

4604, Washington, DC 20001, attn: Margaret Tolson (HHS-2005-AoA-Initial-SM).

If you elect to mail or hand deliver your application you must submit one original and two copies of the application; an acknowledgement card will be mailed to applicants. Instructions for electronic mailing of grant applications are available at <http://www.grants.gov/>.

**2. Submission Dates and Times**

To receive consideration, applications must be received by the deadline listed in the **DATES** section of this Notice.

**IV. Responsiveness Criteria**

Each application submitted will be screened to determine whether it was received by the closing date and time. Applications received by the closing date and time will be screened for completeness and conformity with the requirements outlined in Sections II and III of this Notice and the Program Announcement. Only complete applications that meet these requirements will be reviewed and evaluated competitively.

**V. Application Review Information**

Eligible applications in response to this announcement will be reviewed according to the following evaluation criteria: Purpose and Need for Assistance (20 points); Approach, Work Plan and Activities (30 points); Project Outcomes, Evaluation and Dissemination (30 points); and Level of Effort (20 points).

**VI. Agency Contacts**

Direct inquiries regarding programmatic issues to U.S. Department of Health and Human Services, Administration on Aging, Attn.: Doris Summey, Office of Consumer Choice and Protection, Washington, DC 20201, telephone: (202) 357-3533.

Dated: March 21, 2005.  
**Josefina G. Carbonell**,  
*Assistant Secretary for Aging.*  
 [FR Doc. 05-5808 Filed 3-23-05; 8:45 am]  
**BILLING CODE 4154-01-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[60Day-05-0445]

**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 404-371-5983 or send comments to Seleda M. Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an e-mail to [omb@cdc.gov](mailto: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**

School Health Policies and Programs Study 2006—OMB No. 0920-0445—Reinstatement With Changes—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention, (CDC).

*Background and Brief Description*

CDC intends to continue to conduct the School Health Policies and Programs Study (SHPPS) in 2006. SHPPS is a national study of school health policies and programs at the state, district, school, and course levels. Much of the information collected will expand upon data gathered from the SHPPS 1994 (OMB No. 0920-0340, expiration date 1/31/95) and 2000 (OMB No. 0920-0445, expiration date 10/31/2002). SHPPS 2006 will assess the characteristics of eight components of school health programs at the elementary, middle/junior, and senior high school levels: Health education, physical education, health services, mental health and social services, food service, school policy and environment, faculty and staff health promotion, and family and community involvement. SHPPS 2006 data will be used to provide measures for 16 Healthy People 2010 national health objectives. No other national source of data exists for these objectives. The data will also have significant implications for policy and program development for school health programs nationwide.

There are no direct costs to the respondents except for their time to participate in the survey.

**ESTIMATE OF ANNUALIZED BURDEN TABLE**

| Respondents   | Number of respondents | Number responses per respondent | Average burden per response (in hrs.) | Total burden hours |
|---|-----------------------|---------------------------------|---------------------------------------|--------------------|
| State Officials (Health Education) .....  | 51                    | 1                               | 50/60                                 | 43                 |
| State Officials (Physical Education) .....  | 51                    | 1                               | 1                                     | 51                 |
| State Officials (Health Services) .....   | 51                    | 1                               | 1                                     | 51                 |
| State Officials (Food Service) .....  | 51                    | 1                               | 30/60                                 | 26                 |
| State Officials (School Policy and Environment) .....   | 51                    | 1                               | 45/60                                 | 38                 |
| State Officials (Mental Health and Social Services) .....   | 51                    | 1                               | 25/60                                 | 21                 |
| State Officials (Faculty and Staff Health Promotion) .....  | 51                    | 1                               | 20/60                                 | 17                 |
| State Officials (Assist with identifying state-level respondents and with recruiting districts and schools) ..... | 51                    | 1                               | 1                                     | 51                 |
| District Officials (Health Education) .....   | 652                   | 1                               | 50/60                                 | 543                |
| District Officials (Physical Education) .....   | 652                   | 1                               | 1                                     | 652                |
| District Officials (Health Services) .....  | 652                   | 1                               | 1.2                                   | 782                |
| District Officials (Food Service) .....   | 652                   | 1                               | 1                                     | 652                |
| District Officials (School Policy and Environment) .....  | 652                   | 1                               | 1.5                                   | 978                |

ESTIMATE OF ANNUALIZED BURDEN TABLE—Continued

| Respondents   | Number of respondents | Number responses per respondent | Average burden per response (in hrs.) | Total burden hours |
|---|-----------------------|---------------------------------|---------------------------------------|--------------------|
| District Officials (Mental Health and Social Services) .....  | 652                   | 1                               | 35/60                                 | 380                |
| District Officials (Faculty and Staff Health Promotion) .....   | 652                   | 1                               | 25/60                                 | 272                |
| District Officials (Assist with identifying district-level respondents and with recruiting schools) .....     | 652                   | .....                           | 1                                     | 652                |
| Principals, secretaries, or designees (Assist with identifying and scheduling school-level respondents) ..... | 1,120                 | 1                               | 1                                     | 1120               |
| Health education lead teachers, principals, or designees (Health Education) .....                             | 1,120                 | 1                               | 50/60                                 | 933                |
| Physical education lead teachers, principals, or designees (Physical Education) .....                         | 1,120                 | 1                               | 1.9                                   | 2128               |
| School nurses, principals, or designees (Health Services) .....   | 1,120                 | 1                               | 1.4                                   | 1,568              |
| Food service managers, principals, or designees (Food Service) .....  | 1,120                 | 1                               | 1.2                                   | 1,344              |
| Principals or designee (School Policy and Environment) .....  | 1,120                 | 1                               | 2.5                                   | 2,800              |
| Counselors, principals, or designees (Mental Health and Social Services) ...                                  | 1,120                 | 1                               | 50/60                                 | 933                |
| Principals or designees (Faculty and Staff Health Promotion) .....  | 1,120                 | 1                               | 30/60                                 | 560                |
| Health education teachers (Classroom Health Education) .....  | 2,480                 | 1                               | 1.7                                   | 4,216              |
| Physical education teachers (Classroom Physical Education) .....  | 2,022                 | 1                               | 1                                     | 2,022              |
|   | 19,086                | .....                           | .....                                 | 22,833             |

Dated: March 18, 2005.

**Betsey Dunaway,**

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

[FR Doc. 05-5797 Filed 3-23-05; 8:45 am]

**BILLING CODE 4163-18-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Children and Families**

**Child Care Bureau Research Scholars**

*Announcement Type:* Initial.

*Funding Opportunity Number:* HHS-2005-ACF-ACYF-YE-0010.

*CFDA Number:* 93.647.

*Dates:* Due Date for Notice of Intent or Preapplications: Notice of Intent is due April 25, 2005.

*Due Date for Applications:*

Application is due May 23, 2005.

*Executive Summary:* The Administration for Children and Families' (ACF), Administration on Children, Youth and Families' (ACYF), Child Care Bureau (CCB) announces the availability of funds to support new CCB Research Scholar projects in Fiscal Year 2005. The Research Scholar Grants are designed to increase the number of graduate students conducting dissertation research on child care issues that are consistent with the Bureau's research agenda.

**I. Funding Opportunity Description**

The Administration for Children and Families' (ACF), Administration on Children Youth and Families' (ACYF), Child Care Bureau (CCB) announces the availability of funds to support new

CCB Research Scholar projects in Fiscal Year 2005. The Research Scholar grants are designed to increase the number of graduate students conducting dissertation research on child care issues that are consistent with the Bureau's research agenda.

*Priority Area 1*

1. Description

*A. Child Care Bureau.* Since its establishment in 1995, the CCB has been dedicated to enhancing the quality, affordability, and supply of child care available for all families. CCB administers the Child Care and Development Fund (CCDF), a \$4.8 billion child care program that includes funding for child care subsidies and activities to improve child care quality and availability. The CCDF was created after amendments to ACF child care programs by Title VI of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 consolidated four Federal child care funding streams, including the Child Care and Development Block Grant, AFDC/JOBS Child Care, Transitional Child Care, and At-Risk Child Care. The entitlement portion consisted of mandatory and matching funds made available under section 418 of the Social Security Act, while the discretionary funding was authorized by the Child Care and Development Block Grant Act. The combined funding from these streams was designated the CCDF. With related State and Federal funding, CCDF provides more than \$11 billion a year to States, Territories, and Tribes to help low-income, working families access child care.

The Bureau works closely with States, Territories, Tribes, and ACF regions to facilitate, oversee, and document the implementation of new policies and programs that support State, local, and private sector administration of child care services and systems. In addition, the Bureau collaborates extensively with other offices throughout the Federal government to promote integrated approaches, family-focused services, and coordinated child care delivery systems. In all of these activities, the Bureau strives to support children's healthy growth and development in safe child care environments, promote children's early learning and school readiness, enhance parental choice and involvement in their children's care, and facilitate the linkage of child care with other community services.

*B. Child Care Bureau's Research Agenda.* Since 2000, Congress has appropriated about \$10 million per year of CCDF discretionary funds to be used for child care research and evaluation, and the CCB has used these funds to develop its research agenda. The Bureau's FY 2005 child care research agenda will continue ongoing projects and launch new research initiatives. CCB's research agenda supports activities that will generate knowledge about child care services and programs and inform policy decisions and solutions. We intend to improve our capacity to respond to questions of immediate concern to policy makers, strengthen the child care research infrastructure, and increase knowledge about the efficacy of child care policies and programs in providing positive learning and school readiness outcomes