

the petition must contain sufficient facts to merit an FDA investigation. (See H. Rept. 857, part 1, 98th Cong., 2d sess., pp. 41–42, 1984.) Petitions should be in the format specified in 21 CFR 10.30.

Comments and petitions should be submitted to the Division of Dockets Management. Three copies of any mailed information are to be submitted, except that individuals may submit one copy. Comments are to be identified with the docket numbers found in brackets in the heading of this document. Comments and petitions may be seen in the Division of Dockets Management between 9 a.m. and 4 p.m., Monday through Friday.

Dated: March 22, 2010.

Jane A. Axelrad,

Associate Director for Policy, Center for Drug Evaluation and Research.

[FR Doc. 2010–9509 Filed 4–22–10; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2010–N–0159]

North American Bioproducts Corp.; Filing of Food Additive Petition (Animal Use); Erythromycin Thiocyanate

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing that North American Bioproducts Corp. has filed a petition proposing that the food additive regulations be amended to provide for the safe use of erythromycin thiocyanate as an antimicrobial processing aid in fuel-ethanol fermentations with respect to its consequent presence in by-product distiller grains used as an animal feed or feed ingredient.

DATES: Submit written or electronic comments on the petitioner's environmental assessment May 24, 2010.

ADDRESSES: You may submit written comments to the Division of Dockets Management (HFA–305), Food and Drug Administration, 5630 Fishers Lane, rm. 1061, Rockville, MD 20852. Submit electronic comments to <http://www.regulations.gov>.

FOR FURTHER INFORMATION CONTACT: Isabel W. Pocurull, Center for Veterinary Medicine, Food and Drug Administration, 7519 Standish Pl.,

Rockville, MD 20855, 240–453–6853, email: isabel.pocurull@fda.hhs.gov.

SUPPLEMENTARY INFORMATION: Under the Federal Food, Drug, and Cosmetic Act (section 409(b)(5) (21 U.S.C. 348(b)(5)), notice is given that a food additive petition (FAP 2263) has been filed by North American Bioproducts Corp., Corporate Support Center, 1815 Satellite Blvd., Building 200, Duluth, GA 30097. The petition proposes to amend the food additive regulations in 21 CFR Part 573 *Food Additives Permitted in Feed and Drinking Water of Animals* to provide for the safe use of erythromycin thiocyanate as an antimicrobial processing aid in fuel-ethanol fermentations with respect to its consequent presence in by-product distiller grains used as an animal feed or feed ingredient.

The potential environmental impact of this action is being reviewed. To encourage public participation consistent with regulations issued under the National Environmental Policy Act (40 CFR 1501.4(b)), the agency is placing the environmental assessment submitted with the petition that is the subject of this notice on public display at the Division of Dockets Management (see **ADDRESSES**) for public review and comment.

Interested persons may submit to the Division of Dockets Management (see **ADDRESSES**) electronic or written comments regarding this document. Submit a single copy of electronic comments or two paper copies of any mailed comments, except that individuals may submit one paper copy. Comments are to be identified with the docket number found in brackets in the heading of this document. Received comments may be seen in the Division of Dockets Management between 9 a.m. and 4 p.m., Monday through Friday. FDA will also place on public display any amendments to, or comments on, the petitioner's environmental assessment without further announcement in the **Federal Register**. If, based on its review, the agency finds that an environmental impact statement is not required and this petition results in a regulation, the notice of availability of the agency's finding of no significant impact and the evidence supporting that finding will be published with the regulation in the **Federal Register** in accordance with 21 CFR 25.51(b).

Dated: April 14, 2010.

Bernadette Dunham,

Director, Center for Veterinary Medicine.

[FR Doc. 2010–9420 Filed 4–22–10; 8:45 am]

BILLING CODE 4160–01–S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Fiscal Year (FY) 2010 Funding Opportunity

AGENCY: Substance Abuse and Mental Health Services Administration, HHS.

ACTION: Notice of intent to award a Single Source Grant to the current grantee for the National Center for Child Traumatic Stress.

SUMMARY: This notice is to inform the public that the Substance Abuse and Mental Health Services Administration (SAMHSA) intends to award approximately \$1,000,000 (total costs) for up to one year to the current grantee for the National Center for Child Traumatic Stress (NCCTS). This is not a formal request for applications. Assistance will be provided only to the current grantee for the National Center for Child Traumatic Stress based on the receipt of a satisfactory application that is approved by an independent review group.

Funding Opportunity Title: SM–10–016.

Catalog of Federal Domestic Assistance (CFDA) Number: 93.243.

Authority: Section 582 of the Public Health Service Act, as amended.

Justification: Only an application from the current grantee for the National Center for Child Traumatic Stress will be considered for funding under this announcement. One-year funding has become available to assist SAMHSA in responding to data analysis and reporting activities that improve evidence-based practices and raise the standard of trauma care. It is considered most cost-effective and efficient to supplement the existing grantee because they have access to the existing National Child Traumatic Stress Network (NCTSN) datasets and data analytic expertise to conduct the required data analytic activities. There is no other potential organization with the required access and expertise.

Eligibility for this program supplement is restricted to the current grantee, National Center for Child Traumatic Stress in accordance with Congressional intent for 2010 SAMHSA appropriations.

The role of the NCCTS is to provide infrastructure and support for the National Child Traumatic Stress Network to achieve its goals of increasing access and raising the standard of care for traumatized children, adolescents, and their

families. The NCCTS is responsible for data collection for the NCTSN and the dissemination of program findings to guide best practice implementation. This data collection includes the core data set which details the demographics, clinical, family and trauma exposure factors which are related to the types of services received through National Child Traumatic Stress Initiative. The data analysis supported by the NCCTS will improve evidence-based practices and raise the standard of trauma care.

Contact: Shelly Hara, Substance Abuse and Mental Health Services Administration, 1 Choke Cherry Road, Room 8-1095, Rockville, MD 20857; telephone: (240) 276-2321; E-mail: shelly.hara@samhsa.hhs.gov.

Toian Vaughn,

SAMHSA Committee Management Officer.

[FR Doc. 2010-9465 Filed 4-22-10; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Office of Clinical and Preventive Services; Elder Care Initiative Long-Term Care Grant Program

Announcement Type: New.

Funding Announcement Number: HHS-2010-IHS-EHC-0001.

Catalog of Federal Domestic Assistance Number: 93.933.

Key Dates

Letter of Intent Deadline Date: May 10, 2010.

Application Deadline Date: June 4, 2010.

Review Dates: June 22-24, 2010.

Earliest Anticipated Start Date: August 1, 2010.

I. Funding Opportunity Description

Statutory Authority

The Indian Health Service (IHS) announces the availability of up to \$600,000 for competitive grants through the Elder Care Initiative Long-Term Care (ECILTC) Grant Program to support planning and implementation of sustainable long-term care services for American Indians and Alaska Native (AI/AN) elders. This program is authorized under the Snyder Act, 25 U.S.C. 1652, 25 U.S.C. 1653(c), and the Public Health Service Act, Section 301, as amended. This program is described at 93.933 in the Catalog of Federal Domestic Assistance (CFDA).

Background

The AI/AN elder population is growing rapidly and the AI/AN population as a whole is aging. The prevalence of chronic disease in this population continues to increase, contributing to a frail elder population with increasing long-term care (LTC) needs.

LTC is best understood as a set of social and health care services that support an individual who has needs for assistance in activities of daily living over a prolonged period of time. LTC supports elders and their families with medical, personal, and social services delivered in a variety of settings to support quality of life, maximum function, and dignity. While families continue to be the backbone of LTC for AI/AN elders, there is well documented need to support this care with formal services. The way these services and systems of care are developed and implemented can have a profound impact on the cultural and spiritual health of the community.

Home and Community-based Services (HCBS) have the potential for meeting the needs of the vast majority of elders requiring LTC services, supporting the key roles of the family in the care of the elder and the elder in the care of the family and community. A LTC system with a foundation in home and community-based services will also be consistent with the United States Supreme Court interpretation of the Americans with Disabilities Act in *Olmstead v. L.C.*, 527 U.S. 581 (1999). The 28 CFR 35.130(d) ruling obligates States and localities to provide care for persons with disabilities, "in the most integrated setting appropriate to the needs of qualified individuals with disabilities." An efficient and effective LTC system would make use of all available resources, integrating and coordinating services to assist families in the care of their elders.

The primary focus for planning and program development for AI/AN LTC is at the Tribal and urban community level. Tribes and communities have very different histories, capabilities, and resources with regard to LTC program development. Each Tribe or community will have different priorities in building LTC infrastructure. It is critical that the development of LTC services be well grounded in an assessment of need based on population demographics and rates of functional impairment. LTC services should be acceptable to elders and their families and consistent with community values in their implementation. The services should be a part of an overall vision and plan for

a LTC system to support elders and their families.

There are a number of elements (Tribal sovereignty and the government-to-government relationship, the unique funding structure of Indian health, and the importance of the cultural context) that distinguish AI/AN LTC. Tribes and Tribal organizations have found it useful to look both inside and outside of the Indian Health system (IHS, Tribal, and urban Indian health programs) for LTC strategies and models.

In order to create sustainable programs, the planning and design of LTC services must identify the revenue source or sources that will support the delivery of care. Finding resources for LTC services presents a formidable challenge. Funds appropriated through the IHS (whether direct service or Tribal) can provide health care services which are part of a LTC system, but do not provide for a comprehensive set of LTC services. Programs funded through the Administration on Aging's American Indian, Alaska Native and Native Hawaiian Program (*e.g.* Title VI A and Title VI C Family Caregiver Support Program) have been key elements in the LTC infrastructure in AI/AN communities. Additional Older American Act resources may be available through State Units on Aging and Area Agencies on Aging. Other resources are available to provide LTC services on a reimbursable basis for eligible AI/AN elders. The majority of formal or paid LTC services in this country are funded by reimbursements from State Medicaid and HCBS programs. The Veterans Administration may be a source of reimbursement for LTC services for eligible AI/AN veterans. Federal housing programs are a potential resource in developing the housing component of the LTC infrastructure. Each of these resources has unique eligibility requirements. Development of reimbursement-based LTC services often requires an ongoing investment of funds to support delivery of services during the initial period of client recruitment, start-up of services, and the receipt of reimbursement for those services.

Purpose

The purpose of the Elder Care Initiative Long Term Care grants is to provide support for the development of AI/AN LTC services, with funding for either assessment and planning, or program implementation. LTC services developed with support of this grant program must be those which the IHS has the authority to provide, either directly or through funding agreement, and must be designed to serve IHS