based providers, enhance biomedical informatics services, and increase behavioral and population-based research resources; and

8. Provide a report of the initial practice locations of MMC medical and dental graduates for each of the past 10 years and the number of students completing their education during the project period that were assisted by this program.

Dated: October 2, 2007.

Mirtha R. Beadle,

Deputy Director, Office of Minority Health.

[FR Doc. E7–19737 Filed 10–5–07; 8:45 am]

BILLING CODE 4150–29–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Announcement of Anticipated Availability of Funds for Family Planning Services Grants

AGENCY: Department of Health and Human Services, Office of the Secretary, Office of Public Health and Science, Office of Population Affairs.

ACTION: Notice; correction.

SUMMARY: The Office of Population Affairs, OPHS, HHS published a notice in the **Federal Register** of Monday, June 11, 2007 announcing the anticipated availability of funds for family planning services grants. On July 13, 2007, the Notice was corrected to reflect the availability of Arizona, Navajo Nation for competition. Since that time, an additional State/population/area to be served has become available for competition. This Notice reflects the availability of Illinois, Chicago area for competition.

FOR FURTHER INFORMATION CONTACT: Susan B. Moskosky, 240–453–2888.

Correction

In the **Federal Register** of June 11, 2007, FR Doc. 07–11183, on page 32113, correct Table I to read:

TABLE I

States/populations/areas to be served	Approximate funding available	Application due date	Approx. grant funding date
Region I: No service areas competitive in FY 2008.			
Region II:			
New York, New York City area	$4,209,000	03/01/08	07/01/08
New Jersey	8,586,000	09/01/07	01/01/08
Region III:			
Maryland	3,957,000	12/01/07	04/01/08
Southeast Pennsylvania	4,889,000	03/01/08	07/01/08
West Virginia	2,169,000	12/01/07	04/01/08
Region IV:			
Kentucky	5,442,500	03/01/08	07/01/08
South Carolina	5,767,000	03/01/08	07/01/08
Florida, Greater Miami area	544,000	06/01/08	09/30/08
Region V:			
Illinois, Chicago area	205,000	06/01/08	09/30/08
Ohio, Central area	709,500	11/01/07	03/01/08
Minnesota	2,632,500	09/01/07	01/01/08
Region VI:			
Arkansas	3,341,000	11/01/07	03/01/08
Louisiana	4,370,000	03/01/08	07/01/08
New Mexico	2,835,000	09/01/07	01/01/08
Region VII:			
Iowa	2,531,500	03/01/08	07/01/08
Iowa	1,061,500	06/01/08	09/30/08
Region VIII:			
Montana	1,970,000	03/01/08	07/01/08
Region IX:			
Arizona	4,080,500	09/01/07	01/01/08
Arizona, Navajo Nation	658,900	03/01/08	07/01/08
California	20,451,500	09/01/07	01/01/08
California, Los Angeles area	472,000	09/01/07	01/01/08
Republic of the Marshall Islands	190,500	03/01/08	07/01/08
Region X:			
Alaska	873,000	03/01/08	07/01/08

In addition, on page 32111, in the first column, under II. AWARD INFORMATION, please correct the second sentence to read, ''Of this amount, OPA intends to make available approximately $81.9 million for competing Title X family planning services grant awards in 23 states, populations, and/or areas.''

Dated: October 2, 2007.

Evelyn M. Kappeler,

Acting Director, Office of Population Affairs.

[FR Doc. E7–19738 Filed 10–5–07; 8:45 am]

BILLING CODE 4150–34–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Findings of Scientific Misconduct

AGENCY: Office of the Secretary, HHS.

ACTION: Notice.

SUMMARY: Notice is hereby given that the Office of Research Integrity (ORI) and the Assistant Secretary for Health

have taken final action in the following case:

Jon Sudbø, D.D.S., Norwegian Radium Hospital: Based on the findings of an investigation conducted by the Investigation Commission appointed by Norwegian Radium Hospital (NRH) and the University of Oslo, the respondent's own admission, and additional analysis and information obtained by the Office of Research Integrity (ORI) during its oversight review, the U.S. Public Health Service (PHS) found that Jon Sudbø, D.D.S., former doctoral student and faculty member, University of Oslo, and former physician in the Department of Medical Oncology and Radiotherapy, NRH, engaged in scientific misconduct by reporting fabricated and/or falsified research in grant application 1 P01 CA106451–01 submitted to the National Cancer Institute (NCI), National Institutes of Health (NIH), and its first-year progress report.

Specifically, PHS found that Dr. Sudbø engaged in scientific misconduct by falsifying and fabricating research that served as the rationale for Project 1, ''Oral Cancer Prevention with Molecular Targeting Therapy,'' with Dr. Jon Sudbø, as project leader, in the grant application, and by falsifying a progress report for the awarded grant. In particular, in Figure 1 of the Background and Significance section of the grant application, Dr. Sudbø reported fabricated/falsified results for the effects of lesion ploidy upon survival in patients with oral pre-malignant lesions. In the Preliminary Data section of the grant application, Dr. Sudbø reported several events intended to demonstrate his experience in the research field that the Investigation Commission stated ''appear as pure fiction.'' Also, in the first yearly progress report for the funded grant, Dr. Sudbø falsified the number of patients that had been screened for admission to the study.

In addition to three publications for which Dr. Sudbø admitted falsifying and/or fabricating data, the Investigation Commission found at least twelve other publications that warranted retraction because they could not be considered valid. The research reported in these publications was not supported by PHS funds. However, the publications address the same general research area as that addressed in the grant application and demonstrate a pervasive pattern of falsification/fabrication in research reporting on the part of Dr. Sudbø. The falsified/fabricated data presented in the grant application purport to demonstrate the feasibility of preventing cancer in a high risk population with nontoxic oral agents.

Dr. Sudbø has entered into a Voluntary Exclusion Agreement (Agreement) in which he has voluntarily agreed, beginning on August 31, 2007:

(1) To exclude himself permanently from any contracting or subcontracting with any agency of the United States Government and from eligibility or involvement in nonprocurement programs of the United States Government as delineated in the OMB Guidelines to Agencies on Governmentwide Debarment and Suspension at 2 CFR Part 376, *et seq.*; Dr. Sudbø agrees that he will not petition HHS to reverse or reduce the scope of the permanent voluntary exclusion or other administrative actions that are the subject of this Agreement; and

(2) To exclude himself permanently from serving in any advisory capacity to PHS, including but not limited to service on any PHS advisory committee, board, and/or peer review committee, or as a consultant or contractor to PHS.

FOR FURTHER INFORMATION CONTACT: Director, Division of Investigative Oversight, Office of Research Integrity, 1101 Wootton Parkway, Suite 750, Rockville, MD 20852, (240) 453–8800.

John E. Dahlberg,

Acting Director, Office of Research Integrity.

[FR Doc. E7–19850 Filed 10–5–07; 8:45 am]

BILLING CODE 4150–31–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–08–07AM]

Agency Forms Undergoing Paperwork Reduction Act Review

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) 639–5960 or send an e-mail to *omb@cdc.gov.* Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395–6974. Written comments should be received within 30 days of this notice.

Proposed Project

Study to Examine Web-Based Administration of the Youth Risk Behavior Survey—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Youth Risk Behavior Survey (YRBS) has been conducted biennially since 1991 using paper-and-pencil questionnaires in schools. Because of technological improvements in survey research methods, CDC is considering changing to web-based administration of the YRBS. Because YRBS is the only national source of data for at least 10 national health objectives in Healthy People 2010, it is critical to understand (1) Whether it is feasible to change to web-based administration, and (2) how a change to web-based administration, both with and without the use of skip patterns in the questionnaire, might affect prevalence estimates of the priority health risk behaviors reported in the YRBS.

CDC is proposing an information collection to address these issues. The first data collection will be a questionnaire administered to approximately 600 U.S. high school principals to assess perceptions of the feasibility and acceptability of using web-based data collection methods for student surveys and assessments. The second data collection will be a questionnaire similar to the YRBS questionnaire administered to a convenience sample of 9th and 10th grade students attending schools in the United States. Respondents for the student data collection include students (n=6,000) who receive instructions for and complete the student questionnaire, school administrators (n=80) who provide information in the School Recruitment Script for the student questionnaire, and teachers (n=320) who complete the Data Collection Checklist for the student questionnaire. In the student data collection, students will be assigned randomly to one of four conditions: (1) Paper-and-pencil questionnaire in regular classroom, (2) web-based questionnaire in computer lab without programmed skip patterns, (3) web-based questionnaire in computer lab with programmed skip patterns, and (4) web-based questionnaire without programmed skip patterns completed at any computer of the student's choosing.

There are no costs to respondents except their time to participate in the survey and, in the case of school contacts and teachers, to assist in school recruitment. The estimated annualized burden hours are 4,813.