

treatment methods for cancer, as authorized by section 414(b) of the PHS Act (42 U.S.C. 285a-3(b));

(3) Grants for construction or renovation of facilities, to carry out the National Heart, Lung, and Blood Disease and Blood Resources Program, as authorized by section 421(b)(2)(B) of the PHS Act (42 U.S.C. 285b-3(b)(2)(B));

Grants to public or private nonprofit entities to pay all or part of the cost of planning, establishing, or strengthening, and providing basis operating support for centers for basic and clinical research into, training in, and demonstration of the management of blood resources and advanced diagnostic, prevention and treatment methods for heart, blood vessel, lung, or blood diseases, as authorized by section 442(c)(3) of the PHS Act (42 U.S.C. 285b-4(c)(3));

(5) Development and modernization of new and existing centers for arthritis and musculoskeletal diseases, as authorized by section 441(a) of the PHS Act (42 U.S.C. 285d-4(a));

(6) Grants for public and private nonprofit vision research facilities, as authorized under section 455 of the PHS Act (42 U.S.C. 285i);

(7) Development and modernization of new and existing centers for studies of disorders of hearing and other communication processes, as authorized by section 464C(a) of the PHS Act (42 U.S.C. 285m-3(a));

(8) Grants for the construction or renovation of facilities for research into the development and use of medications to treat drug abuse and addiction, as authorized by section 464P(b) of the PHS Act (42 U.S.C. 285o-4(b));

(9) Grants to public and nonprofit private entities to expand, remodel, renovate, or alter existing biomedical and behavioral research facilities or construct new research facilities, as authorized by section 481A(a) of the PHS Act (42 U.S.C. 287a-2(a));

(10) Grants to public or nonprofit private entities to construct, renovate, or otherwise improve regional centers for research on primates, as authorized by section 481B(a) of the PHS Act (42 U.S.C. 287a-3(a));

(11) Grants to expand, remodel, renovate, or alter existing research facilities or construct new research facilities for the purpose of conducting minority health disparities research and other health disparities research, as authorized by section 485F(b)(2) of the PHS Act U.S.C. 287c-32(b)(2)); and

(12) Grants for the construction or renovation of facilities for carrying out AIDS research, as authorized by section 2354(a) of the PHS Act (42 U.S.C. 300cc-41(a)).

The Catalogue of Federal Domestic Assistance (CFDA) numbered programs affected by title 42 of the Code of Federal Regulations, part 52b are:

- 93.131—Shared Research Facilities for Heart, Lung, and Blood Diseases.
- 93.173—Research Related to Deafness and Communication Disorders.
- 93.279—Drug Abuse and Addiction Programs.
- 93.307—Minority Health and Health Disparities Research.
- 93.389—National Center for Research Services.
- 93.392—Cancer Construction.
- 93.846—Arthritis, Musculoskeletal and Skin Diseases Research.
- 93.855—Allergy, Immunology and Transplantation Research.
- 93.867—Vision Search.

Dated: May 19, 2006.

**Elias A. Zerhouni,**

*Director, National Institutes of Health.*

Approved: July 7, 2006.

**Michael O. Leavitt,**

*Secretary.*

[FR Doc. 06-6262 Filed 7-17-06; 8:45 am]

**BILLING CODE 4140-01-M**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Substance Abuse and Mental Health Services Administration

#### Center for Mental Health Services; Notice of Meeting

Pursuant to Public Law 92-463, notice is hereby given of a closed teleconference meeting of the SAMHSA/Center for Mental Health Services (CMHS) National Advisory Council to be held on July 27, 2006.

The meeting will include the review, discussion and evaluation of individual grant applications. Therefore, the meeting will be closed to the public as determined by the SAMHSA Administrator, in accordance with Title 5 U.S.C. 552b(c)(6) and 5 U.S.C. App. 2., section 10(d).

A summary of the meeting and a roster of Council members may be obtained after the meeting by contacting Mr. Michael Malden (see contact information below) or by accessing the SAMHSA Council Web site, <http://www.samhsa.gov/council>.

*Committee Name:* Substance Abuse and Mental Health Services Administration Center for Mental Health Services National Advisory Council.

*Meeting Date:* July 27, 2006.

*Place:* SAMHSA Building, 1 Choke Cherry Road, Conference Room 6-1060, Rockville, Maryland 20857.

*Type:* (Closed) July 27, 2006; 12:30 p.m.-2 p.m.

*For Further Information Contact:* Michael Malden, Acting Executive Secretary,

SAMHSA/CMHS National Advisory Council, 1 Choke Cherry, Room 6-1083, Rockville, Maryland 20857. Telephone: (240) 276-1896. Fax: (240) 276-1850. E-mail: [Michael.Malden@samhsa.hhs.gov](mailto:Michael.Malden@samhsa.hhs.gov).

Dated: July 11, 2006.

**Toian Vaughn,**

*Committee Management Officer, Substance Abuse and Mental Health Services Administration.*

[FR Doc. E6-11341 Filed 7-17-06; 8:45 am]

**BILLING CODE 4162-20-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Substance Abuse and Mental Health Services Administration

#### Statement of Organization, Functions, and Delegations of Authority

Part M of the Substance Abuse and Mental Health Services Administration (SAMHSA) Statement of Organization, Functions, and Delegations of Authority for the Department of Health and Human Services at 71 FR 19740-19741, April 17, 2006 is amended to reflect changes of the functional statements for the Center for Mental Health Services (CMHS). This amendment reflects the placement of the organization and financing activities from the Office of the Director, CMHS, into the Division of State and Community Systems Development (DSCSD), CMHS. DSCSD serves as a focal point for planning, supporting and promoting effective programs concerned with improving State mental health services within the Nation, as well as obtaining, analyzing and disseminating statistics on the major characteristics of the national mental health service systems. The organization and financing activities is closely aligned with other mental health programs managed by this Division. This realignment of function will have a positive impact on organizational effectiveness. The changes are as follows:

*Section M.20, Functions* is amended as follows:

The functional statements for the Center for Mental Health Services (MS), Office of the Director (MS-1), and the Division of State and Community Systems Development (MSE) are replaced with the following:

#### Center for Mental Health Services (MS)

##### *Office of the Director (MS-1)*

(1) Provides leadership in planning, implementing, and evaluating the Center's goals, priorities, policies, and programs, including equal employment opportunity, and is the focal point for

the Department's efforts in mental health services; (2) plans, directs, and provides overall administration of the programs of CMHS; (3) conducts and coordinates Center interagency, interdepartmental, intergovernmental, and international activities; (4) provides information to the public and constituent organizations on CMHS programs; (5) maintains liaison with national organizations, other Federal departments/agencies, the National Institute of Mental Health and with other SAMSHA Centers; (6) administers committee management and reports clearance activities; (7) conducts consumer affairs activities; and (8) monitors the conduct of equal employment opportunity activities of CMHS.

*Division of State and Community Systems Development (MSE)*

(1) Administers the Community Mental Health Services Block Grant, including monitoring State implementation of the Mental Health State Plan, compliance with the provisions of the Public Health Service Act, as amended, regarding use of the payments and maintenance of effort; (2) provides technical assistance to the States with respect to the planning, development, financing, and operation of programs or services carried out pursuant to the block grant program; (3) administers a program of State human resource development; (4) plans and supports programs of mental health education, with emphasis on targeted populations; (5) plans and supports programs to provide protection and advocacy services for persons with severe mental disorders; and (6) supports programs for: (a) Obtaining, analyzing, and disseminating national statistics on mental health services, (b) developing methodologies for data collection in biometry and mental health economics; (c) organization and financing activities, and (d) consulting with and providing technical assistance to State and local mental health agencies on statistical methodology, mental health information systems, and the use of statistical and demographic data.

*Delegations of Authority*

All delegations and redelegations of authority to officers and employees of SAMHSA which were in effect immediately prior to the effective date of this reorganization shall continue to be in effect pending further redelegations, providing they are consistent with the reorganization.

These organizational changes are effective:

Dated: July 5, 2006.

**Eric B. Broderick,**

*Acting Deputy Administrator, Assistant Surgeon General.*

[FR Doc. 06-6272 Filed 7-17-05; 8:45 am]

BILLING CODE 4160-01-M

## DEPARTMENT OF HOMELAND SECURITY

### Transportation Security Administration

#### Intent To Request Renewal From OMB of One Current Public Collection of Information: Registered Traveler Pilot (RT) Pilot Program; Satisfaction and Effectiveness Measurement Data Collection Instruments

**AGENCY:** Transportation Security Administration, DHS.

**ACTION:** Notice.

**SUMMARY:** The Transportation Security Administration (TSA) invites public comment on one currently approved information collection requirement abstracted below that we will submit to the Office of Management and Budget (OMB) for renewal in compliance with the Paperwork Reduction Act.

**DATES:** Send your comments by September 18, 2006.

**ADDRESSES:** Comments may be mailed or delivered to Katrina Wawer, Attorney-Advisor, Office of the Chief Counsel, TSA-2, Transportation Security Administration, 601 South 12th Street, Arlington, VA 22202-4220.

**FOR FURTHER INFORMATION CONTACT:**

Katrina Wawer at the above address, or by telephone (571) 227-1995 or facsimile (571) 227-1381.

**SUPPLEMENTARY INFORMATION:**

**Comments Invited**

In accordance with the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 et seq.), an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. Therefore, in preparation for OMB review and approval of the following information collection, TSA is soliciting comments to—

(1) Evaluate whether the proposed information requirement is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;

(2) Evaluate the accuracy of the agency's estimate of the burden;

(3) Enhance the quality, utility, and clarity of the information to be collected; and

(4) Minimize the burden of the collection of information on those who

are to respond, including using appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

#### Information Collection Requirement

*1652-0019; Registered Traveler Pilot (RT) Pilot Program; Satisfaction and Effectiveness Measurement Data Collection Instruments.* TSA is expanding the scope of the Registered Traveler (RT) Pilot Program, which is currently in operations at one airport and is already approved by OMB, to test and evaluate specific technologies and business processes related to the RT concept. In addition, TSA will add additional locations using the RT Pilot Program's public/private partnership. For the purpose of continuing metrics analysis, testing interoperability of systems, and testing the private/public model of operations, TSA sought emergency processing from OMB in order to begin collecting information in June 2006. OMB issued its temporary approval on June 12, 2006, and TSA is now seeking to renew the RT Pilot Program's control number.

TSA will receive and retain personal information on individuals who volunteer to participate in the program that Sponsoring Entities (*i.e.*, airport authorities and/or aircraft operators under agreement with TSA to conduct RT operations) will collect and transmit through a Central Information Management System (CIMS), which will be under contract with TSA. This information will allow TSA to complete and adjudicate name-based security threat assessments and allow Sponsoring Entities to issue an RT card to approved applicants.

In addition, TSA will administer two instruments, which OMB previously approved, to measure the satisfaction of RT pilot participants and key stakeholders. TSA will administer the first instrument, customer service surveys, electronically via the TSA Web site. TSA estimates the hour burden for the surveys to be 72,000 hours, based on 288,000 respondents and a 15-minute burden per respondent. The second instrument, stakeholder interviews, will be used by TSA to periodically conduct in person interviews to ensure that stakeholders' issues are fully addressed and to facilitate accurate assessments of local concerns. Stakeholders include representatives of participating airports, air carriers, vendor staff, and relevant associations, as well as Federal Security Directors and their staff. TSA estimates the hour burden for the stakeholder interviews to be 120 hours, based on 6–8 interviews per location (not including