a vendor meeting to provide information on shared initiatives and activities, as well as recent policy developments in the area of acquisition training. FAI and DAU work together to address many of the acquisition workforce training needs of the Federal Government. Partnering with DAU enables FAI to build upon existing DAU training, develop Governmentwide curriculum, and promote a cohesive and agile workforce.

FAI will describe plans and requirements for training-related services under the Acquisition Workforce Training Fund (AWTF). Of particular interest to vendors is a solicitation for core acquisition training that FAI plans to issue soon.

DAU will discuss plans for the redesign of Contracting (CON) Level 2 courses.

DATES: The meeting will be held December 9, 2005, from 10:00 a.m. to 12 p.m.

ADDRESSES: The meeting will be held at GSA's auditorium located at 1800 F Street, NW., Washington, DC. Register bye-mail at *maria.hernandez@gsa.gov*, or call (703) 558–4795.

WHO SHOULD ATTEND? Training developers, vendors with Commercial-off-the-Shelf (COTS) training products, vendors with capabilities related to the full Instructional System Design (ISD) methodologies, and acquisition training experts.

FOR FURTHER INFORMATION CONTACT: Ms. Maria Hernandez, by phone at 703–558–4795, or by e-mail at *maria.hernandez@gsa.gov.*

Dated: November 18, 2005.

Pat Brooks,

Director,Office of National and RegionalAcquisition Development.

[FR Doc. 05–23240 Filed 11–23–05; 8:45 am]

BILLING CODE 6820–EP–S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–06–05AS]

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) 639–4794 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

2005 Lead Disclosure Rule Public Awareness Survey—New—National Center for Environmental Health (NCEH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The proposed 2005 Lead Disclosure Rule Public Awareness Survey will assess small and medium-sized rental property owners' self-reported awareness of and compliance with the Lead Disclosure Rule. The Lead Disclosure Rule requires property owners to disclose to prospective tenants and buyers the presence of lead paint and lead-based paint hazards in residential properties built before 1978, if known by the owners. The rule was published under the authority of Title X of the Housing and Community Development Act of 1992 by the Department of Housing and Urban Development (HUD) at 24 CFR part 35, subpart A, and by the Environmental Protection Agency (EPA) at 40 CFR part 745, subpart F.

Childhood lead poisoning, while on the decline, remains a threat to the health and well-being of young children across the United States. In accordance with the Healthy People 2010 goal to ''eliminate elevated blood lead levels in children,'' there is a need for primary prevention of childhood lead poisoning. Primary prevention is the removal of lead hazards from a child's environment before the child is exposed. Ensuring compliance with the Lead Disclosure Rule is one component of a primary prevention strategy.

The U.S. Department of Justice, HUD, and EPA, in partnership with local health, housing, and law enforcement agencies have completed more than 34 enforcement settlements under the Lead Disclosure Rule. As a result, they have obtained commitments from property owners to test and abate lead-based paint hazards in their high-risk rental housing units. HUD has requested the assistance of the Lead Poisoning Prevention Branch at CDC to design and implement an evaluation of their enforcement efforts.

As part of this evaluation effort, CDC is interested in the perception of the Lead Disclosure Rule by sectors of the property owner population that have been targeted less often for enforcement of the rule. This survey of rental property owners who own fewer than 50 rental units will be the first effort of its kind to capture this particular population's self-reported awareness of and compliance with the Lead Disclosure Rule.

The survey will be administered in four U.S. cities during 2005 and 2006. Two of the cities will be involved in a compliance assistance and enforcement intervention by HUD. The other two cities will be control cities (without such an intervention). For all four cities, CDC will conduct a cross sectional, ''before and after'' study design. Each respondent will be surveyed only once, and participation is voluntary.

Respondents will be asked to complete a brief written survey and return the survey anonymously via the addressed, stamped envelope that CDC will provide. There is no cost to respondents except the time to complete the survey. The estimated total burden hours are 250.

ESTIMATE OF ANNUALIZED BURDEN TABLE

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)
Targeted Property Owners	1000	1	15/60

Dated: November 17, 2005.

Betsey Dunaway,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. E5–6505 Filed 11–23–05; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60-Day–06–06AA]

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 404–639–4766 and send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an e-mail to *omb@cdc.gov*.

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. Written comments should be received within 60 days of this notice.

Proposed Project

The 2nd Injury Control and Risk Survey (ICARIS 2)—Phase 2—New—The National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

This project will use data from a telephone survey to measure injury-related risk factors and guide injury prevention and control priorities, including those identified as priorities in ''*Healthy People 2010*'' objectives for the nation. Injuries are a major cause of premature death and disability with associated economic costs of over 150 billion dollars in lifetime costs for persons injured each year. ''*Healthy People 2010*'' objectives and the recent report from the Institute of Medicine, ''*Reducing the Burden of Injury*'', call for reducing this toll. In addition to national efforts, NCIPC funds injury control prevention programs at the state and local levels. The use of outcome data (e.g., fatal injuries) for measuring program effectiveness is problematic because cause-specific events are relatively rare and data on critical risk factors (e.g., whether a helmet was worn in a bike crash, whether a smoke detector was present at a fatal fire, etc.) are often missing. Because these risk factors occur early in the causal chain of injury, injury control programs generally target them to prevent injuries. Accordingly, monitoring the level of injury risk factors in a population can help programs set priorities and evaluate interventions.

The first Injury Control and Risk Factor Survey (ICARIS), conducted in 1994, was a random digit dial telephone survey that collected injury risk factor and demographic data on 5,238 English- and Spanish-speaking adults (18 years of age or older) in the United States. Proxy data were collected on 3,541 children less than 15 years old. More than a dozen peer-reviewed scientific reports have been published from the ICARIS data on related subjects including dog bites, bicycle helmet use, residential smoke detector usage, fire escape practices, attitudes toward violence, suicidal ideation/behavior, and compliance with pediatric injury prevention counseling.

ICARIS–2 is a national telephone survey focusing on injuries. The survey process began in the summer of 2001 and was completed in early 2003. Analyses are currently being conducted on the data collected on nearly 10,000 respondents. The first phase of the survey was initiated as a means for monitoring the injury risk factor status of the nation at the start of the millennium.

The 2nd phase of ICARIS–2 is needed to expand knowledge in areas investigators could not fully explore previously. By using data collected in ICARIS as a baseline, the data collected in Phase-2 will be used to measure changes and gauge the impact of injury prevention policies. This current national telephone survey on injury risk is being implemented to fully monitor injury risk factors and selected year ''*Healthy People 2010*'' injury objectives, as well as evaluate the effectiveness of injury prevention programs. There are no costs to respondents except their time to participate in the survey.

ESTIMATES OF ANNUALIZED BURDEN TABLE

Respondents	Number of respondents	Number of responses/ respondent	Average burden/ response (in hours)	Total burden (in hours)
Adult male and female (18 years of age and older)	4,000	1	15/60	1000