

employment information; (7) provides technical assistance in personnel management to American Indian organizations; (8) manages the IHS Indian Health Care Improvement Act (P.L. 94-437) Scholarship Program and Management Development Program coordination; (9) ensures that Indian Preference statutes are adhered to and that all legal and regulatory requirements are properly applied and (10) provides liaison with Regional Personnel Office.

Division of Public Health Services (GFNAC). (1) Provides leadership and guidance to IHS direct, tribal, and urban public health programs on IHS goals, objectives, policies, standards, and priorities; (2) coordinates and evaluates professional standards and reporting requirements, e.g., HCFA, JCAHO, and GPRA, for service delivery in the direct care and contract health care programs; (3) assures the provision of technical assistance and consultation to service units and tribal governments concerning health service delivery, epidemiological investigation and surveillance, the interpretation and application of health and safety standards, as well as, third-party reimbursements, contract health, and other service agreements; (4) collaborates with Tribes, Departmental entities, other Federal and State agencies, and voluntary professional health organizations to identify, develop, and apply new approaches for prevention programs and for the delivery and financing of health care; and (5) provides health services and facilities planning, evaluation, and statistical functions for the Area; (6) plans, coordinates and manages automated information systems designed to facilitate effective program and health care management; (7) plans, procures, supports and evaluates telecommunications systems for program management and medical operation; (8) supports access to the Internet and World Wide Web.

Information Technology Support Branch (GFNAC1). (1) Is the principal advisor to the Area Director, CMO/Deputy Director, functional Area managers, and tribal and urban health program officials in Tucson, regarding the design and implementation of automated information systems; (2) provides advice on the installation and maintenance services to the Area managers and tribal and urban health programs on operational automated information systems used in the IHS, i.e., RPMS, CHSMIS, CDMIS, etc., for improved personal productivity and health services data collection; (3) provides reports and information on a priority basis and gathers, consolidates

and transmits automated RPMS data to central processing centers and (4) serves as the focal point for clearance of requests to purchase information systems hardware and software for the Tucson Area IHS.

Division of Environmental Health and Engineering (GFNAD). (1) Provides a broad range of environmental health and engineering services directed at the prevention and reduction of diseases and injuries among the Indian population in the Tucson Area; (2) directs, plans, implements, monitors and evaluates environmental health service activities to eliminate or reduce health hazards in homes and communities; (3) directs, plans, and implements engineering activities to design and construct water, sewer and solid waste systems for Indian homes and communities, provides training and technical assistance for the operation and maintenance of sanitation facilities; (4) administers the management, maintenance and repair of IHS health care facilities; (5) provides biomedical engineering support to the IHS health care facilities; (6) manages the operation of the administrative activities that include the budget, personnel, acquisition and property within the office; and (7) serves as the principal advisor to the Area for all environmental health issues affecting the Tribes and IHS employees.

Tucson Area Service Units

Sells Service Unit (GFNE)
Pascua Yaqui Service Unit (GFNG)

(1) Plans, develops, and directs health programs within the framework of IHS policy and mission; (2) promotes activities to improve and maintain the health and welfare of the service population; (3) delivers quality health services within available resources; (4) coordinates service unit activities and resources with those of other governmental and non-governmental programs; (5) participates in the development and demonstration of alternative means and techniques of health services management and health care delivery, including the implementation and maintenance of automated information systems, telecommunication and business systems designed to facilitate effective program administration and health care management; (6) provides Indian tribes and other Indian community groups with optimal means of participating in service unit programs; and (7) encourages and supports the development of individual and tribal entities in the management of the service unit.

Section GFN-20, The Order of Succession to the Area Director.

Deputy Director
Director, Division of Administration and Management
Director, Division of Public Health Services
Director, Division of Environmental Health and Engineering

Section GFN-30, Tucson Area IHS—

Delegations of Authority. All delegations and redelegations of authority made to officials in the Office of Health Programs Research & Development—Tucson that were in effect immediately prior to this reorganization, and that are consistent with this reorganization, shall continue in effect pending further redelegation.

This reorganization shall be effective on the date of signature.

Dated: March 18, 1998.

Michael H. Trujillo,
Director.

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BILLING CODE 4160-16-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Collection; Comment Request; Individual National Research Service Award Application and Related Forms

SUMMARY: In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, for opportunity for public comment on proposed data collection projects, the Office of Extramural Research, the National Institutes of Health (NIH) will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

Proposed Collection

Title: Individual National Research Service Award Application and Related Forms. **Type of Information Collection Request:** Revision, OMB 0925-0002, Expiration Date 6/30/98. **Form Numbers:** PHS 416-1, 416-5, 416-7, 6031, 6031-1. **Need and Use of Information Collection:** The PHS 416-1 and PHS 416-9 are used by individuals to apply for direct research training support. Awards are made to individual applicants for specified training proposals in biomedical and behavioral research, selected as a result of a national competition. The other related forms (PHS 416-5, 416-7, 6031, 6031-1) are used by these individuals to activate, terminate, and provide for

payback of a National Research Service Award. *Frequency of Response:*

Applicants may submit applications for published receipt dates. If awarded, annual progress is reported. Related forms are used at activation, termination, and to provide for payback of a National Research Service Award.

Affected Public: Individuals or Households: Business or other for-profit; Not-for-profit institutions; Federal Government; and State, Local or Tribal Government. *Type of Respondents:* Adult scientific trainees and professionals. The annual reporting burden is as follows: *Estimated Number of Respondents:* 29,748; *Estimated Number of Responses per Respondent:* 1.0834; *Average Burden Hours Per Response:* 2.658 hours; and *Estimated Total Annual Burden Hours Requested:* 85,679. The estimated annualized cost to respondents is \$1,985,472 (Using a \$35 physician/professor average hourly wage rate, and a \$12 trainee average hourly wage rate.) There are no Capital Costs to report. There are no Operating or Maintenance Costs to report.

Request for Comments

Written comments and/or suggestions from the public and affected agencies are invited on one or more of the following points: (1) Whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) The accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) Ways to enhance the quality, utility, and clarity of the information to be collected; and (4) Ways to minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact Charles MacKay, NIH Project Clearance Officer, Division of Grants Policy, Office of Policy for Extramural Research Administration, OER, NIH, Rockledge II, Rm. 2196, 6701 Rockledge Dr., Bethesda, MD 20892-7730, or call non-toll free at (301) 435-0978 or E-mail your request, including your address to: mackayc@odrockm1.od.nih.gov.

COMMENTS DUE DATE: Comments regarding this information collection are best assured of having their full effect if received on or before June 1, 1998.

Dated: March 24, 1998.

Geoffrey E. Grant,

Director, Office of Policy for Extramural Research Administration, NIH.

[FR Doc. 98-8595 Filed 4-1-98; 8:45 am]

BILLING CODE 4140-01-M

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.

Proposed Project

Survey of Single State Authorities for Substance Abuse Regarding Availability

of HIV/AIDS Services—New. With the converging twin epidemics of HIV and substance abuse, and the rising number of injecting drug users and other substance abusers who are at high risk of becoming HIV infected, the Division of State and Community Assistance (DSCA), Center for Substance Abuse Treatment (CSAT), intends to survey all Single State Authorities (SSAs) for Substance Abuse and other designated entities to receive Substance Abuse Prevention and Treatment (SAPT) Block Grant awards concerning the availability of HIV/AIDS services and their efforts to provide comprehensive substance abuse treatment to HIV+ and individuals at high risk of contacting HIV.

The SAPT Block Grant requires that all entities receiving grants, who have an AIDS case rate equal to or greater than 10 per 100,000, expend between 2-5% of the award on HIV Early Intervention Services (EIS) projects. All SSAs who are or have been required to set aside funds for HIV EIS projects will be surveyed as to their ability to monitor the set aside expenditure, to collect meaningful data concerning these projects, and, in consultation with other entities concerned with the welfare of HIV+ substance abusers, provide direction to these projects.

The data collected from this survey will primarily be used to evaluate what changes are necessary in the annual SAPT Block Grant application. Secondary uses for this data will be for CSAT to better target technical assistance activities to/for the SSAs to more appropriately and more efficiently offer comprehensive treatment systems for HIV+ clients in substance abuse treatment. Results will be shared with CDC-funded HIV prevention grantees and HRSA-funded Ryan White CARE Act grantees so as to better coordinate and collaborate between substance abuse treatment programs and HIV prevention and treatment programs. The estimated annualized burden for this project is summarized below.

	Number of respondents	Number of responses/respondent	Hours/response	Total burden hours	Total annualized burden hours
SSAs and other designated entities to receive SAPT block grant funds	60	1	.50	30	30