

SUMMARY: The Administration on Aging will accept applications for funding for a three-year project period, April 1, 2005, to March 31, 2008, in FY 2005 under the OAA, title VI, part A, Grants for Native Americans and title VI, part C, Grants for the Native American Caregiver Support Program. Current funding levels for title VI, part A range from \$73,620 to \$179,810. Current funding levels for title VI, part C range from \$16,990 to \$67,990. Distribution of funds among tribal organizations is subject to the availability of appropriations to carry out title VI. Funding is based on the number of eligible elders over the age of 60 in your proposed service area. Successful applications from new grantees will be funded pending availability of additional funds. For those applying for title VI, part A funding you have the option to also apply for part C. However, to apply for part C you must apply for both part A and part C.

Legislative authority: The Older Americans Act, Public Law 106-501 (Catalog of Federal Domestic Assistance 93.047, title VI).

Purpose of grant awards: The purpose of these grants is to provide nutritional and supportive services to Indian elders under part A and Family Caregiver support services under part C. The goal of these programs is to increase home and community based services to older Indians and Alaska Natives, which respond to local needs and are consistent with evidence-based prevention practices.

Eligibility for grant awards and other requirements: Eligible applicants are all current title VI, part A grantees, current grantees who wish to leave a consortium and apply as a new grantee, and eligible federally recognized Indian tribal organizations that are not now participating in title VI, and would like to apply as a new grantee. A tribal organization or Indian tribe must meet the application requirements contained in sections 612(a), 612(b), and 612(c) of the OAA. Under the Native American Caregiver Support Program a tribal organization must meet the requirements as contained in section 631 of the OAA. These sections are described in the application kit.

Executive Order 12372 is not applicable to these grant applications.

Screening criteria: All applicants must be Federally Recognized Indian tribal organizations representing at least 50 persons aged 60 years or over. Applicants must apply for title VI, part A to be eligible to apply for title VI, part C.

DATES: The deadline date for the submission of applications is January 31, 2005.

ADDRESSES: Application kits are available by writing to the U.S. Department of Health and Human Services, Administration on Aging, Office for American Indian, Alaskan Native and Native Hawaiian Programs, Washington, DC 20201, by calling (202) 357-3537 or online at <http://www.aoa.gov>. An application kit will be mailed to all current grantees.

Applications may be mailed to the U.S. Department of Health and Human Services, Administration on Aging, Office of Grants Management, Washington, DC 20201, attn: Margaret Tolson (AoA-04-09).

Applications may be delivered to the U.S. Department of Health and Human Services, Administration on Aging, Office of Grants Management, One Massachusetts Avenue, NW., Room 4604, Washington, DC 20001, attn: Margaret Tolson (AoA-04-09).

If you elect to mail or hand deliver your application you must submit one original and two copies of the application.

SUPPLEMENTARY INFORMATION: All grant applicants must obtain a D-U-N-S number from Dun and Bradstreet. It is a nine-digit identification number, which provides unique identifiers of single business entities. The D-U-N-S number is free and easy to obtain from http://www.dnb.com/US/duns_update/.

Applicants must specify at the beginning of the application if you are applying for part A funding only or for both part A and part C. The application must include an appropriate narrative description of the geographical area to be served. All certifications and assurances must be signed and submitted with the application as well as an original copy of the Tribal council resolution authorizing participation in title VI, part A or title VI, part A and part C for the grant period April 1, 2005, to March 31, 2008. If a tribal organization represents a consortium of more than one Tribe, a resolution is required from each participating Tribe, specifically authorizing representation by the tribal organization for the purpose of title VI of the OAA for the grant period April 1, 2005, to March 31, 2008. Applications must identify both the principal official of the tribal organization, and the proposed title VI Program Director. If the applicant tribal organization is a consortium the applicant must list the federally recognized tribes that are included.

FOR FURTHER INFORMATION CONTACT: M. Yvonne Jackson, Ph.D.; Office for

American Indian, Alaskan Native, and Native Hawaiian Programs; AoA; Department of Health and Human Services; Washington, DC 20201; telephone (202) 357-3501; fax (202) 357-3560; e-mail: Yvonne.Jackson@aoa.gov.

Dated: October 28, 2004.

Josefina G. Carbonell,

Assistant Secretary for Aging.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-04-0307]

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 or send an e-mail to omb@cdc.gov. 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

Genococcal Isolate Surveillance Project (GISP), OMB No. 0920-0307—Revision—National Center for HIV, STD, and TB Prevention (NCHSTP), Centers for Disease Control and Prevention (CDC).

CDC is requesting a 3-year approval/with change for this project. The objectives of GISP are to monitor trends in antimicrobial susceptibility of strains of *Neisseria gonorrhoeae* in the U.S. and characterize resistant isolates. GISP provides critical surveillance for antimicrobial resistance, allowing for informed treatment recommendations. This project began in 1986 as a voluntary surveillance project and has involved 5 regional laboratories and 30 publicly-funded, sexually transmitted disease (STD) clinics around the country. The STD clinics submit up to 25 gonococcal isolates per month to the regional laboratories, which measure susceptibility to a panel of antibiotics. Limited demographic and clinical

information corresponding to the isolates are submitted directly by the STD clinics to CDC.

During 1986–2003, GISP demonstrated the ability to effectively achieve its objectives. The emergence, in the U.S., of resistance to fluoroquinolones, commonly used

therapies for gonorrhea, was identified through GISP and makes ongoing surveillance critical. Emergence of decreased susceptibility to fluoroquinolones among the men having sex with men (MSM) population in the U.S. was also identified through GISP in

2003. Data gathered through GISP were used to change the treatment for gonorrhea for the MSM population in April 2004. There are no costs to respondents other than their time. The estimated annualized burden for this data collection is 8,142 hours.

Respondent	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Laboratory:			
Form 2	5	1368	1
Form 3	5	48	12/60
Clinical personnel	30	228	11/60

Dated: October 27, 2004.

B. Kathy Skipper,

Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Agency for Toxic Substances and Disease Registry

Public Health Conference Support Grant Program

Announcement Type: New.
Funding Opportunity Number: 05002.
Catalog of Federal Domestic

Assistance Number: The Centers for Disease Control and Prevention (CDC) Catalog of Federal Domestic Assistance (CFDA) number is 93.283. The Agency for Toxic Substances and Disease Registry (ATSDR) Catalog of Federal Domestic Assistance (CFDA) number is 93.161.

DATES: Key Dates:

Letter of Intent (LOI) Deadline: Cycle A: November 24, 2004; Cycle B: February 3, 2005.

Application Deadline: Cycle A: January 14, 2005; Cycle B: April 6, 2005.

I. Funding Opportunity Description

Authority: The Centers for Disease Control and Prevention (CDC) program is authorized under section 317(k)(2) of the Public Health Service Act, [42 U.S.C. 247b(k)(2)] as amended. The Agency for Toxic Substances and Disease Registry (ATSDR) program is authorized under sections 104 (i)(14) and (15) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (CERCLA), as amended by the Superfund Amendments and Reauthorization

Act of 1986 (SARA), [42 U.S.C. 9604(i)(14) and (15)].

Purpose: The Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry (ATSDR) announce the pending availability of appropriated fiscal year (FY) 2005 funds for a grant program for Public Health Conference Support. This program addresses the “Healthy People 2010” focus areas of Disability and Secondary Conditions, Educational and Community-Based Programs, Environmental Health, Injury and Violence Prevention, Maternal, Infant and Child Health, Vision and Newborn Hearing (specifically newborn screening, evaluation and intervention), Public Health Infrastructure, Tuberculosis, Respiratory Diseases, and Sexually Transmitted Diseases (STD).

Human Immunodeficiency Virus (HIV) Conferences and HIV subject matter are covered under another program and are not permitted under this announcement.

The purpose of conference support funding is to provide partial support for specific non-Federal conferences (not a series) in the areas of health promotion and disease prevention information and education programs, and applied research. A series is the exact same conference conducted more than one time during the project period. An applicant can apply for funding for more than one different conference during the project period.

Congress has required that there will be active participation by CDC/ATSDR in the development and approval of the conference agenda to make sure there are no subjects that would embarrass the Government or be an improper use of funds including portions that are not funded by CDC/ATSDR. CDC/ATSDR funds will be expended only for approved portions of the conference.

The mission of CDC is to promote health and improve the quality of life by preventing and controlling disease, injury, and disability.

Through the support of conferences and meetings (not a series) in the areas of public health research, education, prevention research in program and policy development in managed care and prevention application, CDC is meeting its overall goal of dissemination and implementation of new cost-effective intervention strategies.

The mission of ATSDR is to prevent both exposure and adverse human health effects that diminish the quality of life associated with exposure to hazardous substances from waste sites, unplanned releases, and other sources of pollution present in the environment.

ATSDR’s systematic approaches are needed for linking applicable resources in public health with individuals and organizations involved in the practice of applying such research. Mechanisms are also needed to shorten the time frame between the development of disease prevention and health promotion techniques and their practical application. ATSDR believes that conferences and similar meetings (not a series) that permit individuals to engage in hazardous substances and environmental health research, education, and application (related to actual and/or potential human exposure to toxic substances) to interact, are critical for the development and implementation of effective programs to prevent adverse health effects from hazardous substances.

Measurable outcomes of the program will be in alignment with one (or more) of the following performance goal(s):

- Agency for Toxic Substances and Disease Registry (ATSDR):
 - Prevent ongoing and future exposures and resultant health effects from hazardous waste sites and releases;