

resulting contracts may impose unique information collection/reporting requirements on contractors, not required by regulation, but necessary to evaluate particular program accomplishments and measure success in meeting program objectives.

B. Annual Reporting Burden

Respondents: 5016

Responses Per Respondent: 1

Hours Per Response: 5.0205

Total Burden Hours: 25,183

Obtaining Copies of Proposals:

Requesters may obtain a copy of the information collection documents from the General Services Administration, Regulatory Secretariat (V), 1800 F Street, NW., Room 4035, Washington, DC 20405, telephone (202) 208-7312. Please cite OMB Control No. 3090-0086, Proposal to Lease Space (Not Required By Regulation), GSA Form 1364, in all correspondence.

Dated: November 22, 2004.

Laura Auletta,

Director, Contract Policy Division.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration on Aging

2005 White House Conference on Aging Listening Sessions

AGENCY: Administration on Aging, HHS.

ACTION: Notice.

SUMMARY: Pursuant to section 10(a) of the Federal Advisory Committee Act as amended (5 U.S.C. Appendix 2), notice is hereby given of listening sessions on December 7 in Indianapolis, Indiana and December 8 in Chicago, Illinois. The listening sessions will be open to the public, with attendance limited to space available. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should inform the contact person listed below in advance of the meeting.

Dates, Times, and Addresses:

Tuesday, December 7, 2004, from 4:15 to 5:15 p.m. at the Westin Hotel, 50 South Capitol Avenue, Indianapolis, Indiana 46204 in conjunction with the 49th Annual Governor's Conference on Aging; Wednesday, December 8, 2004, from 9 a.m. to 11:30 a.m. at the Hyatt Regency Hotel, 151 East Wacker Drive, Regency D, Chicago, Illinois 60601 in conjunction with the 2004 Illinois Governor's Conference on Aging. Because of verifying logistical issues,

the listening sessions fall under the 15-day notification requirement.

FOR FURTHER INFORMATION CONTACT: For general questions concerning the two listening sessions: Nora Andrews at (301) 443-2874. For specific listening sessions: December 7 in Indianapolis, IN, Ernestine Kasper, (317) 232-7125, or e-mail Ernestine.kasper@fssa.in.gov; December 8 in Chicago, IL, Matt Wescott, (217) 785-3357, e-mail matt.wescott@aging.state.il.us.

SUPPLEMENTARY INFORMATION: As the Baby Boom generation approaches retirement age, it is essential that we evaluate and develop any needed policies to ensure that this national resource remains a vital part of society. The 2005 White House Conference on Aging (WHCoA) is seeking input from a wide array of stakeholders as we develop an overarching agenda and plan for the 2005 WHCoA. For example, how can we enable both "rising" seniors and mature seniors to continue actively participating in and contributing to personal, community and national well-being? Looking forward over the next decade and beyond, how can we, as individuals, businesses, private organizations, and Government, in partnership, better harness the vast potential that exists within an aging America.

Josefina G. Carbonell,

Assistant Secretary for Aging.

[FR Doc. 04-26438 Filed 11-30-04; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-05-0527]

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 404-498-1210 or send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-E11, 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

Human Exposure to Cyanobacterial (blue-green algal) Toxins in Drinking Water: Risk of Exposure to Microcystin from Public Water Systems (OMB No. 0920-0527) "Revision—National Center for Environmental Health (NCEH), Centers for Disease Control and Prevention (CDC).

Cyanobacteria (blue-green algae) can be found in terrestrial, fresh, brackish, or marine water environments. Some species of cyanobacteria produce toxins that may cause acute or chronic illnesses (including neurotoxicity, hepatotoxicity, and skin irritation) in humans and animals (including other mammals, fish, and birds). A number of human health effects, including gastroenteritis, respiratory effects, skin irritations, allergic responses, and liver damage, are associated with the ingestion of or contact with water containing cyanobacterial blooms. Although the balance of evidence, in conjunction with data from laboratory animal research, suggests that cyanobacterial toxins are responsible for a range of human health effects, there have been few epidemiologic studies of this association.

CDC originally planned to conduct a study of human exposure to microcystins in drinking water from a source with a cyanobacterial bloom. However, regional weather patterns over the last 2 years (since the original OMB application was approved) have not supported blooms in the lake that is the source of drinking water for our cooperating utility. Therefore, we have decided to redirect our activities to assess recreational exposures. Anecdotal evidence suggests that exposure to cyanobacterial toxins in recreational waters may be an important public health issue.

CDC, National Center for Environmental Health plans to recruit 2,000 people (2,500 contacts, 80%

agreeing to participate) as they arrive to participate in recreational activities on fresh water bodies with cyanobacteria blooms. Questionnaires will be administered to all study participants while they are on the beach and again when they leave the beach for the day. CDC plans to contact them by phone 7 days after their beach exposure to administer a final questionnaire. Water samples for levels of cyanobacterial

toxins and water quality indicators, including microorganisms will also be examined. Blood samples will be collected from a subset of study participants who are exposed to recreational waters with blooms of *Microcystis aeruginosa*. Blood samples will be analyzed using a newly developed molecular assay for levels of microcystin L-R—one of the hepatotoxins produced by this

organism. CDC will evaluate the probability of detecting (1) increases in symptoms after people engage in recreational activities in water bodies during cyanobacteria blooms, and (2) low levels of microcystins (<10 ng/ml of blood) in the blood of people who are exposed to very low levels of this toxin while engaged in recreational activities. There are no costs to respondents except their time to participate in the survey.

Respondents	No. of re-spondents	No. of re-sponses per respondent	Average bur-den per re-sponse (in hours)	Total burden (in hours)
Recruiting contact	2500	1	10/60	417
Pre-activity survey	2000	1	10/60	334
Post-activity survey	2000	1	10/60	334
Telephone follow-up survey	2000	1	10/60	334
Total	1,419

Dated: November 24, 2004.

B. Kathy Skipper,

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

[FR Doc. 04–26486 Filed 11–30–04; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–0450X]

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

Evaluation of the Poison Help Campaign to Enhance Public Awareness of the National Poison Toll-Free Number, Poison Center Access, and Poison Prevention—New—National Center for Injury Control and Prevention

(NCIPC), Centers for Disease Control and Prevention (CDC).

Background and brief description:

Every day more than 6,000 calls about poison emergencies are placed to poison control centers (PCCs) throughout the United States. Although PCCs clearly save lives and reduce healthcare costs, the system that delivers care and prevents poisoning is comprised of more than 131 telephone numbers and thousands of disjointed local prevention efforts. As a result public and professional access to an essential emergency service has been hampered by a confusing array of telephone numbers and by an inability to mount a full-fledged national poison center awareness campaign.

The Poison Control Center Enhancement and Awareness Act of 2000 (Pub. L. 106–174) was signed into legislation in February 2000 with the intent to provide assistance for poison prevention and to stabilize funding of regional PCCs. In October 1999, in response to the impending passage of this legislation, CDC and the Health Services Resource Administration (HRSA) began funding and administering a cooperative agreement with the American Association of Poison Control Centers (AAPCC). The agreement called for the establishment of a National Poison Prevention and Control Program. The purpose of this program is to support an integrated system of poison prevention and control services including: coordination of all PCCs through development, implementation, and evaluation of standardized public education; development of a plan to improve national toxicosurveillance and data

systems; and support of a national public service media campaign.

The purpose of the national media campaign is to launch a national toll-free helpline entitled Poison Help (1–800–222–1222) that the general public, health professionals, and others can use to access poison emergency services and prevention information 24 hours a day, seven days a week. The campaign was launched nationally in January 2002 with a special interest in targeting high-risk populations such as parents of children under age 6, older adults between 60–80 years of age, and underserved groups who are often not reached effectively through public health communication efforts.

Two telephone surveys will be conducted to assess the reach and impact of campaign activities and the overall effectiveness of the awareness campaign. The High-Risk Population Survey will be conducted with parents of children under age 6 to assess their awareness of the national toll-free number, awareness of PCCs and the services they provide, and poison prevention knowledge. The High-Risk Population Survey was originally intended to also gather information from older adults ages 60–80, however, limited resources necessitate that the data collection focus on poisonings among young children, which represent more than half of all unintentional poisonings. The Helpline Caller Survey will be conducted with persons who have contacted a PCC to ascertain whether callers have seen or heard Poison Help prevention messages, their awareness of the 1–800–222–1222 number and how they learned of it, and how they rate the ease of accessing poison emergency services or