

In accordance with HHS Grants Policy Statement, Part II–27, IHS requires applicants to obtain 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 covers the applicable grant activities under the current award's 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 (DCA) <http://rates.psc.gov/> and the Department of Interior (National Business Center) <http://www.aqd.nbc.gov/indirect/indirect.asp>. If your organization has questions regarding the indirect cost policy, please call (301) 443–5204 to request assistance.

#### 4. Reporting Requirements

The reporting requirements for this program are noted below.

##### A. Progress Reports

Program progress reports are required semi-annually. 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. A final report of progress toward objectives must be submitted within 90 days of expiration of the budget/project period.

##### B. Financial Reports

Annual Financial Status Reports (FSR) reports must be submitted within 30 days after the budget period ends. Final FSRs are due within 90 days of expiration of the project period. Standard Form 269 (long form for those reporting on program income; short form for all others) will be used for financial reporting.

Federal Cash Transaction Reports are due every calendar quarter to the Division of Payment Management, Payment Management Branch. 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 annually (although specific to this announcement, Progress Reports are due semi-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.

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 requirement 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.

#### VII. Agency Contacts

Grants (Business), John Hoffman, Grants Management Officer, 801 Thompson, TMP, Suite 360, Rockville, MD 20852, (301) 443–2116 or [john.hoffman@ihs.gov](mailto:john.hoffman@ihs.gov).

Program (Programmatic/Technical), Patrick Blahut, D.D.S., M.P.H., Deputy Director, Division of Oral Health, 801 Thompson Ave. Suite 332, Rockville, MD 20852, (301) 443–4323, [patrick.blahut@ihs.gov](mailto:patrick.blahut@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: April 19, 2010.

**Yvette Roubideaux,**

*Director, Indian Health Service.*

[FR Doc. 2010–9701 Filed 4–26–10; 8:45 am]

**BILLING CODE 4165–16–P**

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

##### Centers for Disease Control and Prevention

##### Health Resources and Services Administration (HRSA); CDC/HRSA Advisory Committee on HIV and STD Prevention and Treatment (CHACHSPT)

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), CDC and HRSA announce the following meeting of the aforementioned committee:

Times and Dates:

8 a.m.–5:30 p.m., May 11, 2010.

8 a.m.–3 p.m., May 12, 2010.

Place: JW Marriott Buckhead, 3300 Lenox Road, Atlanta, Georgia 30326, Telephone: (404) 262–3344.

Status: Open to the public, limited only by the space available. The meeting room will accommodate approximately 100 people.

Purpose: This Committee is charged with advising the Director, CDC, and the Administrator, HRSA, regarding activities related to the prevention and control of HIV/AIDS and other STDs, the support of healthcare services to persons living with HIV/AIDS, and the education of health professionals and the public about HIV/AIDS and other STDs.

Matters To Be Discussed: Agenda items include issues pertaining to: (1) The impact of the economic recession on State and local prevention, care, and treatment programs; (2) recent developments and new opportunities regarding enhancing viral hepatitis prevention in the United States; (3) a discussion of the successes and remaining challenges in expedited partner therapy implementation; (4) an update from the CHACHSPT Workgroup on HIV Care, Treatment, and Prevention in the New Millennium; and (5) the establishment of a Scientific Program Review Workgroup that will focus on the strategic realignment of funding to support priorities in sexual health and STD disparities among racial and ethnic minorities. Agenda items are subject to change as priorities dictate.

Contact Person for More Information: Margie Scott-Cseh, CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 1600 Clifton Road, NE., Mailstop E–07, Atlanta, Georgia 30333, Telephone (404) 639–8317.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** Notices pertaining to announcements of meetings and other committee management activities, for both the CDC and the Agency for Toxic Substances and Disease Registry.

Dated: April 21, 2010.

**Elaine L. Baker,**

*Director, Management Analysis and Services Office, Centers for Disease Control and Prevention (CDC).*

[FR Doc. 2010–9694 Filed 4–26–10; 8:45 am]

**BILLING CODE 4163–18–P**