

personal information concerning individuals associated with the proposals. Such information is exempt from disclosure under the above-cited FACA provision and procurement rules that protect the free exchange of candid views and facilitate Department and Committee operations.

Name of TRC: The Agency for Healthcare Research and Quality—“Health Information Technology Resource Center (HITRC)”.

Date: August 12 and 13, 2004 (Closed to the public).

Place: Agency for Healthcare Research and Quality, 540 Gaither Road, Conference Center, Rockville, Maryland 20850.

Contact Person: Anyone wishing to obtain information regarding this meeting should contact Steve Bernstein, Center for Primary Care, Prevention, and Clinical Partnerships, Agency for Healthcare Research and Quality, 540 Gaither Road, Rockville, Maryland 20850, 301-427-1581.

Dated: July 1, 2004.

Carolyn M. Clancy,

Director.

[FR Doc. 04-16597 Filed 7-20-04; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-04-JP]

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, or to send comments contact Sandi Gambescia, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-E11, Atlanta, GA 30333 or send an e-mail to omb@cdc.gov.

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. Written comments should be received within 60 days of this notice.

Proposed Project

Risk Factors for Acute Hepatitis B or Acute Hepatitis C in Older Adults—New—National Center for Infectious Diseases (NCID), Centers for Disease Control and Prevention (CDC).

Questionnaires and data collection forms have been designed to collect information over a 24-month period regarding risk factors for acute hepatitis B or acute hepatitis C in persons age ≥60 years. The purpose of the project is to evaluate the possible associations between healthcare-related exposures and sporadic cases of acute hepatitis B or acute hepatitis C among older adults. The results of the project will assist CDC in accomplishing the part of its mission related to preparing recommendations for the prevention and control of viral hepatitis and its sequelae.

The respondent universe will include residents of a defined geographic area served by the participating public health agency, along with their healthcare providers. Persons identified as meeting the case definition for acute hepatitis B or C age ≥60 years will be asked to participate. Controls will be randomly selected through random digit dialing from among persons age ≥60 years in the general population. For consenting cases and controls, medical record reviews and healthcare provider interviews will be conducted in connection with healthcare-related exposures. There is no cost to respondents.

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hrs)	Total burden hours
Consenting Adults Meeting Case/Control Criteria	160	1	30/60	80
Healthcare Providers	120	1	20/60	40
Total	280	120

Dated: July 15, 2004.

Betsey Dunaway,

Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 04-16544 Filed 7-20-04; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 04232]

Strengthening HIV/AIDS, STI and TB Prevention, Control and Treatment Activities in the Addis Ababa University; Notice of Intent To Fund Single Eligibility Award

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the intent to fund fiscal year (FY) 2004 funds for a cooperative agreement program to strengthen activities for the prevention, control, and treatment of HIV/AIDS, STI, and TB in the Addis Ababa University (AAU). The Catalog of Federal Domestic Assistance number for this program is 93.941.

B. Eligible Applicant

Assistance will be provided only to the Addis Ababa University (AAU). No other applicants are solicited. The AAU is the only appropriate and qualified organization to conduct the activities supported by the CDC/GAP in Ethiopia because:

1. The AAU and its TAH are uniquely positioned in terms of legal authority, ability, and credibility to supported technical capacity development for HIV/AIDS/STI/TB prevention and control efforts of the country.

2. The AAU is mandated by the Ethiopian Government to provide training for all cadres of health care professionals and health social scientists who are deployed to all regions of the country.

3. As the only National Central Medical Center with the only medical speciality/residency training in the country, the University and its colleges and faculties constitute the oldest and largest training institution, and the most experienced research facility in the country.

4. The University is associated with the Ministry of Education, and works closely with the Ministry of Health and other sector ministries, as well as with a number of regional and international institutions, including U.S. universities.

C. Funding

Approximately \$200,000 is available in FY 2004 to fund this award. It is expected that the award will begin on or before September 1, 2004, and will be made for a 12-month budget period within a project period of up to five years. Funding estimates may change.

D. Where To Obtain Additional Information

For general comments or questions about this announcement, contact: Technical Information Management, CDC Procurement and Grants Office, 2920 Brandywine Road, Atlanta, GA 30341-4146, telephone: 770-488-2700.

For program technical assistance, contact: Dr. Tadesse Wuhib, Project Officer, U.S. Embassy, Entoto Road, P.O. Box 1014, Addis Ababa, Ethiopia, telephone: 251-1-669566, e-mail: wuhibt@etcdc.com.

For financial, grants management, or budget assistance, contact: Shirley Wynn, Contract Specialist, CDC Procurement and Grants Office, 2920 Brandywine Road, Atlanta, GA 30341, telephone: 770-488-1515, e-mail: zbx6@cdc.gov.

Dated: July 15, 2004.

William P. Nichols,

Acting Director, Procurement and Grants Office, Centers for Disease Control and Prevention.

[FR Doc. 04-16543 Filed 7-20-04; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Comprehensive STD Prevention Systems, Prevention of STD-Related Infertility, and Syphilis Elimination

Announcement Type: Competing Continuation.

Funding Opportunity Number: 05004.

Catalog of Federal Domestic

Assistance Number: 93.977.

Key Dates:

Application Deadline: September 15, 2004.

I. Funding Opportunity Description

Authority: This program is authorized under Section 318 (a) (b) (c) of the Public Health Service Act [42 U.S.C. Section 247c (a)(b)and(c)], as amended. Regulations governing the implementation of this legislation are covered under 42 CFR Part 51b, Subparts A and D.

Purpose: The purpose of the program is to support sexually transmitted disease (STD) programs in designing,

implementing, and evaluating Comprehensive STD Prevention Systems (CSPS), including, where applicable, initiatives and strategies specific to (1) the Infertility Prevention Program (IPP) to prevent STD-related infertility; (2) the Syphilis Elimination Program (SE) to eliminate syphilis in High Morbidity Areas; and (3) the Gonococcal Isolate Surveillance Project (GISP) to monitor gonococcal resistance to multiple antibiotics. As an optional activity some programs may choose to participate in the Quality Evaluation Initiative (QEI) to evaluate one program activity. This program announcement addresses the "Healthy People 2010" focus area of Sexually Transmitted Disease which is aimed at addressing health disparities (Areas of Special Emphasis) among racial and ethnic minority populations at greater risk for STDs due to health disparities, high risk sexual behaviors, the settings in which they are found, or because they are at risk for or have acquired other diseases. These Areas of Special Emphasis represent high priority prevention opportunities and have direct relevance to multiple essential functions. The Areas of Special Emphasis identified by each grantee will depend on disease and behavioral surveillance (e.g. case reports, prevalence monitoring, behavioral assessments) and other locally determined data and criteria. While all gender, age, racial, cultural, and economic groups are potentially affected by STDs, some population groups are disproportionately affected by STDs and their complications. As noted in Healthy People 2010, these population groups include African Americans, Hispanics, American Indian/Alaskan Natives, Asian and Pacific Islanders, women, and adolescents and young adults. Groups considered at risk because of high risk sexual behaviors include men who have sex with men and persons with multiple sex partners. Additionally, high priority prevention opportunities may exist for groups that can be accessed in certain settings. These settings include, but are not limited to, correctional facilities, HIV prevention and care clinics, substance abuse centers or private medical care facilities. Finally, opportunities exist for STD programs to collaborate and integrate with HIV and hepatitis prevention programs to better serve groups that are at risk for or are infected with all of these diseases. Examples of collaborative activities include, but are not limited to, encouraging medical providers to provide HIV, hepatitis and STD screening in high prevalence settings;