

on respondents, including through the use of automated collection techniques or other forms of information technology. Send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-D24, Atlanta, GA 30333. Written comments should be received within 14 days of this notice.

*Proposed Project:* Evaluation Questions for State Nutrition and Physical Activity Programs to Prevent Obesity and Other Chronic Diseases—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDHP), Centers for Disease Control and Prevention (CDC)

*Background and Description:* CDC's State Nutrition and Physical Activity

Programs to Prevent Obesity and Other Chronic Diseases were established to prevent and control obesity and other chronic diseases by supporting States in the development and implementation of nutrition and physical activity interventions, particularly through population-based strategies such as policy-level changes, environmental supports and the social marketing process. The goal of the program is to attain population-based behavior change in increased physical activity and better dietary habits; this leads to a reduction in the prevalence of obesity, and ultimately in a reduction in the prevalence of obesity-related chronic diseases.

The evaluation of CDC's State Nutrition and Physical Activity Programs to Prevent Obesity and Other Chronic Diseases has been designed to focus on three primary areas: CDC training and technical assistance; State Plan development; and State interventions. Within each of these primary evaluation areas, the plan identifies specific evaluation questions that have been chosen for study. The evaluation questions will be asked of the funded states via a web-based data collection system supported by an electronic database. This evaluation will take place every 6 months during the funding cycle.

*Cost to the respondents:* There is no cost to the respondents.

Respondents	Number of respondents	Number responses per respondent	Average burden per response (in hrs.)	Total burden (in hrs.)
Funded State Programs .....	20	2	5	200
Total .....	.....	.....	.....	200

Dated: May 19, 2003.

**Thomas A. Bartenfeld,**

*Acting Associate Director for Policy, Planning and Evaluation, Centers for Disease Control and Prevention.*

[FR Doc. 03-12961 Filed 5-22-03; 8:45 am]

**BILLING CODE 4163-18-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

**Advisory Committee on Immunization Practices: Meeting**

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Centers for Disease Control and Prevention (CDC) announces the following Federal Committee meeting.

*Name:* Advisory Committee on Immunization Practices (ACIP).

*Times and Dates:* 8:30 a.m.–6:30 p.m., June 18, 2003. 8 a.m.–3:45 p.m., June 19, 2003.

*Place:* Atlanta Marriott Century Center, 2000 Century Boulevard, NE., Atlanta, Georgia 30345-3377.

*Status:* Open to the public, limited only by the space available.

*Purpose:* The Committee is charged with advising the Director, CDC, on the appropriate uses of immunizing agents. In addition, under 42 U.S.C. 1396s, the Committee is mandated to establish and periodically review and, as appropriate, revise the list of vaccines for administration to vaccine-eligible children through the Vaccines for Children (VFC) program, along

with schedules regarding the appropriate periodicity, dosage, and contraindications applicable to the vaccines.

*Matters to be Discussed:* The Agenda will include a discussion on the smallpox vaccine update; adverse events following smallpox vaccine in the civilian vaccination program; update investigation of cardiac adverse events following smallpox vaccine; women with smallpox vaccine exposure; report from the smallpox vaccine safety working group; consideration for the timing of revaccination; update on smallpox vaccine 10day/21day survey of recipients; vaccinating cochlear implant recipients against vaccine-preventable causes of bacterial meningitis; impact of ACIP Recommendations on the use of PCV7 by pediatricians during the shortage; influenza update and live attenuated influenza vaccine recommendation; recommending the meningococcal vaccine for adolescents; progress on safe, disposable cartridge jet injectors for mass immunization campaigns; update on a project to increase public engagement in decision-making about vaccines; evaluation of thimersol containing vaccines in non-human primates; and Federal Advisory Stakeholder Engagement Survey Results.

Agenda items are subject to change as priorities dictate.

*Contact Person for More Information:* Demetria Gardner, Epidemiology and Surveillance Division, National Immunization Program, CDC, 1600 Clifton Road, NE., Mailstop E-61, Atlanta, Georgia 30333, telephone 404/639-8096, fax 404/639-8616.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities for

both CDC and the Agency for Toxic Substances and Disease Registry.

Dated: May 16, 2003.

**Alvin Hall,**

*Director, Management Analysis and Services Office, Centers for Disease Control and Prevention (CDC).*

[FR Doc. 03-12959 Filed 5-22-03; 8:45 am]

**BILLING CODE 4163-18-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Children and Families**

**Proposed Information Collection Activity; Comment Request**

**Proposed Projects**

*Title:* Low Income Home Energy Assistance Program (LIHEAP) Household Report.

*OMB No.:* 0970-0060.

*Description:* This statistical report is an annual activity which is required by statute (42 U.S.C. 8629) and federal regulations (45 CFR 96.92) for the Low Income Home Energy Assistance Program (LIHEAP). Submission of the completed report is one requirement for LIHEAP grantees applying for federal LIHEAP block grant funds. States, the District of Columbia, and the Commonwealth of Puerto are required to report statistics for the previous federal fiscal year on the number and income levels of LIHEAP applicant and assisted households, and the number of