

## ESTIMATED BURDEN RESPONSE TABLE—Continued

Data collection instrument	Estimated No. of respondents	Responses per respondent	Average burden hour per response*	Total annual burden hours
Total .....	930	1	.....	384.0

\* For ease of understanding, burden hours are also provided in actual minutes.

There are no Capital Costs, Operating Costs and/or Maintenance Costs to report for this information collection.

Request for Comments: Your written comments and/or suggestions are invited on one or more of the following points: (a) Whether the information collection activity is necessary to carry out an agency function; (b) whether the IHS processes the information collected in a useful and timely fashion; (c) the accuracy of the public burden estimate (the estimated amount of time needed for individual respondents to provide the requested information); (d) whether methodology and assumptions used to determine the estimate are logical; (e) ways to enhance the quality, utility, and clarity of the information being collected; and (f) ways to minimize the public burden through the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

*Direct Comments to OMB:* Send your written comments and suggestions regarding the proposed information collection contained in this notice, especially regarding the estimated public burden and associated response time, to: Office of Management and Budget, Office of Regulatory Affairs, New Executive Office Building, Room 10235, Washington, DC 20503, Attention: Desk Officer for IHS.

To request more information on the proposed collection or to obtain a copy of the data collection plan(s) and/or instruction(s), contact: Ms. Christina Ingersoll, IHS Reports Clearance Officer, 12300 Twinbrook Parkway, Suite 450, Rockville, MD 20852.1601, or call non-toll free (301) 443-5938, or send via facsimile to (301) 443-2613, or send your E-mail requests, comments, and return address to: [cingerso@hqe.ihs.gov](mailto:cingerso@hqe.ihs.gov).

*Comment Due Date:* Comments regarding this information collection are best assured of having their full effect if received within 30-days of the date of this publication.

Dated: April 2, 2004.

**Eugenia Tyner-Dawson,**  
*Acting Deputy Director, Indian Health Service.*

[FR Doc. 04-9155 Filed 4-21-04; 8:45 am]

**BILLING CODE 4160-16-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.

Comments are invited on: (a) Whether the proposed collections of information are 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: Participant Feedback on Training Under the Cooperative Agreement for Mental Health Care Provider Education in HIV/AIDS Program IV

(OMB No. 0930-0195; Extension, no change)—The Substance Abuse and Mental Health Services

Administration's (SAMHSA) Center for Mental Health Services (CMHS) intends to continue to conduct a multi-site assessment for the Mental Health Care Provider Education in HIV/AIDS Program IV. The education programs funded under this cooperative agreement are designed to disseminate knowledge of the psychological and neuropsychiatric sequelae of HIV/AIDS to both traditional (*e.g.*, psychiatrists, psychologists, nurses, primary care physicians, medical students, and social workers) and non-traditional (*e.g.*, clergy, and alternative health care workers) first-line providers of mental health services, in particular to providers in minority communities.

The multi-site assessment is designed to assess the effectiveness of particular training curricula, document the integrity of training delivery formats, and assess the effectiveness of the various training delivery formats. Analyses will assist CMHS in documenting the numbers and types of traditional and non-traditional mental health providers accessing training; the content, nature and types of training participants receive; and the extent to which trainees experience knowledge, skill and attitude gains/changes as a result of training attendance. The multi-site data collection design uses a two-tiered data collection and analytic strategy to collect information on (1) the organization and delivery of training, and (2) the impact of training on participants' knowledge, skills and abilities.

Information about the organization and delivery of training will be collected from trainers and staff who are funded by these cooperative agreements/contracts, hence there is no respondent burden. All training participants will be asked to complete a brief feedback form at the end of the training session. CMHS anticipates funding 10 education sites for the Mental Health Care Provider Education in HIV/AIDS Program. The annual burden estimates for this activity are shown below:

Form	Responses per respondent	Estimated number of respondents (× 10 sites)	Hours per response	Total hours
<b>All Sessions</b>				
Session Report Form .....	1 .....	60 × 10 = 600	0.080	48
<b>Training Sessions</b>				
General Participant Feedback Form	1 .....	500 × 10 = 5000	0.167	835
Neuropsychiatric Participant Feedback Form	1 .....	160 × 10 = 1600	0.167	267
Non Physician Neuropsychiatric Participant Feedback Form	1 .....	240 × 10 = 2400	0.167	401
Adherence Participant Feedback Form	1 .....	100 × 10 = 1000	0.167	167
Ethics Participant Feedback Form .....	1 .....	200 × 10 = 2000	0.167	125
<b>Monthly Form Submission</b>				
Monthly Form Mailing .....	12 per site ...	12 × 10 = 120	0.167	20
Total .....		7,504		1,733

Send comments to Nancy Pearce, SAMHSA Reports Clearance Officer, Room 16–105, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received by June 21, 2004.

Dated: April 16, 2004.  
**Patricia S. Bransford,**  
*Acting Executive Officer, SAMHSA.*  
 [FR Doc. 04–9118 Filed 4–21–04; 8:45 am]  
**BILLING CODE 4162–20–P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Substance Abuse and Mental Health Services Administration**

**Notice of Request for Applications for Grants for National Technical Assistance Centers on Consumer/Peer-Run Programs (Consumer TA Centers)**

**AGENCY:** Substance Abuse and Mental Health Services Administration, HHS.

**ACTION:** Notice of request for applications for grants for National Technical Assistance Centers on Consumer/Peer-Run Programs (Consumer TA Centers).

**Authority:** Section 520A of the Public Health Service Act.

**SUMMARY:** The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), is accepting applications for Fiscal Year 2004 grants to assist in the transformation of the mental health system by providing consumers with necessary skills to foster consumer/peer-run programs. These programs maximize consumer self-determination and recovery and assist people with severe mental illness to decrease their dependence on expensive social services and avoid psychiatric hospitalization.

**DATES:** Applications are due on June 25, 2004.

**FOR FURTHER INFORMATION CONTACT:** For questions on program issues contact: Risa S. Fox, M.S., SAMHSA/CMHS, 5600 Fishers Lane, Room 11C–22, Rockville, MD 20857, Phone: (301) 443–3653; E-mail: [rfox@samhsa.gov](mailto:rfox@samhsa.gov).

For questions on grants management issues contact: Gwendolyn Simpson, SAMHSA/Division of Grants Management, 5600 Fishers Lane, Room 13–103, Rockville, MD 20857, Phone: (301) 443–4456; E-mail: [gsimpson@samhsa.gov](mailto:gsimpson@samhsa.gov).

**SUPPLEMENTARY INFORMATION:**

**Grants for National Technical Assistance Centers on Consumer/Peer-Run Programs (SM 04–011) (Initial Announcement)**

Catalogue of Federal Domestic Assistance (CFDA) No.: CFDA No.93.243.

**KEY DATES**

Application Deadline .....	Applications are due by June 25, 2004.
Intergovernmental Review (E.O. 12372) .....	Letters from State Single Point of Contact (SPOC) are due no later than August 24, 2004.
Public Health System Impact Statement (PHSIS)/SSA Coordination.	Applicants must send the PHSIS to appropriate State and local health agencies by application deadline. Comments from Single State Agency are due no later than 60 days after application deadline.

**Table of Contents**

I. Funding Opportunity Description	IV. Application and Submission Information	1. Award Notices
1. Introduction	1. Address to Request Application Package	2. Administrative and National Policy Requirements
2. Expectations	2. Content and Form of Application Submission	3. Reporting
II. Award Information	3. Submission Dates and Times	VII. Agency Contacts
1. Award Amount	4. Intergovernmental Review (E.O. 12372) Requirements	Appendix A: Checklist for Application Formatting Requirements
2. Funding Mechanism	5. Funding Restrictions	Appendix B: Glossary
III. Eligibility Information	6. Other Submission Requirements	Appendix C: Certification of Consumer or Consumer Supporter Eligibility
1. Eligible Applicants	V. Application Review Information	Appendix D: Guidelines for Conducting the Alternatives Conference
2. Definitions	1. Criteria	Appendix E: Customer Satisfaction Survey
3. Cost-Sharing	2. Review and Selection Process	
4. Other	VI. Award Administration Information	