

Estimated award: \$100,000.

Assessing Variations in Retirement Plans of Physicians by Gender, Race, Specialty, Age and Other Factors 93.900

The purpose of this cooperative agreement is to assess variations in the retirement plans of physicians by: gender, race specialty, age, practice location (urban, suburban and rural) and by location of medical school (International Medical Graduate versus U.S. Medical Graduate).

Estimated award: \$50,000.

Assessing Disparities of the Health Workforce Distribution in Underserved Areas of Texas and New Mexico Border Regions 93.900

The purpose of this cooperative agreement is to determine the applicability of recent developments in Geographic Information Systems (GIS) technology and studies to more clearly assess and monitor shortages and health workforce needs in underserved areas of the U.S./Mexico Border region of Texas and New Mexico. Estimated award: \$148,000.

Genetic Issues of the Hispanic Border Population 93.900

The purpose of this cooperative agreement is to: (1) Characterize testable genetic issues along the border, (2) characterize genetic services in rural and underserved areas of the Texas and U.S./Mexico border region, and (3) identify the roles of health professionals in providing genetic services in rural areas of Texas and border regions.

Estimated award: \$100,000.

Improving Health Professions Education Programs Planning in New York 93.900

The purpose of this cooperative agreement is to develop a model collaboration between a Regional Workforce Study Center and a university to better plan health professions/nursing education programs. The Regional Workforce Center will use its knowledge about health workforce supply, demand and issues to advise educational program planners.

Estimated award: \$50,000.

The Workforce Investment Act of 1998: Are States Targeting the Health Workforce? 93.900

The purpose of this cooperative agreement is to identify and enumerate the goals and strategies that State Workforce Reinvestment Boards have identified or employed in an effort to develop the health care workforce. The analysis should include all States and Territories.

Estimated award: \$100,000.

Health Workforce Needs in the U.S. Virgin Islands 93.900

The purpose of this cooperative agreement is to evaluate the health workforce needs in the U.S. Virgin Islands as a first step in assuring access to high quality health care.

Estimated award: \$50,000.

Additional Information

For programmatic information, please contact Sarah Richards (phone 301-443-5452 or via email at srichards@hrsa.gov) or Lou Kuta (phone 301-443-6634 or via e-mail at lkuta@hrsa.gov).

Paperwork Reduction Act

The Standard application form PHS 398, PHS Grant Application, has been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act. The OMB clearance number is 0925-0001.

The Cooperative agreements described in this announcement will not involve data collection activities that fall under the purview of the Paperwork Reduction Act of 1995.

Dated: May 17, 2002.

Elizabeth M. Duke,
Administrator.

[FR Doc. 02-12928 Filed 5-22-02; 8:45 am]

BILLING CODE 4165-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Rural Access to Emergency Devices Grant Program

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice of availability of funds.

SUMMARY: The Health Resources and Services Administration (HRSA) announces that approximately \$12,500,000 will be available for fiscal year (FY) 2002 grants, technical assistance, and program evaluation for the purchase, placement and training in the use of automated external defibrillators (AEDs) and related activities in eligible rural areas. HRSA estimates that approximately 50 awards will be made to community partnerships, in collaboration with State Offices of Emergency Medical Services, for FY 2002. These grants will be awarded under the authority of Public Law 106-505, Title IV—Cardiac Arrest Survival, Subtitle B—Rural Access to

Emergency Devices, 42 U.S.C. 254c note. The Office of Rural Health Policy will administer the Rural Access to Emergency Devices Grant Program.

DATES: All applicants interested in applying for funding under this program are to fax or mail a letter of intent to the Office of Rural Health Policy by May 27, 2002, at fax number (301) 443-2803. A copy of this letter of intent must also be faxed or mailed to the State Office of Emergency Medical Services by this same date. The letter of intent need only include the lead applicant's organizational name, proposed number of AEDs requested and a proposed listing of those in their community partnership. The deadline for receipt of applications is July 15, 2002. Applications will be considered on time if they are either received on or before the deadline date in the HRSA Grants Application Center or postmarked on or before the deadline date. Any changes to the aforementioned dates will be posted on the Office of Rural Health Policy homepage at <http://www.ruralhealth.hrsa.gov>.

ADDRESSES: To receive an application kit, applicants may telephone the HRSA Grants Application Center at (877) 477-2123 (877-HRSA-123) or the application forms can be downloaded via the Web at <http://www.ruralhealth.hrsa.gov/funding.htm>. The instructions for preparing the applications will be included with the grant guidance as part of the grant application kit. The Rural Access to Emergency Devices Grant Program uses PHS Forms 424 and 5161 for applications. Applicants must use the formal title "Rural Access to Emergency Devices Grant Program" and CFDA number 93.259 when requesting applications. The CFDA is a Government-wide compendium of enumerated Federal programs, projects services, and activities that provide assistance. All applications must be mailed or delivered to the Grants Management Officer, Office of Rural Health: HRSA Grants Application Center, 901 Russell Avenue, Suite 450, Gaithersburg, MD 20879; telephone (877) 477-2123. This notice will appear in the **Federal Register** at http://www.gpo.gov/su_docs/aces/aces140.html and the Office of Rural Health Policy homepage at <http://www.ruralhealth.hrsa.gov/>.

FOR FURTHER INFORMATION CONTACT: Evan Mayfield, Office of Rural Health Policy, HRSA, Room 9A-55, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857, or email address ruralaed@hrsa.gov, telephone number

(301) 443-0835 and fax number (301) 443-2803.

SUPPLEMENTARY INFORMATION:

(1) Program Background and Objectives

Rural Access to Emergency Devices Act, 42 U.S.C. 254c note, authorizes grants to community partnerships to provide for the purchase, placement, and training in the use of automated external defibrillators (AEDs) and related activities in eligible rural areas. An applicant must be a multi-county, regional or Statewide consortium of rural community organizations applying as a community partnership. Each community partnership must have a designated lead applicant to apply as the grantee of record and act as a fiscal agent for the partnership. Funding preference ¹ will be granted to applications that are Statewide in scope. Additional funding priority ² will be given to Statewide community partnerships that identify their State Office of Emergency Medical Services as the lead applicant and/or include emergency first response entities (e.g., EMS, law enforcement and fire departments) that are currently operating without AEDs. In order to qualify as a Statewide community partnership, not every eligible county within a State need apply but must have a State Office as the lead applicant. Selected locations around the State should be identified by the lead applicant to achieve fair geographical, organizational (e.g., first response versus public access placement) and resource allocation.

The State Office of Emergency Medical Services is a logical lead applicant to disseminate funding to individual entities within the partnership given their statutory role in medical direction and regulation. Other State Offices eligible to accept these Federal grant funds include the State Office of Rural Health or a division within the Department of Health. The State Office of Rural Health is a valuable resource for consulting in public access AED placement for those areas that lack EMS services, or are located too far away to be of practical benefit to a community. Community partnerships that apply without their State Office of Emergency Medical Services as the lead applicant must work with the State Office of Emergency Medical Services on issues related to medical direction

and integration and placement of AEDs into existing EMS systems.

(2) Eligible Applicants

Applicants must apply in the form of a community partnership. Interested eligible entities are encouraged to collaborate with a wide range of other providers in developing a broad-based consortium that will make up their community partnerships. These partnerships will include local first response entities (e.g., EMS, law enforcement and fire departments). In addition, local for- and non-profit entities may be included (that have a demonstrated concern about cardiac arrest survival rates) such as, but are not limited to, community hospitals or clinics, nursing homes and senior citizen day care facilities, governmental facilities, athletic facilities, faith based organizations and schools.

All services provided by the community partnership must be provided in an eligible rural county or Rural-Urban Commuting Area zip code. All State Offices, acting on behalf of the community partnerships within their State, will be required to demonstrate how its services will be directed to the eligible rural areas. A complete listing of these eligible rural areas is available on the Web. Eligible rural counties can be found at (<http://www.ruralhealth.hrsa.gov/ruralcol.htm>) and Rural-Urban Commuting Area zip codes can be found at (<http://www.ruralhealth.hrsa.gov/ruralcoZIPII.htm>). Each is sorted by State.

(3) Review Criteria

The HRSA Grants Application Center will screen applications for completeness and responsiveness to the program guidance. Applications that are complete and responsive to the guidance will be evaluated for technical merit by a peer review group convened specifically for this solicitation and in accordance with HRSA grants management policies and procedures. As part of the initial merit review, all applications will receive a written critique. Applications recommended for funding will be discussed fully by the ad hoc peer review group and assigned a priority score for funding. Technical merit will be assessed using the following criteria:

(a) Need for AED equipment and training with documentation using any local standard enumerating average response ³ and transport times (noting

mileage to stabilizing and/or definitive care) for the response area and cardiovascular mortality prevalence rates;

(b) Plan for a need-based placement of AEDs and accessibility plan to those AEDs;

(c) Estimated AED purchasing, training, and maintenance costs (include maintenance schedule);

(d) How the grant award will be distributed within the community partnership, with identified names of who will receive funding for each entity within the partnership;

(e) An identified and approved CPR and AED training entity;

(f) Who will use the AEDs, and reference State laws regulating AED usage;

(g) Integration into local EMS systems ensuring medical direction for documented protocols of care and legal oversight; and

(h) A well-defined data collection and reporting mechanism via their State Office of Emergency Medical Services or the State Office of Rural Health should the former be unable to participate.

A further explanation of these criteria will be included in the grant guidance.

Paperwork Reduction Act

The application for the Rural Access to Emergency Devices Grant Program has been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act. The OMB clearance number is 0920-0428.

Public Health System Impact Statement

This program is subject to the Public Health System Reporting Requirements (approved under OMB No. 0937-0195). Under these requirements, the community-based non-governmental applicant must prepare and submit a Public Health System Impact Statement (PHSIS). The PHSIS is intended to provide information to State and local health officials to keep them apprized of proposed health services grant applications submitted by community-based organizations within their jurisdictions.

Community-based non-governmental applicants are required to submit the following information to their State Office of Emergency Medical Services no later than the Federal application receipt due date of July 15, 2002:

(a) A copy of the face page of the application (SF 424)

(b) An abstract of the project not to exceed one page, which provides:

(1) A description of the population to be served,

(2) The proposed number of AEDs to be purchased and how many people

¹ (Preference) moves those approved applicants carrying the preference ahead of approved applicants without the preference.

² (Priority) gives an application additional points during the scoring process of approved applications.

³ If there are no pre-existing records of response times, a plan on how these times will be recorded must be included.

will be trained within the community partnership,

(3) A description of the coordination planned with the appropriate State agencies (ranging from required notification of AED placement to such agency agreeing to being the lead applicant and/or fiscal agent of a Statewide community partnership should they choose to).

Executive Order 12372

This grant program is subject to the provisions of Executive Order 12372 concerning intergovernmental review of Federal programs by appropriate State and local officials as implemented by 45 CFR part 100. Executive Order 12372 allows States the option of setting up a system for reviewing applications from within their States for assistance under certain Federal programs. Applicants (other than Federally-recognized Indian tribal governments) should contact their State Single Point of Contact (SPOC), a list of which will be included in the application kit, as early as possible to alert them to the prospective applications and receive any necessary instructions on the State process. All SPOC recommendations should be submitted to Larry Poole, Office of Grants Management, Bureau of Primary Health Care, 4350 East West Highway, 11th Floor, Bethesda, Maryland 20814, (301) 594-4260. The due date for State process recommendations is 60 days after the application deadline of July 15, 2002, for competing applications for the Rural Access to Emergency Devices Grant Program. The granting agency does not guarantee to "accommodate or explain" State process recommendations it receives after that date. See part 148 of the PHS Grants Administration Manual, Intergovernmental Review of PHS Programs under Executive Order 12372, and 45 CFR part 100 for a description of the review process and requirements.

Dated: May 12, 2002.

Elizabeth M. Duke,
Administrator.

[FR Doc. 02-12481 Filed 5-16-02; 8:45 am]

BILLING CODE 4165-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Office of Extramural Research; Proposed Collection; Comment Request NIH Customer/Partner Satisfaction Survey of Modifications in Procedures for Application and Award of Research Project Grants

SUMMARY: In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, for opportunity for public comment on proposed data collection projects, the Office of Extramural Research will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

Proposed Collection

Title: NIH Customer/Partner Satisfaction Survey of Modifications in Procedures for Application and Award of Research Project Grants. *Type of Information Collection Request:* New Request. *Need and Use of Information Collection:* The Customer/Partner Satisfaction Surveys focus on the respondent's perceptions, preferences, and related opinions. The information collected in the surveys will be used by the Office of Extramural Research to evaluate procedures for the application and award of research project grants. A single study under the clearance would be a sequential review of the Modular Application/Grant process. At the outset of its implementation, the community was advised that the process would focus the efforts of investigators, institutional officials, and National Institutes of Health (NIH) staff on the science of the application and reduce administrative burden. The Modular Grant Application Process has been in effect for two years. The NIH now believes it is an appropriate time to determine how these objectives have been met. *Frequency of Response:* On occasion. *Affected Public:* Institutional Officials, Principal Investigators (PIs), Peer Reviewers, Program and Grants Management Staff, Institute Budget Officers. The annual reporting burden is as follows: *Estimated Number of Respondents:* 1,000; *Estimated Number of Responses per Respondent:* 1; *Average Burden Hours Per Response:* .334, and *Estimated Total Burden Hours Requested:* 334. Each year we may repeat the same survey with different respondents. There are no Capital Costs, Operating Costs and/or Maintenance Costs to report.

Request for Comments

Written comments/and or suggestions from the public and affected agencies should address one or more of the following points: (1) Whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) ways to minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact Dr. Anthony Demsey, OD, NIH, Building 1, Room 154, Bethesda, MD 20892, or call the non-toll-free number (301) 496-5127, or e-mail your request, including your address to: Demsey@OD.NIH.GOV.

Comment Due Date

Comments regarding this information collection are best assured of having their full effect if received within 60-days of the date of this publication.

Dated: May 16, 2002.

Regina H. White,
Director, OPERA/OER/OD/NIH.
[FR Doc. 02-13015 Filed 5-22-02; 8:45 am]
BILLING CODE 4140-01-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Government-Owned Inventions; Availability for Licensing

AGENCY: National Institutes of Health, Public Health Service, DHHS.

ACTION: Notice.

SUMMARY: The inventions listed below are owned by agencies of the U.S. Government and are available for licensing in the U.S. in accordance with 35 U.S.C. 207 to achieve expeditious commercialization of results of federally-funded research and development. Foreign patent applications are filed on selected inventions to extend market coverage