develops a broad range of personnel standards, including commissioning, professional, and officer competency standards; (4) develops training and education policy and career development guidelines and materials; (5) develops and maintains policies for billet description, grading, and classification that reflect both commissioned corps and agency requirements; (6) advises the ASH on policy pertaining to deployments, and on mission nature, size, duration and mix and blend of the use of active duty and reserve officers for deployments; (7) conducts force planning for all elements of reserve assets, and recommends policy to support plans, goals, and objectives; (8) develops policy, guidelines, and standard memoranda of agreement for individual and blanket details; and (9) works with the Program Evaluation and Oversight Division and other uniformed services to identify and adapt best practices to improve efficiency and effectiveness, and for the purpose of developing systems to provide the highest quality services to the agencies and to the commissioned officer community.

(d) Program Evaluation and Oversight Division (ACQ3): (1) Develops and implements evaluations and assessments of the Commissioned Corps in meeting its goals, objectives and milestones; (2) manages relationships with the PSC and all contractors; (3) assures that programs contain appropriately time framed goals, objectives, and outcomes by which to monitor and assess progress and performance; (4) conducts after action assessments and evaluations pertaining to the use of the Commissioned Corps for deployments, special assignments, or other non-routine uses of officers; (5) oversees and evaluates the medical benefit and payroll programs; (6) conducts periodic program reviews of all aspects of the management and utilization of the Commissioned Corps; and (7) develops methods and approaches to monitor satisfaction and follow up concerning services provided to various customers, and provides feedback to program officials.

II. *Continuation of Policy:* Except as inconsistent with this reorganization, all statements of policy and interpretations with respect to the Commissioned Corps of the PHS heretofore issued and in effect prior to this reorganization are continue in full force and effect.

III. *Delegation of Authority:* All delegations and redelegations of authority made by officials and employees of affected organizational components will continue in them or their successors pending further redelegation, provided they are consistent with this reorganization.

IV. *Funds, Personnel, and Equipment:* Transfer of organizations and functions affected by this reorganization shall be accompanied by direct and support funds, positions, personnel, records, equipment, supplies and other resources.

Dated: December 11, 2003.

Ed Sontag,

Assistant Secretary for Administration and Management.

[FR Doc. 03–31242 Filed 12–17–03; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–10–04]

Proposed Data Collections Submitted for Public Comment and Recommendations

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 498–1210. Send written comments to CDC, Desk Officer, Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, DC 20503 or by fax to (202) 395–6974. Written comments should be received within 30 days of this notice.

Proposed Project: NCHS Questionnaire Design Research Laboratory (OMB No. 0920–0222)—Revision—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC). The NCHS Questionnaire Design Research Laboratory (QDRL) conducts questionnaire pre-testing and evaluation activities for CDC surveys (such as the NCHS National Health Interview Survey) and other federally sponsored surveys. The most common questionnaire evaluation method is the cognitive interview. In a cognitive interview, a questionnaire design specialist interviews a volunteer participant. The interviewer administers the draft survey questions as written, probes the participant in depth about interpretations of questions, recall processes used to answer questions and adequacy of response categories to express answers, while noting points of confusion and errors in responding.

Interviews are generally conducted in small rounds of 12 interviews; the questionnaire is re-worked between rounds, and revisions are tested iteratively until interviews yield relatively few new insights. When possible, cognitive interviews are conducted in the survey's intended mode of administration. For example, when testing telephone survey questionnaires, participants often respond to the questions via a telephone in a laboratory room. This method forces the participant to answer without face-to-face interaction, yet it still allows QDRL staff to observe response difficulties, and to conduct a face-to-face debriefing. Five types of activities will be carried out: (1) Survey questionnaire development and testing based on cognitive interviewing methodology; (2) Research on the cognitive aspects of survey methodology; (3) Research on computer-user interface design for computer-assisted instruments, also known as usability testing; (4) Pilot household interviews; and (5) Studies of the optimal design and presentation of statistical, graphical and textual materials.

In general, cognitive interviewing provides useful data on questionnaire performance at minimal cost and respondent burden (note that respondents receive remuneration for their travel and effort). Similar methodology has been adopted by other federal agencies, as well as by academic and commercial survey organizations. The estimated annualized burden for this data collection is 600 hours. CDC is requesting OMB approval of this data collection for 3 years.

Anticipated 2004–2007 projects	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
QDRL Laboratory Interviews:			
(1) National Health Interview Survey (NHIS) modules	100	1	1.25

Anticipated 2004–2007 projects	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
(2) Behavioral Risk Factor Surveillance System Survey (BRFSS)	50	1	1.25
(3) Healthy People 2010 (HP 2010)	50	1	1.25
(4) National Survey of Family Growth (NSFG)	50	1	1.25
(5) Pregnancy Risk Assessment Monitoring System (PRAMS)	50	1	1.25
(6) National Health and Nutrition Examination Survey (NHANES)	50	1	1.25
(7) Other questionnaire testing:			
2004	100	1	1.25
2005	100	1	1.25
2006	100	1	1.25
(8) Perceptions of Quality of Life project	80	1	1.25
(9) Perceptions of Confidentiality Project	50	1	1.25
(10) Perception of Statistical Maps Project	50	1	1.25
(11) General Methodological Research	100	1	1.25
Pilot Household Interviews:			
2004 NHIS Modules	50	1	1.25
2005 NHIS Modules	50	1	1.25
2006 NHIS Modules	50	1	1.25
Focus Groups (10 groups of 10 for three years)	300	1	1.50

Dated: December 8, 2003.

Alvin Hall,

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

[FR Doc. 03–31187 Filed 12–17–03; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Opportunity To Collaborate in the Evaluation of Topical Microbicides To Reduce Sexual Transmission of Human Immunodeficiency Virus (HIV)

AGENCY: Centers for Disease Control and Prevention, Department of Health and Human Services (DHHS).

ACTION: Opportunities for collaboration for evaluation of topical microbicides.

The Centers for Disease Control and Prevention (CDC), National Center for HIV, STD, and TB Prevention (NCHSTP), Division of HIV/AIDS Prevention-Surveillance and Epidemiology (DHAP–SE), Epidemiology Branch (EpiBr), announces an opportunity for collaboration to evaluate the safety and preliminary efficacy of topical microbicides designed for vaginal and/or rectal application to reduce HIV transmission. These evaluations will include in-vitro assays, macaque studies, and phase I/phase II trials in women and men.

SUMMARY: The Division of HIV/AIDS Prevention-Surveillance and Epidemiology (DHAP–SE) of the National Center of HIV, STD, and TB Prevention (NCHSTP) at the Centers for Disease Control and Prevention (CDC) of the Department of Health and Human Services (DHHS) seeks one or more pharmaceutical, biotechnical, or other companies that hold a proprietary position on agents which may be useful as microbicides to prevent sexual transmission of HIV infection. The selected company and CDC will execute an Agreement under which the company will provide a product for CDC to study the product's safety and preliminary efficacy as a topical microbicide. Initial studies will include in-vitro assays and may include macaque studies. Agents will be selected for phase I and phase II trials in women and men based upon data obtained in the CDC studies as well as other available published and unpublished safety and efficacy data. Each collaboration would have an expected duration of one (1) to five (5) years. The goals of the collaboration include the timely development of data to further the identification and commercialization of effective topical microbicides and the rapid publication of research findings to increase the number of HIV prevention technologies proven effective and available for use.

Confidential proposals, preferably 10 pages or less (excluding appendices), are solicited from companies with patented or licensed agents which have undergone sufficient preclinical testing to be prepared to submit an Investigational New Drug (IND) application to the FDA within six months of submitting the proposal.

DATES: This Notice will be open indefinitely.

ADDRESSES: Formal proposals should be submitted to Carmen Villar, Epidemiology Branch, Division of HIV/AIDS Prevention—Surveillance and Epidemiology, NCHSTP, CDC, 1600 Clifton Road, Mailstop E–45, Atlanta, GA 30333; Phone: (direct) 404–639–5259, (office) 404–639–6130; Fax: 404–639–6127; e-mail: *CVillar@cdc.gov.* Scientific questions should be addressed to Lisa A. Grohskopf, MD, MPH, Epidemiology Branch, Division of HIV/AIDS Prevention—Surveillance and Epidemiology, NCHSTP, CDC, 1600 Clifton Road, Mailstop E–45, Atlanta, GA 30333; Phone: (direct) 404–639–6116, (office) 404–639–6146; Fax: 404–639–6127; e-mail: *lkg6@cdc.gov.* Inquiries directed to ''Agreement'' documents related to participation in this opportunity should be addressed to Thomas E. O'Toole, MPH, Deputy Director, Technology Transfer Office, CDC, 1600 Clifton Road, Mailstop K–79, Atlanta, GA 30333; Phone: (direct) 770–488–8611, (office) 770–488–8607; Fax: 770–488–8615; e-mail: *TEO1@cdc.gov.*

SUPPLEMENTARY INFORMATION:

Technology Available

One mission of the Epidemiology Branch (EpiBr) of DHAP–SE/NCHSTP is to develop and evaluate biomedical interventions to reduce HIV transmission. To this end, the EpiBr is establishing contracts to conduct phase I and phase II trials of topical microbicides. EpiBr also funds research in the Division of AIDS, STD, and TB Laboratory Research (DASTLR) of the National Center for Infectious Diseases (NCID) at CDC and with external laboratories to conduct macaque studies and in-vitro studies in support of human microbicide trials. The goal of these efforts is to provide scientific and technical expertise and key resources