

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: Scholarships for Disadvantaged Students Program (OMB No. 0915-0149 Extension)

The Health Resources and Services Administration's (HRSA's) Scholarships for Disadvantaged Students (SDS) Program has as its purpose the provision of funds to eligible schools to provide scholarships to full-time, financially needy students from disadvantaged backgrounds enrolled in health professions and nursing programs.

To qualify for participation in the SDS program, a school must be carrying out a program for recruiting and retaining students from disadvantaged backgrounds, including students who are members of racial and ethnic

minority groups (section 737(d)(1)(B) of the PHS Act). A school must meet the eligibility criteria to demonstrate that the program has achieved success based on the number and/or percentage of disadvantaged students who are enrolled and graduate from the school. In awarding SDS funds to eligible schools, funding priorities must be given to schools based on the proportion of graduating students going into primary care, the proportion of underrepresented minority students, and the proportion of graduates working in medically underserved communities (section 737(c) of the PHS Act).

The estimated response burden is as follows:

Form	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
SDS	500	1	500	30	15,000

Send comments to Susan G. Queen, Ph.D., HRSA Reports Clearance Officer, Room 10-33, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: August 10, 2006.

Cheryl R. Dammons,
Director, Division of Policy Review and Coordination.

[FR Doc. E6-13385 Filed 8-15-06; 8:45 am]

BILLING CODE 4165-15-P

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, Pub. L. 104-13), the Health Resources and

Services Administration (HRSA) will publish periodic summaries of proposed projects being developed for submission to the Office of Management and Budget (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, call the HRSA Reports Clearance Officer on (301) 443-1129.

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Proposed Project: National Health Service Corps (NHSC) Travel Request Worksheet (OMB No. 0915-0278): Extension

Clinicians participating in the Health Resources and Services Administration (HRSA) National Health Service Corps (NHSC) Scholarship Program use the Travel Request Worksheet to receive travel funds from the Federal Government to perform pre-employment interviews at sites on the Approved Practice List. The travel approval process is initiated when a scholar notifies the NHSC's In-Service Support Branch of an impending interview at one or more NHSC approved practice sites.

The Travel Request Worksheet is also used to initiate the relocation process after an NHSC scholar has successfully been matched to an approved practice site. Upon receipt of the Travel Request Worksheet, the NHSC will review and approve or disapprove the request and promptly notify the NHSC contractor regarding authorization of the funding for the relocation.

The burden estimate for this project is as follows:

Form	Number of respondents	Average number of responses per respondent	Total responses	Hours per response	Total burden hours
Travel Request Worksheet	250	2	500	.06	30

Send comments to Susan G. Queen, Ph.D., HRSA Reports Clearance Officer, Room 10–33 Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857. Written comments should be received within 60 days of this notice.

Dated: August 10, 2006.

Cheryl R. Dammons,

Director, Division of Policy Review and Coordination.

[FR Doc. E6–13390 Filed 8–15–06; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Mental Health and Community Safety Initiative for American Indian and Alaska Native Children, Youth and Families

Announcement Type: Grant.

Funding Opportunity Number: HHS–2006–IHS–MHC–001.

Catalog of Federal Domestic Assistance Number: 93.228.

Key Dates: Application Deadline Date: September 11, 2006.

Review Date: September 14, 2006.

Award Announcement Date:

September 26, 2006.

Earliest Anticipated Start Date:

September 29, 2006.

I. Funding Opportunity Description

The Indian Health Service (IHS) has developed the Mental Health and Community Safety Initiative (MHCSI) for American Indian/Alaska Native (AI/AN) Children, Youth and Families. The IHS announces the availability of Fiscal Year (FY) 2006 funds for limited competition for MHCSI Grants to implement innovative strategies that focus on mental health, behavioral, substance abuse, and community safety needs of AI/AN young people and their families who are involved or at risk of involvement with the juvenile justice system. This effort was first initiated through the White House Domestic Policy Council to provide federally recognized Tribes and eligible Tribal organizations with assistance to plan, design and assess the feasibility of implementing a culturally appropriate system of care for AI/ANs. The planning phase which was under a cooperative agreement focused on integrating traditional healing methods indigenous to the communities with conventional treatment methodologies. This grant announcement will focus on implementation of services utilizing the planning phase accomplishments as a foundation. Applicants should have

completed a four-year planning process in the development of the implementation plan which has been developed collaboratively with participation of the service population and the various resource provider agencies in the community to be served.

This program is authorized under the Snyder Act, 1921 and under authority 25 U.S.C. 1621h(m), Indian Health Care Improvement Act (IHCIA). This program is described at 93.228 in the Catalog of Federal Domestic Assistance. This grant will be awarded and administered in accordance with:

1. This announcement.

2. 42 CFR Part 136.101, *et seq.*

3. 45 CFR Part 92, “Department of Health and Human Services, Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments,” or 45 CFR, Part 74, “Administration of Grants to Non-Profit Recipients”.

4. The Public Health Service (PHS) Grants Policy Statement, Revised April, 1994.

5. Applicable Office of Management and Budget (OMB) Circulars.

II. Award Information

Type of Awards: Grant.

Estimated Funds Available: The total amount of funds available for FY 2006 is \$350,000. The award is for 12 months in duration with a maximum award amount of \$125,000 for two grantees and \$100,000 for one grantee. Competitive awards depend on the availability of funds and successful completion of the planning phase.

Anticipated Number of Awards: Three awards will be issued under the Program.

Project Period: September 29, 2006 through September 29, 2007.

Award Amount: \$100,000–\$125,000 per year. Maximum award will be \$125,000. Funds exceeding \$125,000 will not be considered.

Note: This announcement applies to existing grantees who have successfully completed the planning process.

III. Eligibility Information

1. Eligible Applicants

Eligibility will be limited to American Indian/Alaska Native grantees who have successfully completed the planning phase under the Mental Health and Community Safety Initiative Grants.

2. Cost Sharing or Matching

The Mental Health and Community Safety Initiative Program does not require matching funds or cost sharing.

IV. Application and Submission Information

1. *Applicant package may be found at* <http://www.grants.gov>

Information regarding the electronic process may be directed to Michelle Bulls, Grants Policy Officer, at (301) 443–6528. Information regarding the general grant information may be directed to:

Program Contact: Ramona Williams, Office of Clinical and Preventive Services, Division of Behavioral Health, Indian Health Service, 801 Thompson Ave, Suite 300, Rockville, Maryland 20852; (301) 433–2038. *Grants Specialist Contact:* Martha Redhouse, Division of Grants Operations, Indian Health Service, 801 Thompson Ave, TMP, Suite 360, Rockville, Maryland 20852; (301) 433–5204.

2. Content and Form of Application Submission

- Be single-spaced.
 - Be typewritten.
 - Have consecutively numbered pages.
 - Use black type not smaller than 12 characters per one inch.
 - Contain a narrative that does not exceed 7 typed pages and that includes:
 - program goals and objectives, and background need for assistance and capacity. Key personnel; budget justification; evaluation; table of contents and appendices should not be included in the narrative section.
- Public Policy Requirements: All Federal-wide public policies apply to IHS grants with the exception of Lobbying and Discrimination.

A pre-application or Letter of Intent is not required.

For applicants previously funded under the planning phase grant, proof of non-profit status will not be required.

3. Submission Dates and Times

Applications must be submitted electronically through Grants.gov by 5 p.m. ET on September 11, 2006. If technical issues arise and the applicant is unable to successfully complete the electronic application process, the applicant must contact Grants Policy Staff fifteen days prior to the application deadline. The Grants Policy Staff will determine whether you may submit a paper application (original and 2 copies). The grantee must obtain prior approval, in writing, from the Grants Policy Staff allowing the paper submission. As appropriate, paper applications are due by the date referenced above. Paper applications (original and 2 copies) shall be considered as meeting the deadline if