

Form	Respondents	Number of respondents	Number of responses/respondents	Average burden per response (in hrs.)	Total burden hours
3	State, tribe and territory follow-up respondents	24	1	30/60	12
Total	197

Dated: June 7, 2004.

Bill Atkinson,

Acting 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

[60Day-04-65]

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 the CDC Reports Clearance Officer on (404) 498-1210.

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. Send comments to Sandra Gambescia, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-E11, Atlanta, GA 30333 or send an email to omb@cdc.gov. Written comments should be received within 60 days of this notice.

Proposed Project

Intimate Partner Violence (IPV) Media Campaign—Choose Respect—New—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC). Intimate partner and sexual violence is a significant problem in the United States.

Background

According to the National Violence against Women Survey, an intimate partner physically assaults or rapes approximately 1.5 million women and 850,000 men in the United States each year. Many more individuals are subjected to threats of violence and psychological and emotional abuse. Alarming, IPV behaviors are manifested in youth populations. The literature suggests that attitudes and behaviors can be shaped and reinforced more easily and more effectively as they are developing in youth than after they have been firmly established. To begin to address IPV and sexual violence in youth populations, the CDC's NCIPC has developed a media campaign entitled, "Choose Respect." The campaign targets prevailing norms that support victimization and perpetration of violence against women. Because attitudes and behaviors related to IPV begin to manifest early on, CDC will focus its efforts on early adolescents, and on the people who influence them. The goal of CDC's Media Campaign, *Choose Respect*, is to increase the social

norm among adolescents that any form of violence between intimate partners, whether physical, verbal or sexual is considered inappropriate and unacceptable.

This project will implement and evaluate a pilot version of the *Choose Respect* Campaign. The pilot campaign will target youth as the primary audience. Parents, teachers, and counselors will be targeted as secondary audiences in three market areas: Washington, DC; Austin, Texas; and Kansas City, Missouri. A baseline and post-campaign survey will be conducted with adolescents, their parents and their teachers or counselors to determine attitudes, beliefs and intended behaviors toward IPV and sexual violence both before and after implementation of the campaign. The baseline information collected prior to the campaign launch will assist CDC in tailoring the communication materials to each of the middle schools and community groups selected from the target markets. The evaluation will then utilize these baseline measures along with the information collected following implementation to assess the campaign's success at decreasing IPV-tolerant attitudes, increasing the identification of appropriate ways to respond in situations that could lead to IPV, and increasing the awareness of resources to help facilitate discussions about appropriate dating behavior.

The pre-post research design of this campaign evaluation will aid CDC in assessing the changes in attitudes, beliefs and behaviors associated with the pilot campaign and will inform revision of the campaign materials for a future launch nationwide. There is no cost to respondents for any of these surveys.

Respondents	Number of respondents	Number of responses/respondent	Avg. burden/response (in hrs.)	Total burden hours
Teachers Baseline Survey	75	1	1.5	113
Parents Baseline Survey	1000	1	15/60	250
Adolescents Baseline Survey	1000	1	45/60	750
Teachers Post-campaign Survey	75	1	1.5	113
Parents Post-campaign Survey	1000	1	15/60	250
Adolescents Post-campaign Survey	1000	1	45/60	750

Respondents	Number of respondents	Number of responses/ respondent	Avg. burden/ response (in hrs.)	Total burden hours
Total	2226

Dated: June 7, 2004.

Bill J. Atkinson,

Acting 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

Building Healthcare Capacity in the United States and Internationally

Announcement Type: New.

Funding Opportunity Number: PA 04104.

Catalog of Federal Domestic Assistance Number: 93.283.

Dates:

Letter of Intent Deadline: June 29, 2004.

Application Deadline: July 14, 2004.

I. Funding Opportunity Description

Authority: Sections 301(a) and 317(k)(2) of the Public Health Service Act, (42 U.S.C. 241(a) and 247b(k)(2)), as amended.

Purpose: The purpose of the program is to assess existing healthcare capacity in the United States and internationally and to build capacity of healthcare settings/professionals to respond to emerging infections and other biological threats. This program addresses the "Healthy People 2010" focus area(s) of Immunization and Infectious Diseases.

Measurable outcomes of the program will be in alignment with the following performance goal for the National Center for Infectious Diseases (NCID): Protect Americans from Infectious Diseases.

Activities: Awardee activities for this program are as follows:

- Develop and implement a plan to rapidly assess healthcare preparedness in a network of healthcare settings.
- Address prevention and control of emerging infections and other biological threats.
- Gather and publish information that may assist local, State and Federal partners to build preparedness and response of healthcare delivery system to emerging threats.
- Develop, implement and evaluate train-the-trainer activities, including

educational materials, to train and inform healthcare professionals in the United States and other countries about prevention of emerging infections and other biological threats in healthcare settings.

In a cooperative agreement, CDC staff is substantially involved in the program activities, above and beyond routine grant monitoring.

CDC Activities for this program are as follows:

- Collaborate with the recipient to assist in the development and implementation of a plan to rapidly assess healthcare preparedness in a network of healthcare settings.
- Provide content and format expertise in the development of training/educational materials.
- Provide expertise in identifying, selecting, and preparing professionals to deliver train-the-trainer activities.
- Provide information necessary to facilitate rapid assessments of preparedness of healthcare facilities.
- Collaborate with the recipient in all stages of the program, and provide programmatic, scientific and technical assistance.
- Collaborate with the recipient in the dissemination of findings and information stemming from the project.
- Collaborate with the recipient with improving program performance through consultation with recipient.
- Collaborate with the recipient to facilitate communication of data and results among stakeholders.

II. Award Information

Type of Award: Cooperative agreement. CDC involvement in this program is listed in the Activities Section above.

Fiscal Year Funds: 2004.

Approximate Total Funding: \$250,000.

Approximate Number of Awards: One.

Approximate Average Award: \$250,000. (This amount is for the first 12-month budget period, and includes both direct and indirect costs).

Floor of Award Range: None.

Ceiling of Award Range: \$250,000.

Anticipated Award Date: July 2004.

Budget Period Length: 12 months.

Project Period Length: Two years.

Throughout the project period, CDC's commitment to continuation of awards will be conditioned on the availability

of funds, evidence of satisfactory progress by the recipient (as documented in required reports), and the determination that continued funding is in the best interest of the Federal government.

III. Eligibility Information

III.1. Eligible applicants

Applications may be submitted by public and private nonprofit organizations and by governments and their agencies, such as:

- Public nonprofit organizations.
- Private nonprofit organizations.
- Universities.
- Colleges.
- Research institutions.
- Hospitals.
- Community-based organizations.
- Faith-based organizations.
- Federally recognized Indian tribal governments.
- Indian tribes.
- Indian tribal organizations.
- State and local governments or their bona fide agents (this includes the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau).
- Political subdivisions of States (in consultation with States).

A *bona fide* agent is an agency/organization identified by the state as eligible to submit an application under the State eligibility in lieu of a State application. If you are applying as a *bona fide* agent of a State or local government, you must provide a letter from the State or local government as documentation of your status. Place this documentation behind the first page of your application form.

III.2. Cost Sharing or Matching

Matching funds are not required for this program.

III.3. Other

If you request a funding amount greater than the ceiling of the award range, your application will be considered non-responsive, and will not be entered into the review process. You will be notified that your application did not meet the submission requirements.