Dated: February 15, 2005.

Betsey Dunaway,

Acting Reports Clearance Officer, Office of the Chief Science Officer, Centers for Disease Control and Prevention.

[FR Doc. 05–3272 Filed 2–18–05; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–05–0026)

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 404–371–5976 or send comments to Sandi Gambescia, CDC Assistant 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

Report of Verified Case of Tuberculosis (RVCT), OMB No. 0920–0026—Extension—Centers for Disease Control and Prevention (CDC), National Center for HIV, STD, and TB Prevention (NCHSTP). CDC is requesting OMB approval for another 3-year extension of the Report of Verified Case of Tuberculosis (RVCT) data collection.

CDC maintains the national TB surveillance system to support CDC's goal of eliminating tuberculosis (TB) in the United States. Previous modifications to the data collection have improved the ability of CDC to monitor important aspects of TB epidemiology in the United States, including drug resistance, TB risk factors, HIV coinfection, and treatment. The system also enables CDC to monitor the recovery of the nation from the recent resurgence of TB and to determine if current TB epidemiology supports the renewed national goal of TB elimination. To measure progress in achieving this goal, as well as continue to monitor TB trends and potential TB outbreaks, identify high risk populations for TB, and gauge program performance, CDC is requesting approval to extend the use of the RVCT.

Data are collected by 60 Reporting Areas (50 states, the District of Columbia, New York City, Puerto Rico, and 7 jurisdictions in the Pacific and Caribbean) using the RVCT. There are no changes to the forms previously approved in 2002. An RVCT is completed for each reported TB case and contains demographic, clinical, and laboratory information.

A comprehensive software package, the Tuberculosis Information Management System (TIMS) is currently used for RVCT data entry and electronic transmission of reports to CDC. TIMS provides reports, query functions, and export functions to assist in analysis of the data. However, electronic transmission of TB case reports to CDC is in a transition phase with the development of the web-based National Electronic Disease Surveillance System (NEDSS) and Public Health Information Network (PHIN). Following the transition, many respondents will implement a PHIN compatible information system to collect and report TB surveillance data via the PHIN Messaging System. The remaining respondents will employ the NEDSS base system. These respondents will be able to use either the associated TB Program Area Module or their own TB surveillance application to collect and report RVCT data to CDC.

CDC publishes an annual report summarizing national TB statistics and also periodically conducts special analyses for publication in peer-reviewed scientific journals to further describe and interpret national TB data. These data assist public health officials and policy makers in program planning, evaluation, and resource allocation. Reporting Areas also review and analyze their RVCT data to monitor local TB trends, evaluate program success, and assist in focusing resources to eliminate TB.

No other Federal agency collects this type of national TB data. In addition to providing technical assistance on the use of RVCT, CDC also provides Reporting Areas with technical support for the TIMS software. In this request, CDC is requesting approval for approximately 7,560 burden hours, an estimated decrease of 778 hours. This decrease is due to a decrease in the total number of tuberculosis cases. There is no cost to respondents except for their time.

ANNUALIZED BURDEN TABLE

Respondents	Number of respondents	Number of responses per respondents	Average burden per response (in hours)	Total burden (in hours)
Local, state, territorial health departments	60	252	30/60	7,560
Total				7,560

Dated: February 15, 2005.

Betsey Dunaway,

Acting Reports Clearance Officer, Office of the Chief Science Officer, Centers for Disease Control and Prevention.

[FR Doc. 05–3274 Filed 2–18–05; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Statement of Organization, Functions and Delegations of Authority

Notice is hereby given that under the authority vested in the Assistant Secretary for Children and Families by the memorandum dated October 1, 2003 from the Assistant Secretary for Administration and Management, I hereby redelegate to the Deputy Assistant Secretary for Administration, the following authority:

Authority Delegated

The authority to issue formal grievance decisions on matters under the line of supervision where the Assistant Secretary is the second level supervisor, except in cases where the Deputy Assistant Secretary for Administration is the first level supervisor.

Conditions and Limitations

This delegation excludes those authorities specifically reserved to or by the Secretary in the memorandum dated October 11, 2001.

This authority is to be exercised in accordance with the policies of the Department and the Administration for Children and Families.

Effective Date

This redelegation is effective on the date of signature. I hereby ratify any actions the Deputy Assistant Secretary for Administration may have taken pursuant to this authority prior to the effective date of this redelegation.

Effect on Existing Delegations

None.

Dated: February 10, 2005.

Wade F. Horn, PhD.,

Assistant Secretary for Children and Families.

[FR Doc. 05–3365 Filed 2–18–05; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Collection; Comment Request; Survey of NIGMS Minority Opportunities in Research (MORE) Division Institutional Program Directors

SUMMARY: 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 National Institute of General Medical Sciences (NIGMS), the National Institutes of Health (NIH) will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

Proposed Collection: Title: Survey of NIGMS Minority Opportunities in Research (MORE) Division Institutional Program Directors. *Type of Information Collection Request:* New collection. *Need and Use of Information Collection:* NIGMS provides research and research training support in the basic biomedical sciences through a variety of programs and grant mechanisms. Several of these programs are targeted toward support of underrepresented minority students at various educational levels and research faculty at minority-serving institutions. Although significant resources are dedicated to funding these programs, there is a lack of quantitative information on program outcomes. With this submission, NIGMS seeks to obtain OMB's approval to conduct a survey of the institutional program directors in the following programs: Minority Access to Research Careers Undergraduate Student Training in Academic Research (U*STAR), Minority Biomedical Research Support Initiative for Minority Student Development (IMSD), and Minority Biomedical Research Support Research Initiative for Scientific Enhancement (RISE). Information collected in the survey will include data on student enrollment and highest degree received.

This proposed one-time survey is part of a larger study that will provide NIGMS with the high-quality data needed to evaluate the educational outcomes and research activity of students and faculty who are supported by NIGMS training and research support programs. Other data will be collected from existing sources, including grant records and Medline databases. Taken together, the data will be used as a baseline for future assessments, as well to further develop current programs and in the creation of proposals for new initiatives in minority recruitment and training. These results will be reported to the National Advisory General Medical Sciences Council (NAGMSC) and shared with the community of NIGMS grantees. The survey is planned to launch in July 2005 and to be in the field for two months. *Frequency of Response:* Once. *Affected Public:* Individuals or households; Not-for-profits. *Type of Respondents:* Training grant program directors.

The annual reporting burden is as follows:

Type and number of respondents	Estimated number of responses per respondent	Estimated total responses	Average burden hours per responses	Estimated total annual burden hours requested
Training Grant Program Directors 150	1	150	20 minutes	50

Total Number of Respondents: 150.

Total Number of Responses: 150.

Total Hours: 50.

The annualized cost to respondents is estimated at: $1,650.

There are no capital costs, operating costs, and/or maintenance costs to report.

Request for Comments: Written comments and/or suggestions from the public and affected agencies are invited on one or more of the following points: (1) Evaluate whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) Enhance the quality, utility, and clarity of the information to be collected; and (4) Minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.