DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Agency for Healthcare Research and Quality, HHS.

ACTION: Notice.

SUMMARY: This notice announces the intention of the Agency for Healthcare Research and Quality (AHRQ) to request that the Office of Management and Budget (OMB) allow the proposed information collection project: ''AHRQ Grants Reporting System (GRS).'' In accordance with the Paperwork Reduction Act of 1995, Public Law 104–13 (44 U.S.C. 3506(c)(2)(A)), AHRQ invites the public to comment on this proposed information collection.

This proposed information collection was previously published in the **Federal Register** on April 5, 2004 and allowed 60 days for public comment. No public comments were received. The purpose of this notice is to allow an additional 30 days for public comment.

DATES: Comments on this notice must be received by July 7, 2004.

ADDRESSES: Written comments should be submitted to: Cynthia D. McMichael, Reports Clearance Officer, AHRQ, 540 Gaither Road, Suite 5022, Rockville, MD 20850. Copies of the proposed collection plans, data collection instruments, and specific details on the estimated burden can be obtained from AHRQ's Reports Clearance Officer.

FOR FURTHER INFORMATION CONTACT: Cynthia D. McMichael, AHRQ, Reports Clearance Officer, (301) 427–1651.

SUPPLEMENTARY INFORMATION:

Proposed Project

''AHRQ Grants Reporting System (GRS)''

AHRQ has identified the need to establish a systematic method for grantees to report project progress and important preliminary findings for grants funded by the Agency.

The proposed system will address the shortfalls in the current reporting process and establish a consistent and comprehensive grants reporting solution for AHRQ. Currently, AHRQ receives grants continuation applications on an annual basis from all grantees. The progress report, which represents a portion of the annual continuation application, is inadequate because it is too infrequent and does not necessarily capture the information that AHRQ requires to respond to internal and external inquiries.

The reporting system will also provide a centralized repository of grants research information that can be used to support initiatives within the Agency's research plans for the future and to support activities such as performance monitoring, budgeting, knowledge transfer as well as strategic planning.

AHRQ currently conducts quarterly conference calls with some grantees. The content, frequency, and focus of these calls vary. In some grant programs, the number of participants on these calls may be so large as to prohibit quarterly updates from all participants in order to avoid creating an extremely lengthy conference call and to allow the Agency to address other important issues during these calls.

The GRS will support the timely collection of important information related to the life cycle of a grant. This information includes: Significant changes in project goals, methods, study design, sample or subjects, interventions, evaluation, dissemination, training, key personnel, key preliminary findings; significant problems and resolutions; publications and presentations; tools and products; and new collaborations/partnerships with AHRQ grantees or others conducting related research. Collecting this information in a systematic manner will:

- Promote the transfer of critical information more frequently and efficiently which will enhance the Agency's ability to support research designed to improve the outcomes and quality of health care, reduce its costs, and broaden access to effective services.
- Increase the efficiency of the Agency in responding to ad-hoc information requests, Freedom of Information Act requests, and producing responses related to federally mandated programs and regulations.
- Establish a consistent approach throughout the Agency for information collection about grant progress and a systematic basis for oversight and for facilitating potential collaborations with or among grantees.
- Decrease the inconvenience and burden on grantees of unanticipated ad-hoc requests for information by the Agency in response to particular (one-time) internal and external requests for information.

Data Confidentiality Provisions

Confidential commercial information will be protected in accordance with 18 U.S.C. 1905. Information about Principal Investigators will be maintained in accordance with the Privacy Act, 5 U.S.C. 552a.

The submitted reports will be printed and included in the official grant file for each grant. All of these files will be retained according to existing agency policies and procedures and archived as required.

Methods of Collection

The data will be collected using an Adobe Acrobat Portable Document Format (PDF) electronic reporting form developed specifically for the purpose of collecting information quarterly. To reduce burden and to the extent possible, these forms will be pre-populated with reoccurring information needed to specifically identify the institution, project, principal investigator, and other similar information.

ESTIMATED ANNUAL RESPONDENT BURDEN

Survey	Number of respondents*	Estimated time per respondent in minutes	Estimated total burden hours	Estimated annual cost to the government
1st Quarter	500	10	83.33	0
2nd Quarter	500	10	83.33	0
3rd Quarter	500	10	83.33	0
Annual Total	1500	10	250	0

*The estimate for number of respondents for the initial implementation is 100 per quarter. The estimate included in the table assumes wider implementation by the Agency.

(There is currently an Annual Grants Progress Report that takes the place of having a 4th quarter report, which is the reason we only have 3 quarters. The estimate for number of respondents for the initial implementation is 100 per quarter. The estimate included in the table assumes wider implementation by the Agency.)

Request for Comments

In accordance with the above cited legislation, comments on the above described systematic grant oversight information collection are requested with regard to any of the following:

(a) Whether the proposed collection of information is necessary for the proper performance of functions of AHRQ, including whether the information will have practical utility; (b) the accuracy of AHRQ's estimate of burden (including hours and cost) 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 upon the respondents, including the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and included in the request for OMB approval of the proposed information collection. All comments will become a matter of public record.

Dated: May 27, 2004.

Carolyn M. Clancy,

Director.

[FR Doc. 04–12656 Filed 6–4–04; 8:45 am]

BILLING CODE 4160–90–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 04093]

International Initiatives Related to Chronic Disease Prevention and Health Promotion; 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 promote health, disseminate information, and provide expertise to prevent and control: Non-communicable diseases; mental health problems; and leading causes of death, disease, and disability through effective community health programs. This is an international program. The Catalog of Federal Domestic Assistance number for this program is 93.283.

B. Eligible Applicant

Assistance will be provided only to The World Health Organization. WHO is the only international/intergovernmental agency qualified to conduct and coordinate surveillance and programmatic activities under this program announcement because:

1. WHO has a unique position among the world's health agencies as the technical agency for health within the United Nations.

2. WHO has access to all national health promotion and disease prevention programs and potential surveillance sites through its six regional offices located in Washington, DC; Copenhagen, Denmark; Cairo, Egypt; Congo; Delhi, India; Harare, Zimbabwe and Manila, Philippines. No other organization has this access.

3. WHO is uniquely qualified to conduct and coordinate the surveillance activities, policy and programmatic initiatives that have specific relevance to the objectives of this program announcement and which have the potential to advance knowledge that benefits the United States (U.S.).

4. WHO collaborates with other international organizations and works to accomplish its mission by coordinating programmatic and surveillance initiatives, disseminating information related to chronic disease program needs and services, recommending and advocating improved policies and programs. They provide consultation and guidance at the international, national, and local level for systems of coordinated care for persons with chronic or disabling conditions.

5. WHO also collaborates with other international organizations and works to accomplish its mission by coordinating surveillance initiatives, and by disseminating information and expertise at the international, national, and local level for effective health programs.

6. WHO offers special opportunities for furthering surveillance programs through the use of unique talent resources, populations, or environmental conditions in other countries that are not readily available in the United States or that provide augmentation of existing U.S. resources.

7. WHO works to accomplish its mission by coordinating monitoring and programmatic initiatives, and disseminating information and expertise related to effective community-based interventions that help to reduce the leading causes of death, disease and disability among adults (*i.e.,* cardiovascular disease, diabetes, tobacco use, physical inactivity, and poor dietary habits). It recommends and advocates for improved national and local health policies and programs, and provides consultation and guidance to address serious health problems among adults.

C. Funding

Approximately $1,610,000 is available in FY 2004 to fund this award. It is expected that the award will begin on or before August 15, 2004, and will be made for a 12-month budget period within a project period of up to 5 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: Mary Hall, MS K40, 4770 Buford Hwy, NE., Atlanta, GA 30341, Telephone: 770–488–5644, E-mail: *moh4@cdc.gov.*

Dated: June 1, 2004.

William P. Nichols,

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

[FR Doc. 04–12781 Filed 6–4–04; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Submission for OMB Review; Comment Request; Obstetrician-Gynecologists' Knowledge and Practice Patterns With Regard to Hormone Therapy

Summary: Under the provisions of Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, for opportunity for public comment on proposed data collection projects, the National Heart, Lung and Blood Institute (NHLBI), the Office of Research on Women's Health (ORWH), the National Institutes of Health (NIH) and the Health Resources and Services Administration (HRSA) has submitted to the Office of Management and Budget (OMB) a request for review and approval of the information collection listed below. The proposed information collection was previously published in the **Federal Register** on November 12, 2003, page 64111 and allowed 60 days for public comment. A public comment was received from Wyeth Ayerst Pharmaceuticals. No other public comment was received. The National Institutes of Health may not conduct or sponsor, and the respondent is not required to respond to, an information collection that has been extended, revised, or implemented on or after October 1, 1995, unless it displays a currently valid OMB number.