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Pursuant to section 1.1206 of the Commission's rules, 47 CFR 1.1206, this proceeding will be conducted as a permit-but-disclose proceeding in which *ex parte* communications are subject to disclosure.

Copies of any subsequently filed documents in this matter will be available for public inspection and copying during regular business hours at the FCC Reference Information Center, Portals II, 445 12th Street, SW., Room CY-A257, Washington, DC 20554. The complete text of this *public notice* may be purchased from the Commission's duplicating contractor, Qualex International, Portals II, 445 12th Street, SW., Room CY-B402, Washington, DC 20554, telephone (202) 863-2893, facsimile (202) 863-2898, or via e-mail qualexint@aol.com.

To request materials in accessible formats for people with disabilities (Braille, large print, electronic files, audio format), send an e-mail to fcc504@fcc.gov or call the Consumer & Governmental Affairs Bureau at (202) 418-0531 (voice), (202) 418-7365 (TTY). This *public notice* can also be downloaded in Text and ASCII formats at: <http://www.fcc.gov/cgb/policy>.

Federal Communications Commission.

Nancy Stevenson,

(Acting) Deputy Chief, Policy Division,
Consumer & Governmental Affairs Bureau.
[FR Doc. 03-31967 Filed 12-29-03; 8:45 am]

BILLING CODE 6712-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Notice of Availability on Transforming Healthcare Quality Through Information Technology (THQIT)—Implementation Grants

AGENCY: Agency for Healthcare Research and Quality, HHS.

ACTION: Notice of availability.

SUMMARY: This notice announces the availability of a Request for Applications (RFA) on Implementation grants to evaluate the effects of health information technology (HIT) on improving patient safety and quality of health care.

The objective of this RFA is to support organization and community-wide implementation and diffusion of HIT and to assess the extent to which HIT contributes to measurable and sustainable improvement in patient safety, cost and overall quality of care. Research resulting from this RFA should inform AHRQ, providers, patients, payers, policymakers, and the public about how HIT can be successfully implemented in diverse health care settings and lead to safer and better health for all Americans.

DATES: The following dates will assist the applicant in timing the development of his/her application:

- Technical Assistance (TA)—Respond by January 27, 2004. TA conference call date: January 29, 2004, at 1 pm e.s.t.
- Letter of Intent Receipt Date—Due to AHRQ February 6, 2004.
- Application Receipt Date—April 22, 2004.

ADDRESSES: The RFA was published on November 20, 2003, in the NIH Guide for Grants and Contracts (NIH Guide). This document is available at <http://www.ahrq.gov> (under Funding Opportunities) or at the NIH Guide, <http://grants.nih.gov/grants/guide/rfa-files/RFA-HS-04-011.html>.

More information on the TA, where to send your application, etc. is described in the RFA.

FOR FURTHER INFORMATION CONTACT: Scott Young, M.D., Center for Primary Care, Prevention, and Clinical Partnerships, Agency for Healthcare Research and Quality, 540 Gaither Road, Rockville, MD 20850, Telephone: (301) 427-1580, FAX: (301) 427-1597, E-mail: syoung@ahrq.gov.

It is recommended you carefully review the RFA prior to attendance at the TA session.

SUPPLEMENTARY INFORMATION: With this notice potential applicants are informed that this RFA includes a cost sharing requirement. Specific details of the cost sharing component are included in the RFA.

This RFA uses the U01 Cooperative Agreement mechanism. The funds available for FY 04 for this RFA are up to \$24 million. AHRQ intends to fund up to 48 new implementation grants with up to \$14 million earmarked for

rural and small hospitals. The project period for funded grants is up to three years.

Dated: December 17, 2003.

Carolyn M. Clancy,
Director.

[FR Doc. 03-31958 Filed 12-29-03; 8:45 am]

BILLING CODE 4160-90-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Notice of Meetings

In accordance with section 10(d) of the Federal Advisory Committee Act as amended (5 U.S.C., Appendix 2), the Agency for Healthcare Research and Quality (AHRQ) announces meetings of scientific peer review groups. The subcommittees listed below are part of the Agency's Health Services Research Initial Review Group Committee.

The subcommittee meetings will be closed to the public in accordance with the Federal Advisory Committee Act, section 10(d) of 5 U.S.C., Appendix 2 and 5 U.S.C. 552b(c)(6). Grant applications are to be reviewed and discussed at these meetings. These discussions are likely to involve information concerning individuals associated with the applications, including assessments of their personal qualifications to conduct their proposed projects. This information is exempt from mandatory disclosure under the above-cited statutes.

1. *Name of Subcommittee:* Health Care Research Training.

Date: January 22-23, 2004 (Open from 8 a.m. to 8:15 a.m. on January 22 and closed for remainder of the meeting).

2. *Name of Subcommittee:* Health Care Technology and Decision Sciences.

Date: February 19-20, 2004 (Open from 8 a.m. to 8:15 a.m. on February 19 and closed for remainder of the meeting).

3. *Name of Subcommittee:* Health Research Dissemination and Implementation.

Date: February 23-24, 2004 (Open from 8 a.m. to 8:15 a.m. on February 23 and closed for remainder of the meeting).

4. *Name of Subcommittee:* Health Systems Research.

Date: February 26-27, 2004 (Open from 8 a.m. to 8:15 a.m. on February 26 and closed for remainder of the meeting).

5. *Name of Subcommittee:* Health Care Quality and Effectiveness Research.

Date: February 26-27, 2004 (Open from 8 a.m. to 8:15 a.m. on February 26 and closed for remainder of the meeting).

All the meetings above will take place at: AHRQ, John Eisenberg Building, 540 Gaither road, Conference Center, Rockville, Maryland 20850.

For Further Information Contact: Anyone wishing to obtain a roster of members, agenda or minutes of the nonconfidential portions of the meetings should contact Mrs. Bonnie Campbell, Committee Management Officer, Office of Extramural Research, Education and Priority Population, AHRQ, 540 Gaither Road, Suite 2000, Rockville, Maryland 20850, Telephone (301) 427-1554. Agenda items for these meetings are subject to change as priorities dictate.

Dated: December 22, 2003.

Carolyn M. Clancy,
Director.

[FR Doc. 03-31957 Filed 12-29-03; 8:45 am]

BILLING CODE 4160-90-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 04060]

Cooperative Agreement for Research on the Association Between Exposure to Media Violence and Youth Violence; Notice of Availability of Funds—Amendment

A notice announcing the availability of fiscal year (FY) 2004 funds for cooperative agreements to conduct methodologically sound research on how media violence affects youth violent behavior was published in the **Federal Register** on November 28, 2003, Volume 68, Number 229, pages 66829-66834. The notice is amended as follows:

On page 66833, Column 3, Line 4 in the first paragraph after the “AR-25” requirement, delete “\$250,000” and replace with “\$500,000.”

Dated: December 19, 2003.

Edward Schultz,

Acting Director, Procurement and Grants Office, Centers for Disease Control and Prevention.

[FR Doc. 03-31835 Filed 12-29-03; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 04053]

Practices To Improve Training Skills of Home Visitors; Notice of Availability of Funds-Amendment

A notice announcing the availability of fiscal year (FY) 2004 funds for cooperative agreement to conduct a systematic examination of the impact of

home visitor training and factors related to the implementation of an existing efficacious or effective home visiting program on family outcomes of child maltreatment and risk behaviors for youth violence was published in the **Federal Register** on December 1, 2003, Volume 68, Number 230, pages 67171-67176. The notice is amended as follows: On page 67176, Column 1, Line 4, in the first paragraph after “AR-25” requirement, delete “\$250,000” and replace with “\$500,000.”

Dated: December 19, 2003.

Edward Schultz,

Acting Director, Procurement and Grants Office, Centers for Disease Control and Prevention.

[FR Doc. 03-31834 Filed 12-29-03; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

HIV Prevention Projects for the Pacific Islands

Announcement Type: New.

Funding Opportunity Number: 04069.

Catalog of Federal Domestic Assistance Number: 93.943.

Key Dates:

Application Deadline: February 2, 2004.

I. Funding Opportunity Description

Authority: This program is authorized under sections 301(a) and 317(k)(2) of the Public Health Service Act, 42 U.S.C., 241 and 247b(k)(2).

Purpose: The purpose of the program is to support HIV prevention projects in the U.S. Affiliated Pacific Island Jurisdictions. HIV prevention programs in these jurisdictions face unique challenges and circumstances. These jurisdictions often lack sufficient resources, program infrastructure, and technical support to fully implement a comprehensive HIV prevention program and to ensure that critical prevention program components are implemented and sustained. These island nations deal with many challenging dynamics that include reaching and supporting prevention activities in locations separated by vast expanses of ocean, highly mobile populations, a lack of primary health care providers and facilities, variable economic and social conditions, and the challenge of adequately managing the migration and movement of regional and international visitors and workers. This program

addresses the Healthy People 2010 focus area of HIV infection.

The majority of HIV transmission is by persons unaware of their infection; one quarter of the people in the United States who are infected with HIV do not yet know they are infected. Knowledge of their HIV status would allow these people to receive the benefits of improved treatment and care, as well as ongoing prevention services that can help them avoid infecting others.

CDC is refocusing some HIV prevention activities to reduce the number of new HIV infections in the United States (“Advancing HIV Prevention: New Strategies for a Changing Epidemic—United States,” MMWR 2003; 52(15): 329-332). This new initiative will put more emphasis on counseling, testing, and referral for the estimated 180,000 to 280,000 persons who are unaware of their HIV infection; partner notification, including partner counseling and referral services; and prevention services for persons living with HIV to prevent further transmission once they are diagnosed with HIV. In addition, since perinatal HIV transmission can be prevented, CDC is strengthening efforts to promote routine, universal HIV screening as a part of prenatal care. All of this will be accomplished through four strategies: (1) Making HIV screening a routine part of medical care; (2) creating new models for diagnosing HIV infection, including the use of rapid testing; (3) improving and expanding prevention services for people living with HIV; and (4) further decreasing perinatal HIV transmission.

Measurable outcomes of the program will be in alignment with the following performance goals for the National Center for HIV, STD and TB Prevention (NCHSTP):

1. Decrease the number of persons at high risk for acquiring or transmitting HIV infection by delivering targeted, sustained, and evidence-based HIV prevention interventions, including prevention of perinatal HIV transmission.

2. Increase, through voluntary counseling and testing, the proportion of HIV-infected people who know they are infected, focusing particularly on populations with high rates of undiagnosed HIV infection by: Incorporating HIV rapid and other test technology where applicable; reconfiguring counseling and testing resources to increase the efficiency of such services; increasing the number of providers who routinely provide HIV screening in health care settings; and increasing the number of partners who receive partner counseling, testing, and referral services.