of the meeting due to logistical difficulties.

Dated: June 29, 2007. Carolyn M. Clancy,

Director.

[FR Doc. 07–3306 Filed 7–6–07; 8:45 am]

BILLING CODE 4160-90-M

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

## Centers for Disease Control and Prevention

[60Day-07-07BG]

### 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 404-639-5960 and send comments to Maryam I. Daneshvar, CDC Acting 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**

Crime Prevention Through
Environmental Design: Linking
Observed School Environments with
Student and School-wide Experiences of
Violence and Fear—New—National
Center for Injury Prevention (NCIPC),
Centers for Disease Control and
Prevention (CDC).

### **Background and Brief Description**

Among the goals of the Centers for Disease Control and Prevention (CDC), National Center for Injury Prevention (NCIPC) and Control is to reduce the prevalence of violence among youth. Several important priorities included in the Center's published research agenda focus on studying how physical environments influence behavior and risk for violence. The CDC has developed a tool called the Crime Prevention Through Environmental Design (CPTED) School Assessment (CSA) to assess the extent to which the physical characteristics of schools are consistent with Crime Prevention Through Environmental Design (CPTED) principles.

The proposed research will allow us to determine the validity of the CSA by examining the extent to which the CSA subscales, total CSA scores, and CPTED principles are related to typical variables related to fear and violence. If the CSA tool is shown to measure characteristics of the school environment that are associated with

fear and violence-related behaviors in school, then it may be used as the basis for research, design, and evaluation of interventions for schools seeking to prevent or reduce the occurrence of crime and violence by providing information related to (re)designing physical features of the environment and changing policies and procedures related to using the school environment.

In addition, an exploratory purpose of this research is to determine whether the CSA items can be divided reliably into supposedly distinct variables reflecting each of the CPTED principles. If we produce practical support for the assessment of these "CPTED variables," then we will also assess validity by determining whether these variables are logically related to our measures of fear, violence and climate in schools.

Survey data from one counselor and 75 students (25 each from 6th, 7th, and 8th grades) will be collected from 50 middle schools in metro-Atlanta, Georgia area (a total of approximately 50 counselor participants and 3,750 student participants), in addition to the observational (CSA) data collection. The counselor and student survey will assess variables such as school climate, actual and perceived levels of school violence at each school. In addition, archival/administrative data will be collected from each of the 50 schools providing information on neighborhood and school characteristics from various sources (e.g., school data reported by the school on a "School Profile" form, school district data available on the web, U.S. Census data, and the FBI National Crime and Victimization Survey).

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

#### **ESTIMATED ANNUALIZED BURDEN HOURS**

Form name	Number of respondents	Number of responses per respondent	Average bur- den response (in hours)	Total burden (in hours)
Student Survey Counselor Survey School Profile	3,750 50 50	1 1 1	40/60 40/60 120/60	2,500 33 100
Total				2,633

DATE: July 2, 2007. Marvam I. Daneshvar,

Acting Reports Clearance Officer Centers for Disease Control and Prevention.

[FR Doc. E7–13197 Filed 7–6–07; 8:45 am]

BILLING CODE 4163-18-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

## Centers for Disease Control and Prevention

[30Day-07-05CH]

## Agency Forms Undergoing Paperwork Reduction Act Review

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) 639–5960 or send an email 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**

An assessment of the determinants of HIV risk factors for African-American and Hispanic women in the southeastern United States—New—the National Center for HIV/AIDS, STD and TB Prevention (NCHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

In the United States, an estimated 1 million people are living with HIV. About 40,000 new HIV infections occur each year. Women account for about 27% of all new HIV/AIDS diagnoses, with women of color in the South being most affected. Women of color represent 80% of all women estimated to be living with HIV/AIDS. In 2004, the rate HIV/ AIDS cases per 100,000 for non-Hispanic African-American adult and adolescent females (67.0) was 21 times higher than that for non-Hispanic white females (3.2). Similarly, the rate of HIV/ AIDS cases reported in 2004 for Hispanic women (16.3) was 5 times higher than the rate for non-Hispanic white women.

Limited research data suggest that the character and dynamics of women's sexual relationships, gender relationships, sex roles, and experiences related to race and ethnicity may be important determinants of risk, both for engaging in risk behaviors and for doing so with high-risk partners. In addition, women's vulnerability is connected to a variety of socioeconomic factors, including delayed access to care and support for HIV/AIDS. Accordingly, the specific aims of the study are to:

- Enroll 850 African-Åmerican and 500 Hispanic women at risk for HIV infection in a one-time survey.
- Conduct rapid oral HIV testing of all women and facilitate linkage to medical care among those identified as HIV-positive.
- Characterize African-American and Hispanic women on demographic,

psychological, behavioral, sociocultural, and environmental/contextual dimensions.

- Assess and compare the prevalence of sexual and drug behaviors of African American and Hispanic women.
- Identify characteristics of African-American and Hispanic women associated with sexual behaviors that place them at risk for contracting HIV. Similarly, identify characteristics that protect against becoming infected with HIV.
- Recruit a sub-sample of survey respondents to take in a qualitative interview.
- Use our findings to provide recommendations on the design of behavioral interventions for African American and Hispanic women.

Women will complete a 10-minute eligibility screening interview. The survey interview will take approximately 45 minutes each to complete for those who agree to participate in the study and 10 minutes to complete for those who refuse to enroll. Women completing the survey will take part in a 45 minute HIV counseling and testing session, which will be followed by a 10-minute training for how to refer other women to the project. The qualitative interview will take approximately one hour to complete. The total response burden for the three-year period is estimated to be 2712.39 hours (904.13 annualized burden hours). There is no cost to respondents except for their time.

#### ESTIMATED ANNUALIZED BURDEN HOURS

Activity with women volunteers	Number of respondents	Number of responses per respondent	Average burden per response (hours)
Venue intercept interview	125	1	3/60
Eligibility screening interview	675	1	10/60
Refusal questionnaire	90	1	10/60
ACASI survey interview	450	1	45/60
HIV Testing & Counseling	450	1	45/60
RDS Training	450	1	10/60
Qualitative interview	20	1	1

Dated: June 29, 2007.

### Maryam I. Daneshvar, PhD,

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

[FR Doc. E7-13243 Filed 7-6-07; 8:45 am]

BILLING CODE 4163-18-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

## Administration for Children and Families

Grant to Forty-Nine Community Services State Associations; Office of Community Services

**AGENCY:** Office of Community Services, ACF, HHS.

**ACTION:** Notice to award grant awards.

CFDA Number: 93.570.

SUMMARY: Notice is hereby given that awards will be made to forty-nine Community Services State Associations (CAA), in the amount of \$65,000 each for ongoing capacity-building within the Community Services Network of Federal, State and local organizations to continue their work of addressing CSBG program needs. State CAA Associations