

D. Cost Principles:

- Title 2: Grants and Agreements, Part 225—Cost Principles for State, Local, and Indian Tribal Governments (OMB A-87)
- Title 2: Grants and Agreements, Part 230—Cost Principles for Non-Profit Organizations (OMB Circular A-122).

E. Audit Requirements:

- OMB Circular A-133, Audits of States, Local Governments, and Non-profit Organizations.

3. Indirect Costs

This section applies to all grant recipients that request reimbursement of indirect costs in their grant application. In accordance with HHS Grants Policy Statement, Part II-27, IHS requires applicants to have a current indirect cost rate agreement prior to award. The rate agreement must be prepared in accordance with the applicable cost principles and guidance as provided by the cognizant agency or office. A current rate means the rate covering the applicable activities and the award budget period. If the current rate is not on file with the DGO at the time of award, the indirect cost portion of the budget will be restricted. The restrictions remain in place until the current rate is provided to the DGO.

Generally, indirect costs rates for IHS grantees are negotiated with the Division of Cost Allocation <http://rates.psc.gov/> and the Department of the Interior (National Business Center) <http://www.nbc.gov/acquisition/ics/icshome.html>. If your organization has questions regarding the indirect cost policy, please contact the DGO at (301) 443-5204.

VII. Reporting Requirements

The reporting requirements for this program are noted below.

I. Progress Report

Semi-annual and annual program progress reports are required. These reports will include a brief comparison of actual accomplishments to the goals established for the period, or, if applicable, provide sound justification for the lack of progress, and other pertinent information as required. Copies of any materials developed shall be attached. Semi-annual progress reports must be submitted within 30 days of the end of the half year. An annual report must be submitted within 30 days after the end of the 12-month time period. A final report must be submitted within 90 days of expiration of the budget/project period.

II. Financial Reports

Semi-annual financial status reports (FSR) must be submitted within 30 days of the end of the half year. Final FSR are due within 90 days of expiration of the budget/project period. Standard Form 269 (long form) will be used for financial reporting.

Federal Cash Transaction Reports are due every calendar quarter to the Division of Payment Management, Payment Management Branch (DPM, PMS). Please contact DPM/PMS at: <http://www.dpm.psc.gov/> for additional information regarding your cash transaction reports. Failure to submit timely reports may cause a disruption in timely payments to your organization.

Grantees are responsible and accountable for accurate reporting of the Progress Reports and Financial Status Reports which are generally due semi-annually and annually. Financial Status Reports (SF-269) are due 90 days after each budget period and the final SF-269 must be verified from the grantee records on how the value was derived. Grantees must submit reports in a reasonable period of time.

Failure to submit required reports within the time allowed may result in suspension or termination of an active grant, withholding of additional awards for the project, or other enforcement actions such as withholding of payments or converting to the reimbursement method of payment. Continued failure to submit required reports may result in one or both of the following: (1) the imposition of special award provisions; and (2) the non-funding or non-award of other eligible projects or activities. This applies whether the delinquency is attributable to the failure of the grantee organization or the individual responsible for preparation of the reports.

Telecommunication for the hearing impaired is available at: TTY (301) 443-6394.

VIII. Agency Contact(s)

Grants (Business), Kimberly Pendleton, Grants Management Officer, 801 Thompson Avenue, TMP, Suite 360, Rockville, MD 20852, Work: (301) 443-5204 or kimberly.pendleton@ihs.gov.

Program (Programmatic/Technical), Michelle S. Begay, Domestic Violence Prevention Initiative Project Officer, Division of Behavioral Health, Office of Clinical and Preventive Services, Indian Health Service Headquarters, 801 Thompson Avenue, Suite 300, Rockville, MD 20852, Work: (301) 443-2038, Fax: (301) 443-7623, E-mail: michelle.begay2@ihs.gov.

The Public Health Service strongly encourages all grant and contract recipients to provide a smoke-free workplace and promote the non-use of all tobacco products. In addition, Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of the facility) in which regular or routine education, library, day care, health care or early childhood development services are provided to children. This is consistent with the HHS mission to protect and advance the physical and mental health of the American people.

Dated: May 5, 2010.

Yvette Roubideaux,
Director, Indian Health Service.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES**Health Resources and Services Administration****Public Readiness and Emergency Preparedness Act Countermeasures Injury Compensation Program, Procedures for Submitting a Letter of Intent To File Requests for Benefits**

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice.

SUMMARY: The Secretary of Health and Human Services (HHS) announces procedures for submitting a Letter of Intent to File a Request for Benefits under the Countermeasures Injury Compensation Program (CICP). The CICP administers the compensation program authorized by the Public Readiness and Emergency Preparedness Act (PREP Act). The PREP Act provides compensation to individuals for serious physical injuries or deaths from pandemic, epidemic, or security countermeasures identified in declarations issued by the Secretary pursuant to section 319F-3(b) of the Public Health Service Act, as amended (42 U.S.C. 247d-6d, 247d-6e). A PREP Act declaration by the Secretary of the Department of Health and Human Services specifies the countermeasures and the categories of health threats or conditions for which the countermeasures are recommended, the period liability protections are in effect, the population of individuals protected, and the geographic areas for which the protections are in effect.

The CICP has not yet finalized the administrative policies and procedures

(i.e., regulations) that will govern the CICIP. These administrative policies and procedures will include the necessary forms and instructions for filing a Request Package. Once these policies and procedures are developed, they will be published in the **Federal Register** as an Interim Final Rule, and the public will have an opportunity to provide comments. These materials will also be posted on the CICIP Web site at <http://www.hrsa.gov/countermeasurescomp>. Until the regulation is finalized and the forms and instructions for filing are available, the CICIP will continue to accept a Letter of Intent to File a Request for Benefits from people who wish to request for compensation under the CICIP. For more information on how to submit a Letter of Intent to File a Request for Benefits with the CICIP, or to obtain general Program information, please visit the CICIP Web site above.

ADDRESSES: A Letter of Intent to File a Request for Benefits under the CICIP must be mailed to the Health Resources and Services Administration, Countermeasures Injury Compensation Program, Request for Benefits, Room 11C-26, 5600 Fishers Lane, Rockville, Maryland 20857.

DATES: The procedures established by this notice shall take effect immediately.

FOR FURTHER INFORMATION CONTACT: HRSA Call Center at 1-888-ASK-HRSA (1-888-275-4772) or visit the CICIP's Web site: <http://www.hrsa.gov/countermeasurescomp>.

SUPPLEMENTARY INFORMATION:

Introduction

For the full text of the Act, individuals may consult the CICIP Web site at http://www.hrsa.gov/countermeasurescomp/prep_act.htm.

Statutory Procedures

Requesters must submit either a Letter of Intent to File a Request for Benefits or a Request Package no later than one (1) year from the date the covered countermeasure was administered or used. The forms and instructions for the submission of a Request Package will become available upon publication in the **Federal Register** of the policies and procedures that will govern the CICIP. The timely submission of a Letter of Intent to File will meet the statutory requirement that a requester must file a Request for Benefits within the one-year time period.

Submission of a Letter of Intent To File a Request for Benefits

Until the forms and instructions for filing are available, requesters must submit a Letter of Intent to File a Request for Benefits in order to meet the filing deadline. A Letter of Intent to File must include the following information:

- The name, current address and phone number of the Requester.
- The covered countermeasure received, the date it was received, the circumstances under which the covered countermeasure was received (e.g., clinical trial sponsored by the National Institutes of Health, or as part of routine healthcare), and the name of the countermeasure recipient if the Requester is filing a death claim.

Although it is not required, a Requester may engage the services of an attorney or other representative to file the Request for Benefits on his or her behalf. However, the payment of fees and/or costs by the CICIP of an attorney or other representative is not permitted.

Upon receipt of the Letter of Intent to File a Request for Benefits, the CICIP will respond with an acknowledgment letter. The acknowledgement letter will include a CICIP case number assigned to the Letter of Intent. Thereafter, the Requester must notify the CICIP of any change of address, phone number, or representative of record.

The postmarked date of the Letter of Intent to File will be viewed as the date of filing a Request for Benefits for purposes of the one (1) year filing deadline. The CICIP will notify Requesters once the regulation has been approved and published, and the forms and instructions for filing are available.

Dated: May 5, 2010.

Mary K. Wakefield,
Administrator.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Notice of Re-Designation of the Service Delivery Area for the Cowlitz Indian Tribe

AGENCY: Indian Health Service.

ACTION: Notice.

SUMMARY: This Notice advises the public that the Indian Health Service (IHS) has decided to expand the geographic

boundaries of the Service Delivery Area (SDA) for the Cowlitz Indian Tribe. The Cowlitz SDA currently is comprised of Clark, Cowlitz, King, Lewis, Pierce, Skamania, and Thurston in the State of Washington. These counties were designated as the Tribe's SDA in 67 FR 46329. Under this final decision, Columbia County, Oregon, and Kittitas and Wahkiakum Counties, Washington will be added to the existing Cowlitz SDA.

DATES: This notice is effective upon publication in the **Federal Register**.

FOR FURTHER INFORMATION CONTACT: Carl Harper, Director, Office of Resource Access and Partnerships, Indian Health Service, Suite 360, 12300 Twinbrook Parkway, Rockville, Maryland 20852. Telephone 301/443-2694 (This is not a toll free number).

SUPPLEMENTARY INFORMATION:

A previous notice was published in the **Federal Register** Vol. 74, No. 243 on Monday, December 21, 2009 notifying the public of the Indian Health Services' (IHS) intention to expand the Cowlitz Tribe's Service Delivery Area to include Columbia County in the State of Oregon, and Kittitas and Wahkiakum Counties in the State of Washington and invited the public to submit comments. No comments were received. Therefore, the purpose of this FR is to notify the public of the IHS Director's decision to grant the request of the Cowlitz Indian Tribe to expand their SDA as present in their 08-3 Tribal resolution dated January 5, 2008, and 08-56 Tribal resolution, dated December 06, 2008. The Tribe's request will expand their current SDA which incorporates Cowlitz, Clark, Skamania, King, Pierce, Thurston and Lewis Counties in the State of Washington, to include Columbia County in the State of Oregon, and Kittitas and Wahkiakum Counties in the State of Washington. Accordingly, after considering the Tribes' request in light of the criteria specified in the regulations, the IHS has decided to re-designate the SDA for the Tribe to consist of Columbia County in the State of Oregon and Kittitas and Wahkiakum Counties in the State of Washington.

This notice does not contain reporting or recordkeeping requirements subject to prior approval by the Office of Management and Budget under the Paperwork Reduction Act of 1980.

The following is a complete list of current CHSDA and SDA by Tribe/Reservation and County/State.