

questionnaire will consist of both closed- and open-ended items, and will be administered through Zoomerang, an online questionnaire program. If these measures fail, respondents will be contacted by telephone.

During the first 6 months, approximately 500 Epi-X users from every state of the union will be asked to volunteer input (in a 5–10 question format) about their experiences using the alert notification functionalities of

the Epi-X communications system. There will be no cost to respondents, participation will be voluntary.

Respondents	No. of respondents	No. of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
State and Local Health Professionals .....	500	1	15/60	125
Total .....	.....	.....	.....	125

Dated: December 16, 2003.

**Alvin Hall,**

*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

#### Advisory Committee to the Director, Centers for Disease Control and Prevention

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease Control and Prevention (CDC) announces the following advisory committee meeting.

*Name:* Advisory Committee to the Director, CDC.

*Time and Date:* 8:30 a.m.–4 p.m., February 5, 2004.

*Place:* Centers for Disease Control and Prevention, Roybal Campus, 1600 Clifton Road, NE, Auditorium B, Atlanta, Georgia 30333.

*Status:* Open to the public, limited only by the space available. The meeting room accommodates approximately 350 people.

*Purpose:* The committee will provide advice to CDC Director on strategic and other broad issues facing CDC.

*Matters to Be Discussed:* Agenda items will include discussion of the CDC Futures Initiative and updates on CDC priorities with discussions of program activities including updates on CDC scientific and programmatic activities.

Agenda items are subject to change as priorities dictate.

*For More Information Contact:* Robert Delaney, Executive Secretary, Advisory Committee to the Director, CDC, 1600 Clifton Road, NE., M/S D–14, Atlanta, Georgia 30333. Telephone 404/639–7000.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and

other committee management activities, for both CDC and the Agency for Toxic Substances and Disease Registry.

Dated: December 14, 2003.

**Alvin Hall,**

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

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Agency Information Collection Activities: Proposed Collection; Comment Request

In compliance with the requirement for the opportunity for public comment on proposed data collection projects (section 3506(c)(2)(A) of title 44, United States Code, as amended by the Paperwork Reduction Act of 1995 (Public Law 104–13), the Health Resources and Services Administration (HRSA) publishes periodic summaries of proposed projects being developed for submission to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995. To request more information on the proposed grant information collection activity or to obtain a copy of the data collection plan and draft instruments, call the HRSA Reports Clearance Officer at (301) 443–1129.

Comments are invited on: (a) Whether the proposed collection of information is necessary for proper performance of grantee functions including whether the information will have practical utility; (b) the accuracy of the burden estimate 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 information collection burden on respondents,

including the use of automated collection methods or other types of information technology.

#### Proposed Project: Ryan White Comprehensive AIDS Resources Emergency (CARE) Act Title II Grant Application Supplements: In Use Without Approval

The CARE Act (codified under Title XXVI of the Public Health Service Act) was first enacted by Congress in 1990, and reauthorized in 1996 and 2000. It addresses the unmet health needs of persons living with HIV disease by funding primary health care and support services that enhance access to and retention in care. The CARE Act funded services reach over 500,000 individuals; after Medicaid and Medicare, it is the largest single source of Federal funding for HIV/AIDS care for low-income, uninsured, and underinsured Americans. The Title II Care Grant Program (CGP) provides formula grants to all 50 States; the District of Columbia; the Commonwealth of Puerto Rico; the Territories of the Virgin Islands, Guam, and American Samoa; the Commonwealth of the Northern Mariana Islands, the Republic of Palau, the Federated States of Micronesia, and the Republic of the Marshall Islands. Funding is disbursed to these grantees by HRSA based on a Congressionally mandated formula.

The purpose of the Title II CGP is to assist States and Territories in developing and/or enhancing access to a comprehensive continuum of high quality, community based care for low-income individuals and families living with HIV. Grantees may allocate funds to five legislatively authorized program components: (1) HIV Care Consortia, to provide comprehensive outpatient health and support services, such as early intervention services, outpatient medical care, case management, substance abuse treatment, mental health services, transportation; (2)