

proposed order or to modify their terms in any way.

By direction of the Commission.

Donald S. Clark,

Secretary.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration on Aging

[Program Announcement No. AoA-04-05]

Fiscal Year 2004 Program Announcement; Availability of Funds and Notice Regarding Applications

AGENCY: Administration on Aging, HHS.

ACTION: Announcement of availability of funds and request for applications to support Senior Medicare Patrol (SMP) project efforts for integration of Medicare and Medicaid fraud prevention, detection and reporting activities within states and communities.

SUMMARY: The Administration on Aging announces that under this program announcement it will hold a competition for grant awards for up to twenty (20) projects at a federal share of approximately \$50,000 to \$100,000 per year for a project period of up to three years. It is estimated that approximately \$1,278,000 will be available for this competition.

Legislative authority: The Older Americans Act, Public Law 106-501.

(Catalog of Federal Domestic Assistance 93.048, Title IV, and the Health Insurance Portability and Accountability Act (HIPAA) of 1996 (Pub. L. 104-191))

Purpose of grant awards: The purpose of these projects is to expand capacity of current SMP projects to better fulfill the SMP program mission of health care fraud prevention, identification and reporting, through increased awareness of older consumers.

Eligibility for grant awards and other requirements: Eligibility for grant awards is limited to existing SMP project grantees. This does not include SMP grantees operating on no-cost extensions into the current grant period. Two or three current SMP project grantees may submit a joint regional application; however, the benefits of a regional approach must be supported. Grantees are required to provide at least 25 percent of the total program costs from non-federal cash or in-kind resources in order to be considered for the award.

Executive Order 12372 is not applicable to these grant applications.

Screening criteria: All applications will be screened to assure a level playing field for all applicants. Applications that fail to meet the screening criteria described below will not be reviewed and will receive no further consideration:

1. Postmark Requirements—Applications must be postmarked by midnight of the deadline date indicated below, or hand-delivered by 5:30 p.m., Eastern Time, on that date, or submitted electronically by midnight on that date.
2. Organizational Eligibility—Only current SMP project grantees are eligible to apply under this program announcement. This does not include SMP grantees operating on no-cost extensions into the current grant period.
3. Responsiveness to Priority Area Description—Applications will be screened on whether the application is responsive to the priority area description.
4. Project Narrative—The Project Narrative section of the application must not exceed 20 pages.

Review of applications: Applications will be evaluated against the following criteria: Purpose and Need for Assistance (20 points); Approach, Work Plan and Activities (30 points); Project Outcomes, Evaluation and Dissemination (30 points); and Level of Effort (20 points).

DATES: The deadline date for the submission of applications is August 16, 2004.

ADDRESSES: Application kits are available by writing to the U.S. Department of Health and Human Services, Administration on Aging, Office of Consumer Choice and Protection, Washington, DC 20201, by calling (202) 357-0139, or online at <http://www.grants.gov>.

Applications may be mailed to the U.S. Department of Health and Human Services, Administration on Aging, Office of Grants Management, Washington, DC 20201, attn: Margaret Tolson (AoA-04-05).

Applications may be delivered to the U.S. Department of Health and Human Services, Administration on Aging, Office of Grants Management, One Massachusetts Avenue, NW., Room 4604, Washington, DC 20001, attn: Margaret Tolson (AoA-04-05).

If you elect to mail or hand deliver your application you must submit one original and two copies of the application; an acknowledgement card will be mailed to applicants. Instructions for electronic mailing of grant applications are available at <http://www.grants.gov/>.

SUPPLEMENTARY INFORMATION: All grant applicants must obtain a D-U-N-S number from Dun and Bradstreet. It is a nine-digit identification number, which provides unique identifiers of single business entities. The D-U-N-S number is free and easy to obtain from http://www.dnb.com/US/duns_update/.

FOR FURTHER INFORMATION CONTACT: U.S. Department of Health and Human Services, Administration on Aging, Office of Grants Management, Washington, DC 20201, telephone: (202) 357-3440.

Dated: June 25, 2004.

Josefina G. Carbonell,

Assistant Secretary for Aging.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-55-04]

Proposed Data Collections Submitted for Public Comment and Recommendations

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 498-1210 or send an e-mail to omb@cdc.gov. Send written comments to CDC Desk Officer, Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, DC 20503 or by fax to (202) 395-6974. Written comments should be received within 30 days of this notice.

Proposed Project

U.S.-Mexico Border Diabetes Prevention and Control Project—Phase 2 Community Intervention Pilot Project, OMB No. 0920-0489—Reinstatement with change—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC). The Pan American Health Organization (PAHO), El Paso Field Office, in collaboration with the CDC-funded United States/Mexico Border Diabetes Prevention and Control Programs, and the Mexico Secretariat of Health will conduct Phase 2 of the U.S.-Mexico Diabetes Prevention and Control Project. This phase 2 is the natural follow-up to the household survey to determine the

burden of diabetes on the border population (Phase 1).

The purpose of the project is to diminish the impact of diabetes on the border population by conducting activities in two related and chronological phases (prevalence study and intervention program). Phase 1, which will assess the prevalence of diabetes, related behavioral risk factors, and assess the health services for the border population, was completed in October 2002. Phase 2 will be implemented in eleven pilot communities, where persons living with diabetes will be randomized to either intervention group participant (IGP) or delayed intervention control group participant (DICGP). The DICGP will receive usual diabetes self management education by the health care provider in

a community health center setting, and the IGP will be assigned to receive diabetes self management education reinforcement and coaching social support at the community home level, by a Community Health Worker/Promotor de Salud (CHW/PdS). These programs will be culturally and linguistically appropriate and will include the participation of community health workers (promotores) and primary healthcare providers working as a team approach.

Activities for Phase 2 will include implementation of community interventions that will provide weekly site visits to the person living with diabetes and provide follow-up and support for the participant and their family. Two family members, found with the highest risk factor ratio will

also be interviewed by the CHW/PdS. The CHW/PdS will reinforce educational messages on balanced nutrition and physical activity and provide social support and coaching to the person living with diabetes and their family members. An equal number of participants will be in the delayed intervention control group. This group and their high risk family members will complete an initial household survey and a final household survey at the end of 18 months. The CHW/PdS will be trained in diabetes and community mobilization skills. The household survey will be repeated in the fifth year of the project for evaluation purposes. There is no cost to respondents. The estimated annualized burden is 3,960 hours.

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hrs)
Intervention group participants	330	2	1
IGP family members	660	2	1
Delayed intervention control group participants	330	2	1
DICGP family members	660	2	1

Dated: June 22, 2004.

Diane Allen,

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

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mail to omb@cdc.gov. Send written comments to CDC Desk Officer, Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, DC 20503 or by fax to (202) 395-6974. Written comments should be received within 30 days of this notice.

Proposed Project

Formative Research on Issues Related to the Use of Mass Media in African American Women—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background

Women's health programs, including the National Breast and Cervical Cancer Early Detection Program (NBCCEDP), offer low-cost or free breast cancer screening to uninsured, low-income women. In 1991, CDC established the NBCCEDP to increase breast and cervical cancer screening among uninsured, underserved, low-income women. To date, over 1.5 million

women have received services from NBCCEDP-sponsored programs. Yet NBCCEDP-sponsored programs are estimated to reach only 18% of women 50 years old and older who are eligible for screening services. A research priority for the NBCCEDP is to identify effective strategies to increase enrollment among eligible women who have never received breast or cervical cancer screening. Why women do not participate in this screening is not well understood.

The purpose of this task is to conduct formative research to better understand how low-income African-American women might use TV/radio as sources of health information and identify the particular formats, programs, stations, and hours the targeted women listen. This task will examine how African-American women get information on community issues, services, and events and determine if these can be used as viable means to disseminate information on health services. The only cost to respondent is their time. The estimated annualized burden is 240 hours.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30 Day-56-04]

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Form name	No. of respondents	No. of responses per respondent	Average burden per response (in hrs)
Call-in Script	120	1	5/60
Eligibility Screener	120	1	5/60
Check-in and Informed Consent	120	1	5/60
Pre-discussion Information Sheet	120	1	15/60