

Respondents	Number of respondents	Number of responses/respondent	Average burden per response (in hrs.)
Visitors to ATSDR Internet Site	1,000	1	5/60

Dated: November 13, 2003.
Laura Yerdon Martin,
Acting Director, Executive Secretariat,
Centers for Disease Control and Prevention.
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-07-04]

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: National Youth Tobacco Survey—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC). The proposed project is the 2004 national school-based National Youth Tobacco Survey. The purpose of this request is to obtain OMB approval to continue a biennial survey among junior and senior high school students attending regular public, private, and Catholic schools in grades 6–12. This survey was previously funded by the American Legacy Foundation in 1999, 2000, and 2002. The survey covers the following tobacco-related topics: prevalence of use (cigarettes, smokeless tobacco, cigars, pipe, bidis, and kreteks), knowledge and attitudes, media and advertising, minors’ access and enforcement, school curriculum, environmental tobacco smoke exposure, and cessation. Tobacco use, a major preventable cause of morbidity and

mortality in the U.S., is one of the 28 focus areas in Healthy People 2010. In the Healthy People 2010 focus area of tobacco use, the National Youth Tobacco Survey provides data relevant to six health objectives. The survey also provides data to monitor one of the 10 Leading Health Indicators for Healthy People 2010 that addresses tobacco use. In addition, the National Youth Tobacco Survey can identify racial and ethnic disparities in tobacco-related topics listed above. The National Youth Tobacco Survey is the most comprehensive source of nationally representative data regarding high school students and tobacco. Moreover, the National Youth Tobacco Survey is the only source of such national data for middle school students (grades 6–8). The data have significant implications for policy and program development for school health programs nationwide.

To provide contextual data, in each participating school, the principal or another designated administrator will be asked to complete a questionnaire on the school’s tobacco-related policies. The annualized burden for this data collection is 18,663 hours.

Respondents	No. of respondents	No. of responses per respondent	Average burden per responses (in hours)
Students	24,500	1	45/60
School Administrator	516	1	30/60

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Laura Yerdon Martin,
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-05-04]

Proposed Data Collection 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: Data Collection, Management, Reporting, and Evaluation for the Minority AIDS Initiative (MAI)—New—National Center for HIV, STD and Tuberculosis Prevention (NCHSTP), Centers for Disease Control and Prevention (CDC). CDC is requesting OMB approval to collect data to assess

the HIV prevention and capacity-building activities of community-based organizations (CBOs) and other not-for-profit organizations funded under the MAI. The essence of this initiative is to implement an approach to HIV Prevention for minority communities through three strategies: (1) Support of CBOs to deliver HIV prevention services; (2) community coalition development (CCD) projects to increase access to a linked network of HIV, STD, TB, and substance abuse services; and (3) capacity-building assistance (CBA) to sustain, improve, and expand HIV prevention services.

CDC requires MAI grantees to evaluate their programs. CDC has the responsibility to support these evaluation efforts by assisting grantees in the design and implementation of

their program evaluation activities, including the provision of evaluation forms and conducting an overall evaluation of the MAI. The data collected during this evaluation will allow CDC to (1) address accountability needs, (2) provide necessary information to the MAI grantees for improving their programs, and (3)

provide a context for understanding the effectiveness of programs targeting African Americans and other racial and ethnic minorities. Data collection will include self-administered questionnaires, which will be submitted quarterly, document reviews, and interviews with directors of community-based organizations,

collaborating organizations, other community organizations, and community members served by these organizations. The first wave of data collection is planned for the summer of 2003. Subsequent waves of data collection are planned for 2004. The annualized burden for this data collection is 255 hours.

Data collection forms	Number of respondents	Number of responses per respondent	Average burden per response (in hrs)
Community-Based Organization (CBO) Questionnaire and Capacity-Building Recipient Questionnaire	136	1	60/60
CBO HIV Counseling, Testing and Referral Questionnaire:			
Part I	54	1	10/60
Part II	54	4	10/60
Capacity-Building Assistance (CBA) Provider Regionally-Based Resource Networks Questionnaire	1	1	5/60
CBA Provider Questionnaire			
Part I	16	1	10/60
Part II	17	1	20/60
Part III	17	4	15/60
Community Coalition Development Questionnaire			
Part I	11	1	60/60
Part II	11	4	30/60
Strategic Alliance			
Part I	5	1	60/60
Part II	5	4	30/30

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Statement of Organization, Functions, and Delegations of Authority

Part C (Centers for Disease Control and Prevention) of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (45 FR 67772-76, dated October 14, 1980, and corrected at 45 FR 69296, October 20, 1980, as amended most recently at 68 FR 62456-62469, dated November 4, 2003) is amended to reflect the consolidation CDC's information technology infrastructure functions into a single organizational component entitled the Information Technology Services Office.

Section C-B, Organization and Functions, is hereby amended as follows:

Following the title and functional statement for the *Office of Security and Emergency Preparedness (CAJ8)*, *Office*

of the Chief Operating Officer (CAJ), insert the following:

Information Technology Services Office (CAJ9). (1) Develops and coordinates CDC-wide plans, budgets, policies, and procedures for information technology (IT) infrastructure services including: desktop computing support, directory services, e-mail, helpdesk support, infrastructure software, IT security, networking, data center services, office automation, remote access, server management, videoconferencing, and telecommunications; (2) provides all IT infrastructure services for CDC; (3) provides consulting services, technical advice, and assistance across CDC in the effective and efficient use of IT infrastructure technologies, assets, and services to carry out mission activities, enhance personnel and organizational productivity, and develop information systems; (4) develops CDC's IT infrastructure architecture; (5) maintains state-of-the-art expertise in information technology and computer science; (6) conducts research and development, evaluation, and testing of new IT infrastructure technologies to support CDC's mission; (7) manages CDC's IT capital investments and CDC-wide IT acquisitions of infrastructure technologies; (8) implements CDC information technology security operations; (9) manages and coordinates CDC-wide IT continuity of operations

and disaster recovery facilities ensuring integrity, availability, security, and recoverability of critical data and systems; (10) provides IT infrastructure support services by triaging and responding to requests for services, problem reports, and taking necessary actions; (11) coordinates with the CDC Corporate University to identify training and educational programs needed by staff to effectively use IT infrastructure technologies and services; (12) conducts the IT infrastructure program in compliance with applicable Federal laws, regulations, and policies.

Revise the mission statement for the *Information Resources Management Office (CAJ5)* as follows:

Delete item (1) and insert the following: (1) Develops and coordinates CDC-wide plans and budgets for the management of information technology and services.

Delete items (4) and (9) in their entirety. Delete from item (8) the word "equipment."

Delete in their entirety the titles and functional statements for the *Large Systems Computing Branch (CAJ52)* and the *Network Technology Branch (CAJ54)*.

Delete item (4) of the functional statement for the *Financial Systems Branch (CAJ25)*, *Financial Management Office (CAJ2)*, and insert the following: (4) responsible for financial systems application software and support utilized within the Financial