

## 2006 Current Fiscal Year Report: Peer Review Oversight Group

Report Run Date: 04/19/2024 12:07:13 PM

### 1. Department or Agency

Department of Health and Human  
Services

### 2. Fiscal Year

2006

### 3. Committee or Subcommittee

Peer Review Oversight Group

### 3b. GSA Committee

No.

2080

### 4. Is this New During Fiscal Year?

### 5. Current Charter

### 6. Expected Renewal Date

### 7. Expected Term Date

No 09/29/2005 09/29/2007

### 8a. Was Terminated During Fiscal Year?

Yes

### 8b. Specific Termination Authority

Departmental  
Determination

### 8c. Actual Term Date

08/25/2006

### 9. Agency Recommendation for Next Fiscal Year

Terminate

### 10a. Legislation Req to Terminate?

No

### 10b. Legislation Pending?

### 11. Establishment Authority

Authorized by Law

### 12. Specific Establishment Authority

42 USC 282(b)(6)

### 13. Effective Date

11/04/1988

### 14. Committee Type

Continuing

### 14c. Presidential?

No

### 15. Description of Committee

Scientific Technical Program

Advisory Board

### 16a. Total Number of Reports

No Reports for  
this Fiscal Year

### 17a.

Open

0 17b. Closed 0 17c. Partially Closed 0 Other Activities 0 17d. Total 0

### Meetings and Dates

No Meetings

Current Next

FY FY

<b>18a(1). Personnel Pmts to Non-Federal Members</b>	\$0.00	\$0.00
<b>18a(2). Personnel Pmts to Federal Members</b>	\$0.00	\$0.00
<b>18a(3). Personnel Pmts to Federal Staff</b>	\$0.00	\$0.00
<b>18a(4). Personnel Pmts to Non-Member Consultants</b>	\$0.00	\$0.00
<b>18b(1). Travel and Per Diem to Non-Federal Members</b>	\$0.00	\$0.00
<b>18b(2). Travel and Per Diem to Federal Members</b>	\$0.00	\$0.00
<b>18b(3). Travel and Per Diem to Federal Staff</b>	\$0.00	\$0.00
<b>18b(4). Travel and Per Diem to Non-member Consultants</b>	\$0.00	\$0.00
<b>18c. Other(rents,user charges, graphics, printing, mail, etc.)</b>	\$0.00	\$0.00
<b>18d. Total</b>	\$0.00	\$0.00
<b>19. Federal Staff Support Years (FTE)</b>	0.00	0.00

**20a. How does the Committee accomplish its purpose?**

The committee has been terminated.

**20b. How does the Committee balance its membership?**

N/A

**20c. How frequent and relevant are the Committee Meetings?**

N/A

**20d. Why can't the advice or information this committee provides be obtained elsewhere?**

N/A

**20e. Why is it necessary to close and/or partially closed committee meetings?**

N/A

**21. Remarks**

**Designated Federal Officer**

NORKA D. RUIZ BRAVO DIRECTOR FOR  
EXTRAMURAL ACTIVITIES

**Narrative Description**

Committee Terminated.

**What are the most significant program outcomes associated with this committee?**

Checked if  
Applies

Improvements to health or safety	<input type="checkbox"/>
Trust in government	<input type="checkbox"/>
Major policy changes	<input type="checkbox"/>
Advance in scientific research	<input type="checkbox"/>
Effective grant making	<input type="checkbox"/>
Improved service delivery	<input type="checkbox"/>
Increased customer satisfaction	<input type="checkbox"/>
Implementation of laws or regulatory requirements	<input type="checkbox"/>
Other	<input checked="" type="checkbox"/>

**Outcome Comments**

N/A

**What are the cost savings associated with this committee?**

Checked if Applies

None	<input checked="" type="checkbox"/>
Unable to Determine	<input type="checkbox"/>

Under \$100,000	<input type="checkbox"/>
\$100,000 - \$500,000	<input type="checkbox"/>
\$500,001 - \$1,000,000	<input type="checkbox"/>
\$1,000,001 - \$5,000,000	<input type="checkbox"/>
\$5,000,001 - \$10,000,000	<input type="checkbox"/>
Over \$10,000,000	<input type="checkbox"/>
Cost Savings Other	<input type="checkbox"/>

**Cost Savings Comments**

N/A

**What is the approximate Number of recommendations produced by this committee for the life of the committee?**

0

**Number of Recommendations Comments**

N/A

**What is the approximate Percentage of these recommendations that have been or will be Fully implemented by the agency?**

0%

**% of Recommendations Fully Implemented Comments**

N/A

**What is the approximate Percentage of these recommendations that have been or will be Partially implemented by the agency?**

0%

**% of Recommendations Partially Implemented Comments**

N/A

**Does the agency provide the committee with feedback regarding actions taken to implement recommendations or advice offered?**

Yes ☐ No ☐ Not Applicable ☒

**Agency Feedback Comments**

N/A

**What other actions has the agency taken as a result of the committee's advice or recommendation?**

Checked if Applies

- |                                   |                                     |
|-----------------------------------|-------------------------------------|
| Reorganized Priorities            | <input type="checkbox"/>            |
| Reallocated resources             | <input type="checkbox"/>            |
| Issued new regulation             | <input type="checkbox"/>            |
| Proposed legislation              | <input type="checkbox"/>            |
| Approved grants or other payments | <input type="checkbox"/>            |
| Other                             | <input checked="" type="checkbox"/> |

**Action Comments**

N/A

**Is the Committee engaged in the review of applications for grants?**

No

**Grant Review Comments**

N/A

**How is access provided to the information for the Committee's documentation?**

Checked if Applies

- |                           |                                     |
|---------------------------|-------------------------------------|
| Contact DFO               | <input type="checkbox"/>            |
| Online Agency Web Site    | <input type="checkbox"/>            |
| Online Committee Web Site | <input type="checkbox"/>            |
| Online GSA FACA Web Site  | <input type="checkbox"/>            |
| Publications              | <input type="checkbox"/>            |
| Other                     | <input checked="" type="checkbox"/> |

**Access Comments**

N/A