

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of a Cooperative Agreement With the American Indian Higher Education Consortium

The Office of Minority Health (OMH), Office of Public Health and Science (OPHS) announces that it will enter into an umbrella cooperative agreement with the American Indian Higher Education Consortium (AIHEC). This cooperative agreement will establish the broad framework in which specific projects can be funded as they are identified during the project period.

The purpose of this cooperative agreement is to assist AIHEC in expanding and enhancing its activities relevant to the tribally controlled community colleges affected by executive order #13021. Further, this agreement establishes mechanisms for the 22 Operating and Staffing Divisions of the DHHS to comply with the mandates contained in the order. OMH, as the lead agency for implementing the executive order, will provide consultation, including administrative and technical assistance as needed for the execution and evaluation of all aspects of this cooperative agreement. OMH will also participate and/or collaborate with the awardee in any workshops or symposia to exchange information, opinions or activities that will enhance the educational status of the American Indian/Alaska Native (AI/AN) students attending the Tribal Colleges. Further, OMH will coordinate the Inter/Intra departmental activities as directed in the executive order.

Authorizing Legislation

This cooperative agreement is authorized under Title XVII, Section 1707(d)(1) of the Public Health Service Act, as amended by Public Law 101-527.

Background

Assistance will be provided only to AIHEC. No other applications are solicited. AIHEC is the only organization capable of administering this cooperative agreement because:

- AIHEC is the only national organization that is comprised of and represents the Tribal Colleges and Universities. AIHEC signed or is in the process of signing several cooperative agreements and MOA's with other Federal Departments in compliance with the directives of Executive Order #13021. In order to assure continuity with other Federal Departments, a cross fertilization of efforts, and minimize any redundancy of activities, AIHEC should

be the recipient of the cooperative agreement;

- AIHEC, founded in 1972, has been involved in the 20-year effort that resulted in the President signing the executive order. The organization's board of directors consists of Presidents of each of the Tribal Colleges. Also, the organization has well established linkages with AI/AN Tribes, national Indian organizations and other Federal Departments that are actively involved with the implementation of the executive order;

- AIHEC has highly qualified management staff with the background and experience to develop, guide, operate and evaluate the complex elements of this cooperative agreement. They have extensive experience in mediation with Federal Departments and tribal governments;

- AIHEC has demonstrated through past activities its ability to assist the Tribal Colleges in their development and expansion. In 1972, AIHEC was founded by the first six Tribally Controlled Community Colleges and began to develop and implement programs that are consistent with the inherent rights of tribal sovereignty and self-determination; and

- AIHEC has assisted the Tribal Colleges in the development and maintenance of the highest standards of quality education for AI/ANs by improving the accessibility of educational programs, significantly increasing student enrollments and assisting the tribal colleges in becoming fully accredited institutions of higher education.

This cooperative agreement will be awarded in FY 1998 for a 12-month budget period within a project period of 5 years. Continuation awards within the project period will be made on the basis of satisfactory progress and the availability of funds.

DATES: Comments must be received on or before December 5, 1997.

ADDRESSES: Comments shall be mailed to CDR Robert J. Carson, Office of Minority Health, 5515 Security Lane, Suite 1000, Rockville, Maryland 20852, telephone (301) 443-5084, fax (301) 594-0767, E-MAIL rcarson@osophs.dhhs.gov.

FOR FURTHER INFORMATION CONTACT: CDR Robert J. Carson, Office of Minority Health, 5515 Security Lane, Suite 1000, Rockville, Maryland 20852, telephone

(301) 443-5084, fax (301) 594-0767, E-MAIL rcarson@osophs.dhhs.gov.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[INFO-98-04]

Proposed Data Collections Submitted for Public Comment and Recommendations

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 Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call the CDC Reports Clearance Officer on (404) 639-7090.

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 for other forms of information technology. Send comments to Wilma Johnson, CDC Reports Clearance Officer, 1600 Clifton Road, MS-D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

Proposed Projects

1. *Defining Gulf War Illness; New*

This study will characterize and compare alternative classifications for symptoms and functional disability which remain medically unexplained in Gulf War veterans. This will be accomplished in three phases. Phase I will assess persistence and stability of symptoms over time, as well as compare the performance of data-driven case definitions derived from two samples: (1) the New Jersey Center for Environmental Hazards Research