

NIHB is a non-profit organization as described in section 501(c)(3) of the Internal Revenue Code. The mission of the IHS is to work in partnership with American Indian and Alaska Native people to raise their health to the highest level. Under the original cooperative agreement published in the **Federal Register**, 69 FR 11447, on March 10, 2004, the NIHB assists the IHS in carrying out its mission through access to a broad based consumer network involving the Areas Health Boards or Health Board representatives from each of the 12 IHS Areas. The NIHB communicates with these boards and with Tribes and Tribal organizations in order to raise health of AI/AN people to the highest level. NIHB also disseminates health care information which serves to improve and expand access for American Indians and Alaska Natives (AI/AN) Tribal Governments to all available health programs in the Department of Health and Human Services (HHS). The NIHB assists in the coordination of the Tribal consultation activities associated with formulating the IHS annual budget request.

The program supplement to the single-source cooperative agreement is for \$321,800 of non-recurring funding for use during the current budget period in effect from 01/01/2005 to 12/31/2005. The annual funding level of this single-source cooperative agreement is approximately \$230,000, subject to the availability of appropriations.

Justification for Program Supplement

The program supplement is issued under the authority of the Public Health Service Act, section 301(a) and is included under the *Catalog of Federal Domestic Assistance* number 93.933. This supplement funding is related to the original goals of the cooperative agreement and does not represent an expansion of activities outside of the present scope of work. The **Federal Register** Notice for the sole-source cooperative agreement award can be found in 69 FR 11447, published on March 10, 2004. The specific objectives and justifications for this program supplement are as follows:

1. Outreach and Education Within the AI/AN Community Concerning the Programs of the Centers for Medicare and Medicaid Services (CMS)

We anticipate funding will be transferred through an inter-agency agreement between CMS and the IHS to supplement the NIHB cooperative agreement. The NIHB will inform and educate AI/AN beneficiaries on programs and opportunities that can be

accessed in CMS. The NIHB will dedicate one full day of its upcoming annual health conference (*i.e.*, the 22nd Annual NIHB Consumer Conference in October 2005) to familiarize the anticipated 800 attendees with CMS and its programs. In addition the NIHB will provide expertise and assistance to the Tribal Technical Advisory Group (TTAG) with consultation efforts to ensure that Tribes have input in the development of both the CMS Tribal strategic plan and the CMS consultation policy for AI/AN's. This supplement will benefit AI/AN's by informing a AI/AN's of CMS programs established address health care needs of which they may not otherwise be aware. The benefit to the IHS is increased funding resources to the AI/AN beneficiaries. This effort is consistent with the NIHB's goals of expanding the access to other programs of the HHS for AI/AN.

2. Enumeration of the Public Health Infrastructure in AI/AN Communities

We anticipate funding will be transferred to the IHS from the CDC to conduct a study of the status of Tribal public health capacity in areas such as epidemiology disease surveillance, public health nursing, community environmental health, health education and promotion, and other preventative health capacities. A paucity of information exists about the prevention capacity available throughout the Tribal Public Health System (TPHS) which broadly includes Tribal health departments, health committees, service units, and services provided by Indian Health Boards. The study, which will be undertaken by the NIHB, will provide current and accurate data on the Tribal Public Health System and will serve as a foundation for public health workforce research, workforce development efforts and demonstration programs and discussions on the training needs of public health workers. This effort is consistent with the NIHB's goal of providing advice and assistance in the areas of health care policy analysis and program development.

3. Support of the Activities of the Tribal Leader's Diabetes Committee

Efforts to prevent and combat diabetes and its complications have been major activities for the IHS over the last several years that have resulted in numerous positive accomplishments. A major reason for this success had been the active involvement of AI/AN Tribal Leadership in determining, with the IHS, how resources should be targeted, and "best practices" that can be replicated throughout the Indian Country. Funding through the

supplement will enable the NIHB to provide support to the Tribal Leaders Diabetes Committees (TLDC), which provide advice and recommendations to the NIHB on the public health effort to prevent and control diabetes. This effort is consistent with the NIHB goals of providing advice and assistance in the areas of policy analysis and program development and in ensuring that health care advocacy is based on input from Tribal Government.

Justification for Single Source: This project has been awarded on a non-competitive, single-source basis. The NIHB is the only national AI/AN organization with health expertise that represents the interest of all federally recognized Tribes.

Use of Cooperative Agreement: The program supplement to the original cooperative agreement has been awarded because of anticipated substantial programmatic involvement by IHS staff in the project. The substantial programmatic involvement includes the following:

1. The IHS staff will have approval over the hiring of key personnel as defined by regulation or provisions in the cooperative agreement.
2. The IHS will provide technical assistance to the NIHB as requested and attend and participate in all NIHB board meetings.

FOR FURTHER INFORMATION CONTACT: Mr. Douglas Black, Director, Office of Tribal Programs, Office of the Director, Indian Health Service, 801 Thompson Avenue, Reyes Building, Suite 220, Rockville, Maryland 20852, (301) 443-1104. For grants information, contact Ms. Sylvia Ryan, Grants Management Specialist, Division of Grants Policy, 12300 Twinbrook Parkway, Suite 100, Rockville, Maryland 20852, (301) 443-5204.

Dated: September 13, 2005.

Robert G. McSwain,

Deputy Director, Indian Health Service.

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DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

Agency Information Collection Activities: Submission for OMB Review; Comment Request

AGENCY: Federal Emergency Management Agency, Emergency Preparedness and Response Directorate, U.S. Department of Homeland Security.

ACTION: Notice and request for comments.

SUMMARY: The Federal Emergency Management Agency (FEMA) has submitted the following information collection to the Office of Management and Budget (OMB) for review and clearance in accordance with the requirements of the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35). The submission describes the nature of the information collection, the categories of respondents, the estimated burden (*i.e.*, the time, effort and resources used by respondents to respond) and cost, and includes the actual data collection instruments FEMA will use.

Title: Standard Flood Hazard Determination Form.

OMB Number: 1660-0040.

Abstract: On September 23, 1994, the President signed the Riegle Community Development and Regulatory Improvement Act of 1994. Title V of this Act is the National Flood Insurance Reform Act (NFIRA). Section 528 of the NFIRA requires that FEMA develop a standard hazard determination form for recording the determination of whether a structure is located within an identified Special Flood Hazard Area available. Section 528 of the NFIRA also requires the use of this form by regulated lending institutions, Federal agency lending institutions, Federal agency lenders, the Federal National Mortgage Association, the Federal Home Loan Mortgage Corporation, and the Government National Mortgage Association for any loan made, increased, extended, renewed or purchased by these entities. The form developed to comply with the above requirements is the Standard Flood Hazard Determination form (FEMA Form 83-93, dated October 2002). This form will be completed by federally regulated lending institutions when making, increasing, extending, renewing or purchasing each loan for the purpose of documenting the factors considered as to whether flood insurance is required and available. An estimated 33,000,000 such uses are made each year. This number is entirely driven by the volume of mortgage transactions, of which fluctuations in interest rates is a principal factor.

Affected Public: Business or other for-profit, Federal Government.

Number of Respondents: 33,000,000.

Estimated Time per Respondent: 0.33 hours (20 minutes).

Estimated Total Annual Burden Hours: 10,890,000.

Frequency of Response: Once.

Comments: Interested persons are invited to submit written comments on the proposed information collection to the Office of Information and Regulatory Affairs at OMB, Attention: Desk Officer for the Department of Homeland Security/FEMA, Docket Library, Room 10102, 725 17th Street, NW., Washington, DC 20503, or facsimile number (202) 395-7285. Comments must be submitted on or before October 20, 2005.

FOR FURTHER INFORMATION CONTACT:

Requests for additional information or copies of the information collection should be made to Section Chief, Records Management, FEMA at 500 C Street, SW., Room 316, Washington, DC 20472, facsimile number (202) 646-3347, or e-mail address FEMA-Information-Collections@dhs.gov.

Dated: September 13, 2005.

Darcy Bingham,

Branch Chief, Information Resources Management Branch, Information Technology Services Division.

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DEPARTMENT OF HOMELAND SECURITY

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Title: Public Assistance Progress Report and Program Forms.

OMB Number: 1660-0017.

Abstract: This collection serves as the mechanism to administer the Public Assistance (PA) Program. The

application process contains recordkeeping and reporting requirements via mandatory and optional completion of several forms and timeframes. The Progress Report and related forms ensure that FEMA and the State have up-to-date information on PA program grants. The report describes the status of project completion dates, and circumstances that could delay a project. States are responsible for determining reporting requirements for applicants and must submit reports quarterly to FEMA Regional Directors. The date of the report is determined jointly by the State and the Disaster Recovery Manager.

Affected Public: State, local or tribal government, and Not-for-Profit Organizations.

Number of Respondents: 5,070 respondents from State, local or tribal governments and Not-for Profit Organizations.

Estimated Time per Respondent: 134 hours per respondent allocated as follows: Progress Report = 100 hours, Mandatory Audit = 30 hours; Mandatory forms = 3 hours; and Optional forms = 1 hour.

Estimated Total Annual Burden Hours: 134,562 hours.

Frequency of Response: Quarterly or Yearly.

Comments: Interested persons are invited to submit written comments on the proposed information collection to the Office of Information and Regulatory Affairs at OMB, Attention: Desk Officer for the Department of Homeland Security/FEMA, Docket Library, Room 10102, 725 17th Street, NW., Washington, DC 20503, or facsimile number (202) 395-7285. Comments must be submitted on or before October 20, 2005.

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Dated: September 13, 2005.

Darcy Bingham,

Branch Chief, Information Resources Management Branch, Information Technology Services Division.

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