Dated: May 24, 2004.

Joseph E. Salter,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60 Day–04–59]

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, call the CDC Reports Clearance Officer on (404) 498–1210.

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. Send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS–E11, Atlanta, GA 30333 or send an e-mail to *omb@cdc.gov.* Written comments should be received within 60 days of this notice.

Proposed Project

Information Collection to Establish Community Assistance Panels (CAPs), OMB No. 0923–0007—Extension—The Agency for Toxic Substances and Disease Registry (ATSDR) is mandated pursuant to the 1980 Comprehensive Environmental Response Compensation and Liability Act (CERCLA), and its 1986 Amendments, the Superfund Amendments and Reauthorization Act (SARA), to prevent or mitigate adverse human health effects and diminished quality of life resulting from the exposure to hazardous substances in the environment. To facilitate this effort, ATSDR seeks the cooperation of the community being evaluated through direct communication and interaction.

Direct community involvement is required to conduct a comprehensive scientific study and to effectively disseminate specific health information in a timely manner. Also, this direct interaction fosters a clear understanding of health issues that the community considers important, and establishes credibility for the agency. The Community Assistance Panel nominations forms are completed by individuals in the community to nominate themselves or others for participation on these panels.

This request is for a 3-year extension of the current OMB approved Community Assistance Panel nominations form. There is no cost to respondents.

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
General Public	150	1	10/60	25
Total				25

Dated: May 24, 2004.

Joseph E. Salter,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60 Day–04–55]

Proposed Data Collections Submitted for Public Comment and Recommendations

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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. Send comments to Dale Verell, CDC Assistant OMB Clearance Officer, 1600 Clifton Road, MS–E11, Atlanta, GA 30333, or through the Internet at *omb@cdc.gov.* Written comments should be received within 60 days of this notice.

Proposed Project: Evaluation of the First Round of Community-Based and Participatory Research Funding Offered through CDC's Extramural Prevention Research Program (formerly known as the Prevention Research Initiative)—New—Public Health Practice Program Office (PHPPO), Centers for Disease Control and Prevention (CDC).

Two of the current priorities of CDC are to (1) substantially increase CDC's extramural public health research portfolio and budget and (2) develop a more client-oriented or customer-focused approach in all of CDC's activities. As part of its strategy to strengthen and expand extramural public health research, CDC received new money from Congress in 1999 to establish an extramural prevention research program. This program would focus on linking the talents and skills of university-based scientists with the resources of health departments, community-based programs, and

national organizations in order to try to better respond to the health needs of individual communities.

Through its first round, the Extramural Prevention Research Program (EPRP), then known as the Prevention Research Initiative, provided $12.5 million in funding annually to support 56 three-year research projects based in states and localities throughout the country. The topics of these research projects were as diverse as asthma, traumatic brain injuries, tobacco control, workplace safety, and health disparities. All of the projects were community-based, and approximately one-third used a participatory approach in which, rather than just having community members be subjects of the research as is the usual case, researchers were to engage members of the community being studied (*i.e.*, those who were expected to be the users of the research findings) in the research process itself. It is believed that engaging the users in the research will make it more likely that the research undertaken will address their actual needs and that they will be more likely to apply the research findings.

Because of this commitment, CDC and many other federal and non-federal funding agencies are very interested in funding participatory research. Yet, anecdotal information and findings from an evaluation project conducted elsewhere at CDC by one EPRP staff member have suggested that funding programs may need to adjust their expectations, requirements, and communication strategies if they want to attract and adequately support the conduct of participatory research projects, and if they want to best support the dissemination and translation into practice of research findings. Therefore, this project will involve conducting one-on-one, semi-structured, open-ended qualitative interviews with the principal investigators of the grants funded in the first round of the EPRP in order to learn how CDC can best support community-based and participatory research, and how it can best participate in the dissemination and translation of the studies' findings into practice. There is no cost to respondents.

Respondents	Number of respondents	Number of responses/ respondent	Average burden/ response (in hrs.)	Total burden (in hrs.)
Principal Investigators funded through the first round of the EPRP who self-report that they used a participatory research approach	30	1	45/60	23
Principal Investigators funded through the first round of the EPRP who self-report that they did not use a participatory research approach	26	1	30/60	13
Total	56			36

Dated: May 24, 2004.

Joseph E. Salter,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 04111]

World Health Organization (WHO): Addressing Emerging Infectious Diseases; 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 for improving infectious disease surveillance, building public health infrastructure, detecting and responding to infectious disease outbreaks worldwide, and implementing improved infectious disease prevention and control strategies. The Catalog of Federal Domestic Assistance number for this program is 93.283.

B. Eligible Applicant

Assistance will be provided only to World Health Organization (WHO). WHO is the only international/intergovernmental agency qualified to conduct the activities under this cooperative agreement because:

WHO is the lead technical agency for health within the United Nations with 192 member governments and is therefore the recognized authority for coordinating global and regional health efforts involving multiple countries and institutions.

WHO has a robust global infrastructure that gives it direct access to and enables it to work with multiple national ministries of health and other critical health institutions through its headquarters in Geneva, Switzerland and six regional offices: Regional Office for Africa in Brazzaville, Republic of Congo; Regional Office for Europe in Copenhagen, Denmark; Regional Office for South-East Asia in New Delhi, India; Regional Office for the Americas/Pan-American Health Organization in Washington DC, USA; Regional Office for the Eastern Mediterranean in Cairo, Egypt; and Regional Office for the Western Pacific in Manila, Philippines.

WHO is the recognized pinnacle worldwide health organization to which national governments and regional health authorities look to for guidance and coordination of national, regional, and worldwide health programs. No other organization has the history, breadth of experience, existing worldwide infrastructure, and established relationship, stature, and authority among the world's national government health agencies that would allow it to successfully carry out activities under this cooperative agreement that require supervision, coordination, collaboration, and access to multiple governments and health organizations.

C. Funding

Approximately $1,000,000 is available in FY 2004 to fund this award. It is expected that the award will begin on or before July 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 technical questions about this program, contact: Greg J. Jones, M.P.A., Project Officer, National Center for Infectious Diseases, CDC, Mailstop C–