

assessment of missed cases on a population basis; this project will seek

to identify procedures for routine surveillance of missed cases. The

estimated annualized burden is 36 hours.

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Lab Directors .....	42	1	10/60
Follow-up Coordinators .....	42	1	10/60
Metabolic Clinic Employee .....	120	1	10/60
Parent Advocate .....	13	1	10/60

Dated: March 25, 2004.

**Joe 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**

[30Day-39-04]

**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. 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: HIV/AIDS Prevention and Surveillance Project Reports, OMB No. 0920-0208—Extension—National Center for HIV, STD and TB Prevention (NCHSTP), Centers for Disease Control and Prevention (CDC).*

CDC is requesting to extend the use of the currently approved form, OMB No. 0920-0208, for collecting HIV counseling, testing, and referral (CTR) program data. This current form expires March 30, 2004. This request is for an 18-month clearance past this date. Extension of the current form will allow grantees to continue to collect CTR data as they transition to the new set of CTR variables and the new program evaluation and monitoring system (PEMS). Over the next year, grantees will either transition to the new variables once they have reprogrammed their existing computer systems, or as the CDC-provided PEMS is made available. CDC funds cooperative agreements for 65 HIV prevention projects (50 states, 6 cities, 7 territories, Washington, DC, and Puerto Rico) and approximately 50 community based organizations to support HIV counseling, testing, and referral programs.

HIV counseling, testing, and referral services in STD clinics, women's health centers, drug treatment centers, and other health facilities have been described as a primary prevention strategy of the national HIV prevention program. The funded public health departments and community based organizations have increased the provision of HIV counseling, testing, and referral activities to those at increased risk for acquiring or transmitting HIV, as well as minority communities and women of child bearing age.

CDC is responsible for monitoring and evaluating HIV prevention programs

conducted under HIV prevention cooperative agreements. HIV counseling, testing, and referral services are a vital component of HIV prevention programs. Without data to monitor and evaluate the impact of HIV counseling, testing, and referral programs, HIV prevention program priorities cannot be assessed and improved to prevent further spread of the epidemic. CDC needs minimal core data from all grantees describing CTR services provided for at-risk persons. Until grantees are prepared for collecting the new CTR variables and reporting data electronically through PEMS, it is essential that they be allowed to continue to collect the current CTR data using the existing forms.

Completing the initial data submission will take approximately 5 minutes per form. Approximately two (2) million records annually are expected from over 11,000 directly and indirectly funded grantee facilities. The total estimated burden is 167,000 hours annually. This is the estimated burden if no one transitions to the new system during the year, but it is expected that many of the grantees will transition to PEMS in phases throughout the year. Following this notice, a separate data collection for PEMS will be submitted for public comment and will include the revised CTR data variables and associated burden estimate. CDC is requesting OMB approval for 18 months, during the transition to PEMS. The estimated annualized burden is 177 hours.

Respondents	Type of form	No. of respondents	No. of responses per respondent	Average burden/response (in hrs)
Statistical Assistant .....	Locally Developed Formats .....	16	4	2
Data Entry Clerks .....	Scanned Client Record Form .....	49	4	15/60

Dated: March 26, 2004.

**Joe 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

#### National Health Organization Strategies To Provide Information and Education for Patients, Their Family Members, Friends, and Caregivers With Respect to Hematologic Cancers

*Announcement Type:* New.

*Funding Opportunity Number:* 04159.

*Catalog of Federal Domestic*

*Assistance Number:* 93.283.

*Key Dates:*

*Letter of Intent Deadline:* May 3, 2004.

*Application Deadline:* May 28, 2004.

#### I. Funding Opportunity Description

**Authority:** This program is authorized under sections 301(a), 317(k)(2) of the Public Health Service Act, [42 U.S.C. 241 (a) and 247b(k)(2)], as amended.

**Purpose:** The purpose of the program is to announce the availability of fiscal year 2004 funds for cooperative agreements for national health organization strategies to provide information and education for patients, their family members, friends, and caregivers with respect to hematologic cancers. This program will assist national health organizations in the development and implementation of strategies to promote and disseminate information and education, and to increase awareness of support services for patients, their family members, friends, and caregivers with respect to hematologic cancers, particularly leukemia, lymphoma, and/or multiple myeloma.

This program addresses the "Healthy People 2010" focus area of cancer, specifically Chapter 3, Goals 3-1 (Reduce the overall cancer death rate) and Goals 3-15 (Increase the proportion of cancer survivors who are living 5 years or longer after diagnosis).

Measurable outcomes of the program will be in alignment with the following performance goal for the Centers for Disease Control and Prevention (CDC): Increase the proportion of cancer of hematologic cancer survivors, particularly leukemia, lymphoma, and/or multiple myeloma who are living five years or longer after diagnosis through

effective individual, community, and health care provider health promotion strategies, information dissemination, and education.

This project includes developing partnerships to facilitate the exchange of previously developed and tested hematologic cancer information and education resources (existing or newly developed) among a variety of public agencies and national health organizations. This program may also include efforts to develop and test new hematologic cancer information and education resources for individuals who may be underserved, uninsured or underinsured, or of racial/ethnic minorities if a need can be demonstrated and appropriate materials are not available.

**Activities:** Awardee activities for this program include development of programs, strategies, and partnerships designed to promote and disseminate previously effective developed and tested information and education resources for patients, their family members, friends, and caregivers with respect to hematologic cancers, particularly of leukemia, lymphoma, and/or multiple myeloma, as follows:

- Develop and test new hematologic cancer information and education resources for individuals who may be underserved, uninsured or underinsured, or of racial/ethnic minorities if a need can be demonstrated and no materials currently exist pending CDC approval. Performance will be measured by the extent to which the applicant reaches hematologic cancer patients, their family members, friends, and caregivers.

- Develop and carry out strategies to increase awareness of patient support services for hematologic cancer patients.

Performance will be measured by the extent to which implemented strategies increase awareness of services.

- Establish specific, measurable, and realistic short-term (one year) and long-term (three year) program objectives consistent with the purpose of this program announcement for the accomplishment of program activities.

Performance will be measured based upon the extent to which objectives are realistic, time-phased, and achievable.

- Identify and hire appropriate staff.

Performance will be measured by the extent to which the organization has hired qualified staff and supported them with resources to accomplish the goals and objectives proposed.

- Establish partnerships with other federal agencies, such as National Cancer Institute (NCI) and Health Resources and Services Administration (HRSA), Comprehensive Cancer Control

(CCC) programs in state health departments, American Indian/Alaska Native organizations, U.S. territories, the District of Columbia, and/or other national health organizations to implement hematologic cancer education activities to ensure effective and efficient implementation of the program strategies.

Performance will be measured based on the extent to which the program establishes and uses new partnerships in developing and disseminating hematologic cancer education activities.

- Participate in a minimum of two CDC or other hematologic cancer partner meetings per year to facilitate the accomplishment of proposed objectives. Performance will be measured by the extent to which the organization participates in or facilitates at least two meetings per year (e.g. annual, regional, CDC-sponsored, etc.) to either gain information or to educate partners.

- Evaluate achievement of each goal and objective through a well-designed evaluation plan. Effectiveness will be measured based on the development and use of objective, quantitative measures to demonstrate the accomplishment of program goals, objectives, and intended outcomes.

- Disseminate information regarding organization achievements and activities to hematologic cancer patients, their family members, friends, and caregivers.

Performance will be measured by the activities undertaken to disseminate strategies and share information with partners.

In a cooperative agreement, CDC staff is substantially involved in the program activities, above and beyond routine grant monitoring.

CDC Activities for this program are as follows:

- Collaborate with recipients in the development, implementation, evaluation, and dissemination of program strategies designed to provide information and education, and to increase awareness of support services for patients, their family members, friends, and caregivers with respect to hematologic cancers, particularly leukemia, lymphoma, and/or multiple myeloma.

- Collaborate with recipients in the development of information dissemination approaches that relate to the purpose of this program announcement.

- Facilitate the exchange of program information, technical assistance, and the development of partnerships between recipients funded under this program announcement and federal