

HIV risk behaviors, and access to HIV testing and services, in order to inform the development of optimal HIV prevention interventions for persons with chronic mental illness, and particularly for African Americans with chronic mental illness. Staff at selected implementation sites will routinely offer counseling and rapid HIV testing to clients and administer a brief survey to assess HIV risk behaviors, previous access to HIV testing and services, and mental health symptoms. Collection of data from client medical records will provide information on diagnoses, clinical course, and treatment history. Clients who enroll will be followed longitudinally with a follow-up survey offered at 6-month intervals and repeat rapid HIV testing offered annually.

This project will collect data from clients using brief surveys administered on a voluntary basis. Collection of data will provide information on client demographics; current behaviors that may facilitate HIV transmission, including sexual and drug-use behaviors; current psychiatric symptoms, determined using brief rating scales; access and barriers to HIV testing, prevention, and treatment services; and adherence to psychiatric and medical treatment regimens. CDC is requesting approval for a 3-year clearance for data collection. Data will be collected in 4 community mental health sites. CDC estimates that an average of 900 clients will be asked to participate at each site annually and that 80% will accept, resulting in 2,880

new survey respondents each year across all sites. The average duration of the initial survey is estimated to be 45 minutes. CDC estimates an 80% acceptance rate at 6-month follow-up among the initial 2,880 respondents, resulting in 2,304 respondents for the follow-up survey at 6-month intervals and an average of 4,608 follow-up respondents per year over the course of the project. The average duration of the follow-up survey is estimated to be 30 minutes. Participation is voluntary. Data collection will provide important insights into the relationship between HIV risk behaviors and psychiatric illness. There is no cost to the respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of form	Average number of respondents per annum	Average number of responses per respondent	Average burden per response (Hours)	Total burden per annum (Hours)
Clinic Patient Initial Survey	2,880	1	45/60	2,160
Clinic Patient Follow-up Survey	4,608	2	30/60	4,608
Total	6,768

Dated: July 26, 2007.
Maryam I. Daneshvar,
Acting Reports Clearance Officer, Centers for Disease Control and Prevention.
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Reallotment of FY 2006 Funds for the Low Income Home Energy Assistance Program (LIHEAP)

AGENCY: Office of Community Services, ACF, HHS.

ACTION: Notice of determination concerning funds available for reallotment.

CFDA Number: 93.568
SUMMARY: Notice is hereby given of a preliminary determination that funds from the fiscal year (FY) 2006 Low Income Home Energy Assistance Program (LIHEAP) are available for reallotment to States, Territories, and Tribes and Tribal Organizations that receive FY 2007 direct LIHEAP grants. No subgrantees or other entities may apply for these funds. Section 2607(b)(1) of the Low Income Home Energy Assistance Act (the Act), Title XXVI of

the Omnibus Budget Reconciliation Act of 1981 (42 U.S.C. 8621 *et seq.*), as amended, requires that if the Secretary of the Department of Health and Human Services (HHS) determines that, as of September 1 of any fiscal year, an amount in excess of certain levels allotted to a grantee for any fiscal year will not be used by the grantee during the fiscal year, the Secretary must notify the grantee and publish a notice in the **Federal Register** that such funds may be reallotted to LIHEAP grantees during the following fiscal year. If reallotted, the LIHEAP block grant allocation formula will be used to distribute the funds. (No funds may be allotted to entities that are not direct LIHEAP grantees during FY 2007.) It has been determined that \$326,894 may be available for reallotment during FY 2007. This determination is based on revised Carryover and Reallotment Reports from the Turtle Mountain Band of Chippewa Indians in North Dakota and Southern Ute Indian Tribe in Colorado, which were submitted to the Office of Community Services as required by 45 CFR 96.82.

The statute allows grantees who have funds unobligated at the end of the fiscal year for which they are awarded to request that they be allowed to carry over up to 10 percent of their allotments to the next fiscal year. Funds in excess

of this amount must be returned to HHS and are subject to reallotment under section 2607(b)(1) of the Act. The amount described in this notice was reported as unobligated FY 2006 funds in excess of the amount that the Turtle Mountain Band of Chippewa Indians could carry over to FY 2007. Additionally, an amount from Southern Ute Indian Tribe is excess funds for FY 2006 plus the 10 percent carryover, since the tribe did not apply for FY 2007 LIHEAP funds.

The Turtle Mountain Band of Chippewa Indians was notified by certified mail that \$297,492 of its FY 2006 funds may be reallotted. Additionally, the Southern Ute Indian Tribe was notified by certified mail that \$29,402 of its FY 2006 funds may be reallotted. In accordance with section 2607(b)(3), the Chief Executive Officers of both the tribes have 30 days from the date of the letter to submit comments to: Josephine B. Robinson, Director, Office of Community Services, 370 L'Enfant Promenade, SW., Washington, DC 20447.

The comment period expires August 31, 2007.

After considering any comments submitted, the Chief Executive Officers will be notified of the final reallotment amount, and this decision also will be published in the **Federal Register**. If funds are reallotted, they will be

allocated in accordance with section 2604 of the Act and must be treated by LIHEAP grantees receiving them as an amount appropriated for FY 2007. As FY 2007 funds, they will be subject to all requirements of the Act, including section 2607(b)(2), which requires that a grantee obligate at least 90 percent of its total block grant allocation for a fiscal year by the end of the fiscal year for which the funds are appropriated, that is, by September 30, 2007.

FOR FURTHER INFORMATION CONTACT: Nick St. Angelo, Director, Division of Energy Assistance, Office of Community Services, 370 L'Enfant Promenade, SW., Washington, DC 20447; telephone (202) 401-9351.

Dated: July 26, 2007.

Yolanda J. Butler,

Deputy Director, Office of Community Services.

[FR Doc. E7-14875 Filed 7-31-07; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Filovirus Animal Models; Public Workshop

AGENCY: National Institutes of Health, HHS.

ACTION: Notice of public workshop.

The National Institutes of Health (NIH) is announcing a public workshop entitled: Filoviruses: Current Status of Research into Pathophysiology and Potential Uses of Animal Models. The purpose of the public workshop is to discuss the current state of understanding of filovirus infections, knowledge gaps and research needs, the current status of research exploring animal models, and the potential role of model development in approaches to investigation of therapeutic or vaccine strategies directed towards filoviruses.

DATE AND TIME: The public workshop will be held on September 11, 2007 from 8:30 a.m.–5 p.m. and on September 12, 2007 from 8:30 a.m.–1 p.m.

LOCATION: The public workshop will be held at the main auditorium, Natcher Conference Center, NIH Campus, 45 Center Drive, Bethesda, Maryland.

CONTACT PERSON: Ping Chen, 6610 Rockledge Drive, telephone: 301-451-3756, fax: 301-480-1263, e-mail: chenpi@niaid.nih.gov

REGISTRATION: Pre-registration is required and must be completed by August 24, 2007. Please go to the following web site for information about

registration (<http://www.niaid.nih.gov/news/events/meetings/filo/>). There is no registration fee for the public workshop. Early registration is recommended because seating is limited. There will be no onsite registration.

If you need special accommodations due to a disability, please contact (see Contact Person) at least 7 days in advance.

SUPPLEMENTARY INFORMATION: NIH, CDC, DoD, and FDA, are cosponsoring a public workshop titled, "Filoviruses: Current Status of Research into Pathophysiology and Potential Uses of Animal Models". The meeting will discuss: (1) Background information on filovirus pathogenesis and clinical disease in humans and animals, and status of research into the understanding of human disease and development of animal models; (2) Background information on the scientific issues and regulatory approaches to the potential uses of animal data in the development of prevention and treatment strategies; (3) General review of filovirus vaccine design, rationale, and correlates of protection; (4) General review of the status of preliminary research approaches to filovirus-directed antiviral therapeutics. The workshop's goal is to enhance understanding of filovirus disease, identify knowledge gaps and research needs, and explore the potential strengths and limitations of various animal models.

TRANSCRIPTS: Transcripts of the public workshop will be available following the workshop. Procedures to obtain a transcript will be made available at a later date.

Dated: July 23, 2007.

Michael G. Kurilla,

Director, Office of Biodefense Research Affairs, Associate Director for Biodefense Product Development, DMID, NIAID, National Institutes of Health.

[FR Doc. E7-14874 Filed 7-31-07; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Delegation of Authority

Notice is hereby given that I have delegated to the Director, National Institutes of Health (NIH), the authorities under section 3 of Public Law 109-416 (Combating Autism Act of 2006), which amends Title III of the Public Health Service Act, by adding Part R, section 399CC, authorizing establishment of the Interagency Autism

Coordinating Committee. I am also delegating the authority under Title III, section 399CC of the Public Health Service Act, as amended, to select Federal members of the Committee, including the chair, as appropriate. I will retain the authority under Title III, section 399CC(c)(2), pertaining to the selection of additional non-Federal public members of the Committee.

This delegation excludes the authority to submit reports to the Congress, and shall be exercised in accordance with the Department's applicable policies, procedures, and guidelines relating to regulations.

This delegation is effective upon signature. In addition, I ratified and affirmed any actions taken by the Director of the NIH or his subordinates which involved the exercise of the authorities delegated herein prior to the effective date of the delegation.

This delegation was effective upon date of signature.

Dated: July 18, 2007.

Michael O. Leavitt,

Secretary.

[FR Doc. 07-3735 Filed 7-31-07; 8:45 am]

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DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR-5155-N-01]

Mortgage and Loan Insurance Programs Under the National Housing Act—Debenture Interest Rates

AGENCY: Office of the Assistant Secretary for Housing—Federal Housing Commissioner, HUD.

ACTION: Notice.

SUMMARY: This notice announces changes in the interest rates to be paid on debentures issued with respect to a loan or mortgage insured by the Federal Housing Administration under the provisions of the National Housing Act (the Act). The interest rate for debentures issued under section 221(g)(4) of the Act during the 6-month period beginning July 1, 2007, is 4³/₄ percent. The interest rate for debentures issued under any other provision of the Act is the rate in effect on the date that the commitment to insure the loan or mortgage was issued, or the date that the loan or mortgage was endorsed (or initially endorsed if there are two or more endorsements) for insurance, whichever rate is higher. The interest rate for debentures issued under these other provisions with respect to a loan or mortgage committed or endorsed during the 6-month period beginning