statistics staff to assist in developing expertise in all aspects of vital registration and vital statistics. The training offered under this program includes courses for registration staff, statisticians, and coding specialists, all designed to bring about a high degree of uniformity and quality in the data provided by the States. This training program is authorized by 42 U.S.C.

242b, section 304(a). In order to offer the types of training that would be most useful to vital registration staff members, NCHS requests information from State and local vital registration officials about their projected needs for training. NCHS also asks individual candidates for training to submit an application form containing name, address, occupation, work experience,

education, and previous training. These data enable NCHS to determine those individuals whose needs can best be met through the available training resources. There is no cost to respondents in providing these data. The estimated annualized burden is 44 hours.

Respondents	Number of respondents	Number of responses per respondents	Average bur- den per re- sponse (in hours)
State, local, and Territory Registration Officials	57	1	20/60
	100	1	15/60

Dated: June 22, 2004.

#### Diane Allen,

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

[FR Doc. 04–14934 Filed 6–30–04; 8:45 am] BILLING CODE 4163–18–P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[Program Announcement 04148]

International Union Against
Tuberculosis and Lung Disease:
Improving the Effectiveness of
Tuberculosis Prevention and Control
Programs in Resource-Limited
Countries; 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 improve the quality, efficiency and effectiveness of tuberculosis (TB) prevention and control programs in resource-limited countries. The Catalog of Federal Domestic Assistance number for this program is 93.116.

### B. Eligible Applicant

Assistance will be provided only to the International Union Against Tuberculosis and Lung Disease (IUATLD). No other applications will be solicited or accepted.

The IUATLD is the only qualified international non-governmental organization (NGO) that has the technical and administrative capacity to conduct the specific set of activities requested to support CDC TB prevention

and control activities outlined under this cooperative agreement because:

- 1. As the leading NGO combating TB globally, the IUATLD is uniquely positioned, in terms of legal authority, ability, track record, infrastructure, and credibility throughout the world to provide the critically needed support and technical expertise to MOH, as well as National TB Control Programs (NTPs) and locally based TB associations, to improve control and treatment of TB in their respective countries.
- 2. The IUATLD is the only international NGO with the required networks, connections, and working experience with MOH, NTPs and community based organizations in high TB burden countries that can compliment and support CDC's activities in these settings, including the provision of technical assistance to plan, design, implement, and evaluate TB program activities at the country level.
- 3. The IUATLD has a demonstrated track record and worldwide reputation in the planning, implementation and evaluation of specialized programs to develop and train networks of international and in-country technical experts, program managers, consultants, health-care providers and decision makers who can provide assistance to NTPs in high burden countries.
- 4. The IUATLD has an established framework and mechanisms to plan, develop and implement specialized training activities to support TB diagnosis, treatment and control activities in numerous countries, enabling it to immediately become engaged in the activities listed in this announcement.
- 5. Resulting from its history of collaboration and technical assistance, the IUATLD has an unprecedented level of access to all MOHs, NTPs, and related programs in high burden countries.

- 6. In collaboration with other international organizations (including CDC, the U.S. Agency for International Development, and the WHO), the IUATLD works to accomplish its mission by disseminating information related to TB program needs and services; recommending and advocating improved policies and programs; and providing consultation and guidance at the international, national, and local levels to prevent and control TB.
- 7. The IUATLD is uniquely qualified to conduct activities that have specific relevance to the TB response mission and objectives of CDC, and are considered essential by the Division of Tuberculosis Elimination (DTBE), to support its medium and long-term mission targets.

### C. Funding

Approximately \$170,000 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: Michael Qualls, Project Officer, Division of Tuberculosis Elimination, National Center for HIV, STD, and TB Prevention, Centers for Disease Control and Prevention (CDC), 1600 Clifton Road, Mailstop E–10, Atlanta, GA 30333, Telephone: 404–639–8488, E-mail: MQualls@cdc.gov.

For financial, grants management, or budget assistance, contact: Steward

Nichols, Grants Management Specialist, CDC Procurement and Grants Office, 2920 Brandywine Road, Atlanta, GA 30341, Telephone: 770–488–2788, E-mail: *SNichols1@cdc.gov.* 

Dated: June 25, 2004.

#### Alan Kotch,

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

[FR Doc. 04–14935 Filed 6–30–04; 8:45 am] BILLING CODE 4163–18–P

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[Program Announcement 04200]

Expansion of Activities Supporting Capacity Building, Coordination, Networking, and Information Exchange Among Non-Governmental AIDS Service Organizations in the Republic of Zimbabwe; 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 improve and expand capacity building, coordination, networking, and information exchange activities between and among non-governmental AIDS Service Organizations (ASOs) in Zimbabwe. The Catalog of Federal Domestic Assistance number for this program is 93.941.

#### B. Eligible Applicant

Assistance will be provided only to the Zimbabwe AIDS Network (ZAN). No other applications are solicited.

ZAN is an indigenous nongovernmental organization (NGO) that has focused on prevention and care of HIV/AIDS since its inception in the early 1990s. ZAN's inception was the result of a number of HIV/AIDS organizations coming together through the realization that they needed a network to gather and share information and resources and a point of focus for information dissemination and advocacy at the highest levels of society. ZAN currently has over 260 members. In addition to non-governmental organizations and ASOs, ZAN's membership includes organizations from the industrial private sector, commercial sector, farming communities, and churches.

ZAN is unique because of its organizational mandate to serve as the

single national HIV/AIDS NGO networking organization. No other agency exists within Zimbabwe to serve this purpose.

Zimbabwe is among the countries most affected by HIV/AIDS in the world. HIV prevalence is estimated to be approximately 25 percent. There has been a ten-fold increase in the number of TB cases, and up to 35 percent of the children may be orphaned due to AIDS by the end of this decade. At the same time, the public health response to the epidemic in Zimbabwe is inadequate due in part to insufficient manpower in the Zimbabwe public health system and lack of sufficient expertise in HIV/AIDS. Now more than ever, organizations involved in HIV/AIDS work are in need of a national networking organization like ZAN that will provide expanded services in capacity building, coordination, networking, and information exchange.

#### 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 three 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. Shannon Hader, MD, Director, CDC Zimbabwe, 38 Samora Machel Avenue, Second Floor, Harare, Zimbabwe, Telephone: (263) 4–796040, E-mail: haders@zimcdc.co.zw.

For financial, grants management, or budget assistance, contact: Ms. Shirley Wynn, Grants Management Specialist, CDC Procurement and Grants Office, 2920 Brandywine Road, Atlanta, GA 30341, Telephone: 770–488–1515, Email: zbx6@cdc.gov.

Dated: June 25, 2004.

#### Alan Kotch,

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

[FR Doc. 04–14937 Filed 6–30–04; 8:45 am] BILLING CODE 4163–18–P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

## Centers for Disease Control and Prevention

[Program Announcement 04119]

## Testing for Primary HIV Infection in Seronegative Patients; Amendment

A notice announcing the availability of fiscal year (FY) 2004 funds for cooperative agreements for Testing for Primary HIV Infection in Seronegative Patients was published in the **Federal Register** on May 24, 2004, volume 69, Number 100, pages 29546–29551.

The notice is amended as follows:

- On page 29547, second column, second bullet, please change the first sentence to read: "Identify seronegative and indeterminate specimens through customary HIV testing procedures from a variety of setting types with various prevalence within their jurisdictions; at least 25,000 venipuncture specimens must be identified.
- On page 29548, second column, under "Approximate Average Award," add the following sentence within the parentheses: "Funding amounts for part 1 will vary according to volume of testing proposed."
- On page 29548, third column, under "III.3. Other," please change the second paragraph to read: "Applicants for part 1 must demonstrate that over 600 HIV-seropositive tests were conducted on venipuncture specimens and reported, as part of the CDC-funded Counseling and Testing System (CTS) in the proposed jurisdiction in the last year for which data are available. A sufficiently high level of HIV morbidity and volume is required of the participating sites in order to evaluate the feasibility of this activity at higher morbidity areas, and in order to complete this research within the required timeframe and available budget. CTS is CDC's standard surveillance system for HIV testing. Venipuncture specimens are necessary for the performance of the requisite laboratory tests.

Preference will be given to applicants with higher prevalence rates and then to those with higher testing volumes.

Dated: June 25, 2004.

#### Alan Kotch,

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

[FR Doc. 04–14936 Filed 6–30–04; 8:45 am] BILLING CODE 4163–18–P