guidance provides guidelines to the organizations and agencies on how to apply for DPSWH funds. Included in the guidance are a number of data collection forms which are used annually by organizations that have applied for and/

or are receiving DPSWH funding. It is proposed that additional data be collected and reported to provide increased program information. The completion of the new and existing forms by all applicants has an estimated overall burden of 500 hours, or approximately five (5) hours per

respondent. The burden estimate for this activity is based upon information provided by current and past funded DPSWH projects, as well as previous experience in completing the current forms.

The estimated response burden is as follows:

Application and annual report	Estimated number of respondents	Responses per respondent	Burden hours per response	Total burden hours
Community Based Organizations and Agencies .....	100	1	5	500

Send comments to Susan G. Queen, Ph.D., HRSA Reports Clearance Officer, Room 14-45, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of notice.

Dated: June 30, 2004.

**Tina M. Cheatham,**

*Director, Division of Policy Review and Coordination.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

#### Office of Refugee Resettlement

#### Services to Unaccompanied Alien Children

*Announcement Type:* Competitive Grant—Initial.

*Funding Opportunity Number:* HHS-2004-ACF-ORR-ZU-0007.

*CFDA Number:* 93.576.

*Due Dates for Applications:* August 6, 2004.

#### I. Funding Opportunity Description

*Legislative Authority:* This program is authorized by section 462(a) of the Homeland Security Act of 2002, (6 U.S.C. 279(a)), which transferred responsibility of the Unaccompanied Alien Children's Program (UAC) from the Commissioner of the Immigration and Naturalization Service (INS) to the Director of the Office of Refugee Resettlement (ORR) of the Department of Health and Human Services (HHS).

To implement the UAC program, the Director of ORR will utilize the refugee children foster care system established pursuant to section 412(d) of the Immigration and Nationality Act (8 U.S.C. 1522(d)) for the placement of unaccompanied alien children. All programs must comply with the *Flores Settlement Agreement*.

*Purpose and Objectives:* One of the functions of the Division of Unaccompanied Children's Services (DUCS) within ORR is to provide temporary shelter care (shelter, staff secure and secure) and other related services to children in ORR custody (as defined in Section I under Provision of Care of this announcement). Shelter care services will be provided for the period beginning when DUCS accepts a child for placement and ending when the child is either released from custody or a final disposition of the child's immigration case results in removal of the child from the United States.

This announcement provides the opportunity to fund providers for shelter care services. In this announcement, providers selected by ORR are referred to as "Recipients."

The children, although placed in the physical custody of the Recipient, remain entirely in the legal custody of the Federal government (*i.e.*, ORR).

The population level of alien children is expected to fluctuate as arrivals and case dispositions occur. Program content must, therefore, reflect differential planning of services to children in various stages of personal adjustment and administrative processing. Although the population of children is projected to consist primarily of adolescents, Recipients are expected to be able to serve some children who are under 12 years old.

Recipients of these funds are to facilitate the provision of assistance and services for each alien child including, but not limited to: physical care and maintenance, access to routine and emergency medical/mental health care, dental services, legal services, comprehensive needs assessment, education, recreation, individual and group counseling by licensed clinicians, access to religious services and other social services.

Recipients may be required to provide other services if ORR determines in advance that a service is reasonable and necessary for a particular child.

Recipients are expected to develop and implement an appropriate individualized service plan for the care and maintenance of each child in accordance with his/her needs as determined in an intake assessment. In addition, Recipients are required to implement and administer a case management system which tracks and monitors children's progress on a regular basis to ensure that each child receives the full range of program services in an integrated and comprehensive manner.

Shelter care services shall be provided in accordance with applicable State child welfare statutes and generally accepted child welfare standards, practices, principles, and procedures. Services must be delivered in an open type of setting without a need for extraordinary security measures. Recipients are, however, required to design programs and strategies to discourage runaways and prevent the unauthorized absence of children in their care.

Service delivery is expected to be accomplished in a manner which is sensitive to the culture, native language and needs of these children.

#### Client Population

It is anticipated that the client population will generally consist of males and females, 12 to 17 years of age. Males constitute the majority while females comprise less than 17 percent of the total population of alien children. These minors are primarily nationals of El Salvador, Honduras, Mexico, Nicaragua, Guatemala, People's Republic of China and India; however, Recipients can expect to provide services to significant numbers of children from other countries. Recipients must also be prepared to provide child-care services to a limited number of children 12 years of age and younger.