

Alma L. Golden,

Deputy Assistant Secretary for Population Affairs.

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Office of the Assistant Secretary for Planning and Evaluation; Medicare Program; Meeting of the Technical Advisory Panel on Medicare Trustee Reports

**AGENCY:** Assistant Secretary for Planning and Evaluation, HHS.

**ACTION:** Notice of meeting.

**SUMMARY:** This notice announces a public meeting of the Technical Advisory Panel on Medicare Trustee Reports (Panel). Notice of this meeting is given under the Federal Advisory Committee Act (5 U.S.C. App. 2, section 10(a)(1) and (a)(2)). The Panel will discuss the long-term rate of change in health spending and may make recommendations to the Medicare Trustees on how the Trustees might more accurately estimate health spending in the long run. The Panel's discussion is expected to be very technical in nature and will focus on the actuarial and economic methods by which Trustees might more accurately measure health spending. Although panelists are not limited in the topics they may discuss, the Panel is not expected to discuss or recommend changes in current or future Medicare provider payment rates or coverage policy. This notice also announces the appointment of seven individuals to serve as members of the Panel.

**DATES:** August 27, 2004, 9 a.m.–5 p.m. e.d.t.

**ADDRESSES:** The meeting will be held at HHS headquarters at 200 Independence Ave., SW., 20201, Room 425A.

**Comments:** The meeting will allocate time on the agenda to hear public comments. In lieu of oral comments, formal written comments may be submitted for the record to Andrew Cosgrove, OASPE, 200 Independence Ave., SW., 20201, Room 443F.8. Those submitting written comments should identify themselves and any relevant organizational affiliations.

#### FOR FURTHER INFORMATION CONTACT:

Andrew Cosgrove (202) 205-8681, [andrew.cosgrove@hhs.gov](mailto:andrew.cosgrove@hhs.gov). Note: Although the meeting is open to the public, procedures governing security procedures and the entrance to Federal buildings may change without notice. Those wishing to attend the meeting

should call or e-mail Mr. Cosgrove by August 20, 2004, so that their name may be put on a list of expected attendees and forwarded to the security officers at HHS Headquarters.

**SUPPLEMENTARY INFORMATION:** On April 22, 2004, we published a notice announcing the establishment and requesting nominations for individuals to serve on the Panel. This notice also announces the appointment of seven individuals to serve as members of the Panel. They are: Mark Pauly, Edwin Hustead, Alice Rosenblatt, Michael Chernew, David Meltzer, John Bertko, and William Scanlon.

**Topics of the Meeting:** The Panel is specifically charged with discussing and possibly making recommendations to the Medicare Trustees on how the Trustees might more accurately estimate the long term rate of health spending in the United States. The discussion is expected to focus on highly technical aspects of estimation involving economics and actuarial science. Panelists are not restricted, however, in the topics that they choose to discuss.

**Procedure and Agenda:** This meeting is open to the public. First, the appointees will be sworn in by a Federal official. Each Panel member will then be given an opportunity to make a self-introduction. The Panel will likely hear presentations from HHS staff introducing them to the topic. After any presentations, the Commission will deliberate openly on the topic. Interested persons may observe the deliberations, but the Panel will not hear public comments during this time. The Commission will also allow an open public session for any attendee to address issues specific to the topic.

**Authority:** 42 U.S.C. 217a; Section 222 of the Public Health Services Act, as amended. The panel is governed by provisions of Public Law 92-463, as amended (5 U.S.C. Appendix 2), which sets forth standards for the formation and use of advisory committees.

Dated: August 4, 2004.

**Michael J. O'Grady,**

Assistant Secretary for Planning and Evaluation.

[FR Doc. 04-18213 Filed 8-9-04; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

### Opportunity for Businesses To Partner With NIOSH To Incorporate Electronic Sensors Into Respirator Filter Cartridges

**Authority:** Public Law 91-596.

**AGENCY:** The National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

**ACTION:** Notice of opportunity for businesses to partner with NIOSH to incorporate Electronic Sensors into Respirator Filter Cartridges.

**SUMMARY:** The National Personal Protective Technology Laboratory (NPPTL), NIOSH, currently is conducting ongoing research in electronic chemical sensor development for respirator end of service life/residual service life. NPPTL is seeking to partner with businesses capable of incorporating these sensors into respirator filter cartridges. A working relationship will consist of installing sensors in cartridges during their manufacturing process. The cartridges will be used to investigate sensor performance during test loading of the cartridges with industrial solvent vapors.

**DATES:** Submit letters of interest within 30 days after the date of publication of this notice in the **Federal Register**.

**ADDRESSES:** Interested manufacturers should submit a letter of interest with information about their capabilities to: <http://www.esli@cdc.gov>.

**SUPPLEMENTARY INFORMATION:** NPPTL, NIOSH, is seeking to partner with businesses capable of incorporating electronic chemical sensors into respirator filter cartridges. Interested manufacturers who would like to be considered for participation need to have access to manufacturing capabilities to produce air purifying respirator cartridges.

The project currently is in the system development phase. A chemical sensor array has been defined and electronics to support it have been developed. Partners could participate in the current project as well as future projects involving sensors.

Candidate companies will be evaluated based on their capability to achieve the identified goals. Candidates selected could be requested to enter into a Cooperative Research and Development Agreement (CRADA). This

announcement does not obligate NIOSH to enter into an agreement with any respondents. NIOSH reserves the right to establish a partnership based on engineering analysis and capabilities found by way of this announcement or other searches, if determined to be in the best interest of the government.

**FOR FURTHER INFORMATION CONTACT:**

<http://www.esli@cdc.gov>.

Dated: August 2, 2004.

**James D. Seligman,**

*Associate Director for Program Services,  
Centers for Disease Control and Prevention.*  
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**BILLING CODE 4163-19-P**

**DEPARTMENT OF HEALTH AND  
HUMAN SERVICES**

**Administration for Children and  
Families**

**Proposed Information Collection  
Activity; Comment Request**

*Proposed Projects: Title:* Voluntary  
Surveys of Program Partners to  
Implement Executive Order 12862.

*OMB No.:* 0980-0266.

*Description:* Under the provisions of the Federal Paperwork Reduction Act of 1995 (Pub. L. 104-13), the Administration for Children and Families (ACF) is requesting clearance for instruments to implement Executive Order 12862 within ACF. The purpose of the data collection is to obtain

customer satisfaction information from those entities who are funded to be our partners in the delivery of services to the American public. ACF partners are those entities that receive funding to deliver services or assistance from ACF programs. Examples of partners are state and local governments, territories, service providers, Indian Tribes and Tribal organizations, grantees, researchers, or other intermediaries serving target populations identified by and funded directly or indirectly by ACF. The surveys will obtain information about how well ACF is meeting the needs of our partners in operating the ACF programs.

*Respondents:* State, Local, & Tribal Govt. or not-for-profit Organizations.

**ANNUAL BURDEN ESTIMATES**

| Instrument                                                    | Number of<br>respondents | Number of<br>responses per<br>respondent | Average bur-<br>den hours per<br>response | Total burden<br>hours |
|---------------------------------------------------------------|--------------------------|------------------------------------------|-------------------------------------------|-----------------------|
| State Governments, Territories and District of Columbia ..... | 54                       | 10                                       | 1                                         | 540                   |
| Head Start Grantees & Delegates .....                         | 200                      | 1                                        | .5                                        | 100                   |
| Other Discretionary Grant Programs .....                      | 200                      | 10                                       | .5                                        | 1,000                 |
| Indian Tribes & Tribal Organizations .....                    | 25                       | 10                                       | .5                                        | 125                   |

Estimated Total Annual Burden  
Hours: 1,765.

In compliance with the requirements of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comment on the specific aspects of the information collection described above. Copies of the proposed collection of information can be obtained and comments may be forwarded by writing to the Administration for Children and Families, Office of Administration, Office of Information Services, 370 L'Enfant Promenade, SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer. E-mail address: [grjohnson@acf.hhs.gov](mailto:grjohnson@acf.hhs.gov). All requests should be identified by the title of the information collection.

The Department specifically requests comments 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) 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. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Dated: August 4, 2004.

**Robert Sargis,**

*Reports Clearance Officer.*

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**BILLING CODE 4184-01-M**

**DEPARTMENT OF HEALTH AND  
HUMAN SERVICES**

**Administration for Children and  
Families**

**Funding Opportunity Title: CSBG T/TA  
Program—Earned Income Tax Credit  
(EITC) and Other Asset Formation  
Opportunities**

**AGENCY:** Administration for Children and Families, Office of Community Services, HHS.

*Announcement Type:* Competitive Grant-Initial.

*Funding Opportunity Number:* HHS-2004-ACF-OCS-ET-0028.

*CFDA Number:* 93.570.

*Due Date for Applications:* The due date for receipt of applications is September 9, 2004.

**I. Funding Opportunity Description**

The Office of Community Services (OCS) within the Administration for

Children and Families (ACF) announces that competing applications will be accepted for a new grant pursuant to the Secretary's authority under section 674(b) of the Community Services Block Grant (CSBG) Act, as amended, by the Community Opportunities, Accountability, and Training and Educational Services (COATES) Human Services Reauthorization Act of 1998, (Pub. L. 105-285).

The proposed grant will fund up to seven capacity-building collaborations that create or expand asset formation and financial literacy services offered by eligible entities funded under the Community Services Block Grant (CSBG) Program in support of national community action Goal 1 ("Low Income People Become More Self-Sufficient").

*Definitions of Terms*

The following definitions apply:

*At-Risk Agencies* refers to CSBG eligible entities in crises. The problem(s) to be addressed must be of a complex or pervasive nature that cannot be adequately addressed through existing local or State resources.

*Capacity-building* refers to activities that assist Community Action Agencies (CAAs) and other eligible entities to improve or enhance their overall or specific capability to plan, deliver, manage and evaluate programs efficiently and effectively to produce