

total labor cost associated with the HSR Rules and the Notification and Report Form is approximately \$73,505,650 (156,395 hours × \$470/hour).

Estimated annual non-labor cost burden: \$0 or minimal.

The applicable requirements impose minimal start-up costs, as businesses subject to the HSR Rules generally have or obtain necessary equipment for other business purposes. Staff believes that the above requirements necessitate ongoing, regular training so that covered entities stay current and have a clear understanding of federal mandates, but that this would be a small portion of and subsumed within the ordinary training that employees receive apart from that associated with the information collected under the HSR Rules and the corresponding Notification and Report Form.

William Blumenthal,
General Counsel.

[FR Doc. E7-6773 Filed 4-10-07; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

[Document Identifier: OS-0990-NEW; 60-day Notice]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Office of the Secretary, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed collection for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Type of Information Collection Request: Regular, new collection.

(fiscal year 2004 (2.7%), fiscal year 2005 (4.1%), fiscal year 2006 (3.3%).)

Title of Information Collection: The Role of Faith-based and Community Organizations in Post-Hurricane Human Services Relief Efforts.

Form/OMB No.: 0990-new.

Use: The Office of the Assistant Secretary for Planning and Evaluation will study the role of faith-based and community organizations in Louisiana, Mississippi, and Houston to document and analyze the human services relief efforts conducted and organizational networks used in the aftermath of hurricanes Katrina and Rita in 2005. This information will be used to improve future disaster planning and response by government and other relevant organizations.

Frequency: One-time collection.

Affected Public: Non-profit organizations; government officials; individuals.

Annual Number of Respondents: 390.

Total Annual Responses: 390.

Average Burden per Response: 41.8 minutes.

Total Annual Hours: 271.7 hours.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, e-mail your request, including your address, phone number, OMB number, and OS document identifier, to Sherrette.funncoleman@hhs.gov, or call the Reports Clearance Office on (202) 690-6162. Written comments and recommendations for the proposed information collections must be received within 60 days, and directed to the OS Paperwork Clearance Officer at the following address: Department of Health and Human Services, Office of the Secretary, Assistant Secretary for Resources and Technology, Office of Resources Management, Attention: Sherrette Funn-Coleman (0990-NEW), Room 537-H, 200 Independence Avenue, SW., Washington DC 20201.

Dated: April 4, 2007.

Mary Oliver-Anderson,

Office of the Secretary, Paperwork Reduction Act Reports Clearance Officer.

[FR Doc. E7-6786 Filed 4-10-07; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

[Document Identifier: OS-0990-0221; 60-day notice]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Office of the Secretary, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed collection for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Type of Information Collection

Request: Extension.

Title of Information Collection:

Family Planning Annual Report: Forms and Instructions.

Form/OMB No.: 0990-0221.

Use: This annual reporting requirement is for family planning service delivery projects authorized and funded under the Population Research and Voluntary Family Planning Programs (Section 1001 Title X of the Public Health Service Act, 42 U.S.C. 300). The FPAR is the only source of annual, uniform reporting by all Title X family planning service grantees. OPA uses FPAR data to monitor compliance with statutory requirements, to comply with accountability and performance requirements for GPRA and HHS plans and to guide program planning and evaluation.

Frequency: Reporting annually.

Affected Public: State, Local, or Tribal Government.

Annual Number of Respondents: 88.

Total Annual Responses: 88.

Average Burden per Response: 33.38 Hours.

Total Annual Hours: 2937.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, e-mail your request, including your address, phone number, OMB number, and OS document identifier, to Sherrette.funncoleman@hhs.gov, or call the Reports Clearance Office on (202) 690-6162. Written comments and recommendations for the proposed information collections must be received with 60-days, and directed to the OS Paperwork Clearance Officer at the following address: Department of Health and Human Services, Office of

the Secretary, Assistant Secretary for Resources and Technology, Office of Resources Management, Attention: Sherrette Funn-Coleman (0990-0221), Room 537-H, 200 Independence Avenue, SW., Washington DC 20201.

Dated: April 4, 2007.

Mary Oliver-Anderson,

Office of the Secretary, Paperwork Reduction Act Reports Clearance Officer.

[FR Doc. E7-6791 Filed 4-10-07; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Request for Applications for the Prevention of HIV/AIDS in Women Living in the Rural South Program

AGENCY: Office on Women's Health, Office of Public Health and Science, Office of the Secretary, Department of Health and Human Services.

ACTION: Notice.

Announcement Type: Competitive Cooperative Agreement—FY 2007 Initial announcement.

Funding Opportunity Number: Not Applicable.

OMB Catalog of Federal Domestic Assistance: The OMB Catalog of Federal Domestic Assistance Number is 93.015.

DATES: No later than 5 p.m. Eastern Time on June 11, 2007.

ADDRESSES: To receive consideration, applications must be received by the Office of Grants Management, Office of Public Health and Science (OPHS), Department of Health and Human Services (DHHS) c/o WilDon Solutions, Office of Grants Management Operations Center, 1515 Wilson Blvd., Third Floor Suite 310, Arlington, VA 22209, Attention Office of Women's Health, HIV.

SUMMARY: This program is authorized by 42 U.S.C. 300u-2(a).

The mission of the Office on Women's Health (OWH) is to promote the health of women and girls through gender-specific approaches. To that end, OWH has established public/private partnerships to address critical women's health issues nationwide. These include supporting collaborative efforts to provide accurate prevention education to rural women living in the rural¹ south² rural South. The emphasis of these efforts is on educational and prevention counseling covering the full spectrum of primary and secondary

prevention adapted to a female centered perspective. This initiative is intended to demonstrate a collaborative partnership approach between the grantee and local health or social service providers, e.g., community health centers, rural health centers, family planning clinics, the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), community based organizations, faith based organizations, public assistance programs and local health departments.

The partnership is expected to be a viable strategy for identifying and educating rural women in a culturally appropriate manner that reduces denial, demystifies stigma, clarifies inaccurate information, and increases knowledge for self-protection and access to counseling and testing resources. It is expected that the prevention education model will provide accurate, culturally, and linguistically appropriate information to women at risk for or living with HIV/AIDS in the rural south.

Funding will be directed at activities designed to improve the delivery of services to women disproportionately impacted by HIV/AIDS.

I. Funding Opportunity Description

The primary purpose of this OWH HIV/AIDS program is to increase HIV prevention knowledge and reduce the risk of contracting HIV among minority women living in the rural south. *The goals for this program are:*

Develop and sustain HIV prevention services to increase awareness of and receptivity to HIV prevention, including the ABC³—Abstinence, Being Faithful, Correct and Consistent use of Condoms model, among women living in rural communities in the south experiencing high rates of HIV infection within female populations.

Develop gender specific education and prevention training modules on critical HIV/AIDS primary and secondary prevention/education information. Centers for Disease Control and Prevention recommended effective interventions may be used as well as adapted interventions which demonstrate core elements of interventions with evidence of effectiveness.⁴

Implement education and prevention training modules that are culturally and linguistically appropriate for women living in rural communities in the south.

³ USAID. *The "ABCs" of HIV prevention*: Report of a USAID technical meeting on behavior change approaches to primary prevention of HIV/AIDS. Washington, DC: Population, Health and Nutrition Information Project, 2003. http://www.usaid.gov/our_work/global_health/aids/TechAreas/prevention/abc.pdf

⁴ Compendium of HIV Prevention Interventions with Evidence of Effectiveness, CDC's HIV/AIDS Prevention Research Synthesis Project, November 1999.

The OWH hopes to fulfill this purpose by providing funding to targeted community-based organizations to enhance their prevention and support activities to women living in the rural south experiencing high rates of HIV infection. The proposed program must address false HIV information, stigma, denial, knowledge, self-protection behaviors and the importance of knowing one's seropositive status. A gender specific approach shall be an integral element of the selected intervention. Information and services provided must be culturally and linguistically appropriate for the individuals for whom the information and services are intended. Women's health issues are defined in the context of women's lives, including their multiple social roles and the importance of relationships with other people to their lives. This definition of women's health encompasses mental, dental, and physical health and spans the life course.

The objectives of the OWH program are to:

1. Increase knowledge of accurate HIV prevention information among women living in rural communities in the south.
2. Improve and increase access to quality HIV prevention services to women living with or at high risk for HIV infection in rural communities in the south.
3. Improve receptivity to and awareness of HIV prevention education necessary to reduce the stigma among women in rural south communities.
4. Increase the number of women living in the rural south voluntarily receiving HIV testing.

In order to achieve the objectives of the program the grantee shall: (1) Establish partnership(s) with local entities after reviewing city/county/State data on HIV incidence among women populations, exploring challenges and trends which enable risks and vulnerabilities of women living in rural south communities. (2) Develop and implement a gender specific model "education and prevention counseling" program to provide accurate prevention education to women living in the rural south. Culture, language, and sub-cultures of rural south populations are considerations for appropriate program components. (3) Develop or select use of existing prevention education training modules on critical HIV/AIDS primary and secondary prevention and education information. (4) Establish Memoranda of Understanding with local health care entities, social services, local small businesses, community and faith

¹ Access: <http://www.cdc.gov/hiv/graphics/rural-urban.htm> for definitions.

² Access: <http://www.cdc.gov/hiv/graphics/rural-urban.htm> for visual of U.S. south.