Administration (MVP), 1800 F Street, NW., Washington, DC 20405.

FOR FURTHER INFORMATION CONTACT: Al Matera, Office of GSA Acquisition Policy (202) 501–1224.

SUPPLEMENTARY INFORMATION:

A. Purpose

The GSA is requesting the Office of Management and Budget (OMB) to reinstate information collection, 3090–0243, concerning Fixed Price Contracts. This information collection prescribes an economic price adjustment clause in Federal Supply Service multiple award service (MAS) contracts. This clause is used to adjust MAS contract price and requires a MAS contractor to furnish certain pricing information when the MAS contractor requests a price adjustment under the MAS contract.

B. Annual Reporting Burden

Respondents: 2,914; *annual responses:* 4,371; *average hours per response:* .5; *burden hours:* 2,186.

Copy of Proposal

A copy of this proposal may be obtained from the GSA Acquisition Policy Division (MVP), Room 4011, GSA Building, 1800 F Street, NW., Washington, DC 20405, or by telephoning (202) 501–3822, or by faxing your request to (202) 501–3341.

Dated: April 23, 1998.

Ida M. Ustad,

Deputy Associate Administrator, Office of Acquisition Policy.

[FR Doc. 98–11351 Filed 4–28–98; 8:45 am]

BILLING CODE 6820–61–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Comment Request

In compliance with the requirement for opportunity for public comment on proposed data collection projects (section 3506(c)(2)(A) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Pub. L. 104–13), the Health Resources and Services Administration (HRSA) will publish periodic summaries of proposed projects being developed for submission to OMB under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, call the HRSA Reports Clearance Officer on (301) 443–1891.

Comments are invited on: (a) Whether the proposed collection of information is 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: Development and Testing of Emergency Department Utilization as a Measure of Effectiveness for the Health Care for the Homeless Program (NEW)

The Health Resources and Services Administration's Bureau of Primary Health Care (BPHC) seeks clearance from OMB to conduct a performance evaluation of the Health Care for the Homeless Program (HCH). A primary goal of this program is to provide a ''medical home'' for homeless persons in the community, improving their access to primary care. The evaluation will test the hypothesis that the presence of an HCH program in a community reduces the inappropriate (i.e., non-urgent) use of emergency departments (ED) by single homeless adults. The results from this evaluation will provide BPHC with evidence of the HCH program's ability to divert inappropriate use of emergency departments by homeless individuals.

The study will compare the ED experience of HCH program users and non-HCH program users while considering three categories of influencing factors: (1) Predisposing factors (demographics), (2) enabling factors (insurance status and community characteristics), and (3) needs factors (physical and mental health status, presence of drug or alcohol problems). The analysis requires primary data collection through interviews of homeless individuals in communities where there are HCH grantees. The data collection instrument for this evaluation is a brief (20 minute) questionnaire that will measure self-reported health care utilization during the study period, health status and perceived health care needs, and demographics. Information from the study will be used in conjunction with data from ED records of homeless individuals with self-reported ED use during the study period to determine whether a particular ED visit should be considered ''urgent'' or ''non-urgent''.

One thousand three hundred and fifty respondents are expected to be surveyed once. It is expected to take 20 minutes to complete each survey for a total of 450 burden hours.

Send comments to Lyman Van Nostrand, HRSA Reports Clearance Officer, Room 14–33, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857. Written comments should be received within 60 days of this notice.

Dated: April 22, 1998.

Jane Harrison,

Acting Director, Division of Policy Review and Coordination.

[FR Doc. 98–11344 Filed 4–28–98; 8:45 am]

BILLING CODE 4160–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Comment Request

In compliance with the requirement for opportunity for public comment on proposed data collection projects (section 3506(c)(2)(A) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Pub. L. 104–13), the Health Resources and Services Administration (HRSA) will publish periodic summaries of proposed projects being developed for submission to OMB under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, call the HRSA Reports Clearance Officer on (301) 443–1891.

Comments are invited on: (a) Whether the proposed collection of information is 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: The National Health Service Corps (NHSC) and Native Hawaiian Health (NHH) Scholarship Programs Data Collection Worksheets (in Use Without Approval)

The NHSC and NHH Scholarship Programs were established to assure an adequate supply of trained primary care health professionals to the neediest communities in the Health Professional Shortage Areas (HPSAs) of the United States. Under these programs, allopathic physicians, osteopathic physicians, dentists, nurse practitioners, nurse midwives, physician assistants, and, if needed by the NHSC or NHH program, students of other health professions are offered the opportunity to enter into a contractual agreement with the Secretary under which the Public Health Service agrees to pay the total school tuition, required fees, other reasonable costs (ORC) and a stipend for living expenses. In exchange, the scholarship recipient agrees to provide full-time clinical services at a site in a federally designated HPSA.

In order to accurately determine the amount of scholarship support that students will need during their academic training, the Bureau of Primary Health Care must contact each scholar's school for an estimate of tuition, fees, and ORC. The Data Collection Worksheet collects these itemized costs for both resident and nonresident students.

Six hundred schools are expected to submit one report per year. It is expected to take 30 minutes to complete each form, for a total of 300 hours of burden.

Send comments to Lyman Van Nostrand, HRSA Reports Clearance Officer, Room 14–33, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: April 22, 1998.

Jane Harrison,

Acting Director, Division of Policy Review and Coordination.

[FR Doc. 98–11346 Filed 4–28–98; 8:45 am]

BILLING CODE 4160–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

HRSA Competitive Grants Preview; Community Integrated Service Systems to Support Health of Children in Out of Home Care

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice of extension of deadline date.

SUMMARY: This notice extends the application due date for applications for grants for Community Integrated Service Systems to Support Health of Children in Out of Home Care, previously published in the **Federal Register** on October 9, 1997 as part of the General Notice: Availability of the HRSA Competitive Grants Preview (62 FR 52894–52914). The purpose of these grants is to identify, analyze, and disseminate successful State and local approaches for implementing the Model Standards for Children in Foster Care, as developed by the Child Welfare League of America and the American Academy of Pediatrics, and to evaluate and determine the transferability of successful approaches in varied settings.

In the table on page 52894 and on page 52910 in the second column, the deadline date published in the **Federal Register** has been extended to July 1, 1998.

Dated: April 20, 1998.

James J. Corrigan,

Acting Associate Administrator for Management and Program Support.

[FR Doc. 98–11345 Filed 4–28–98; 8:45 am]

BILLING CODE 4160–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

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

Periodically, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish a list of information collection requests under OMB review, in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these documents, call the SAMHSA Reports Clearance Officer on (301) 443–7978.

Confidentiality of Alcohol and Drug Abuse Patient Records

0930–0092—Extension, no change—Statute (42 U.S.C. 290dd–2) and regulations (42 CFR Part 2) require Federally conducted, regulated, or directly or indirectly assisted alcohol and drug abuse programs to keep patient records confidential. Information requirements are (1) written disclosure to patients, and (2) documenting medical personnel'' status of recipients of a disclosure to meet a medical emergency.

	Annual respondents	Responses per respondent	Burden per response (in hrs.)	Annual burden
Disclosure:				
42 CFR 2.22	10,000	150	.25	375,000
Recordkeeping:				
42 CFR 2.51	10,000	2	.25	5,000
Total				380,000

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to: Daniel Chenok, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, D.C. 20503.

Dated: April 20, 1998.

Richard Kopanda,

Executive Officer, SAMHSA.

[FR Doc. 98–11331 Filed 4–28–98; 8:45 am]

BILLING CODE 4162–20–P

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR–4349–N–16]

Submission for OMB Review: Comment Request

AGENCY: Office of the Assistant Secretary for Administration, HUD.