Form/OMB No.: 0990–

Use: The ''Understanding Barriers and Successful Strategies for Faith-Based Organizations in Accessing Grants'' study aims to complement internal Health and Human Services (HHS) efforts to provide equal access to federal discretionary grants for faith-based organizations by collecting information directly from such organizations on their experiences applying for federal grants.

Frequency: Single time.

Affected Public: Not-for-profit institutions.

Annual Number of Respondents: 290.

Total Annual Responses: 290.

Average Burden per Response: 35.3 minutes.

Total Annual Hours: 170.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, e-mail your request, including your address, phone number, OMB number, and OS document identifier, to *Sherette.funncoleman@hhs.gov*, or call the Reports Clearance Office on (202) 690–6162. Written comments and recommendations for the proposed information collections must be received with 60 days, and directed to the OS Paperwork Clearance Officer at the following address: Department of Health and Human Services, Office of the Secretary, Assistant Secretary for Resources and Technology, Office of Resources Management, Attention: Sherrette Funn-Coleman (0990–NEW), Room 537–H, 200 Independence Avenue, SW., Washington, DC 20201.

Dated: February 15, 2007.

Alice Bettencourt,

Office of the Secretary, Paperwork Reduction Act Reports Clearance Officer.

[FR Doc. E7–3175 Filed 2–23–07; 8:45 am]

BILLING CODE 4154–07–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

[Document Identifier: OS–0990–0243] [60-day notice]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Office of the Secretary, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed collection for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Type of Information Collection Request: Extension.

Title of Information Collection: OCR Pre-grant Data Request Form.

Form/OMB No.: 0990–0243.

Use: The form is designed to collect data from health care providers who have requested certification to participate in the Medicare program. This civil rights compliance determination is an essential component of HHS' decision to grant or deny certification and must be made prior to the Department's final notification of its decision to the provider.

Frequency: Recordkeeping single time.

Affected Public: Business or other for-profit.

Annual Number of Respondents: 3,500.

Total Annual Responses: 3,500.

Average Burden per Response: 15 hours.

Total Annual Hours: 52,500.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, e-mail your request, including your address, phone number, OMB number, and OS document identifier, to *Sherette.funncoleman@hhs.gov*, or call the Reports Clearance Office on (202) 690–6162. Written comments and recommendations for the proposed information collections must be received with 60-days, and directed to the OS Paperwork Clearance Officer at the following address: Department of Health and Human Services, Office of the Secretary, Assistant Secretary for Resources and Technology, Office of Resources Management, Attention: Sherrette Funn-Coleman (0990–0243), Room 537–H, 200 Independence Avenue, SW., Washington DC 20201.

Dated: February 15, 2007.

Alice Bettencourt,

Office of the Secretary, Paperwork Reduction Act Reports Clearance Officer.

[FR Doc. E7–3177 Filed 2–23–07; 8:45 am]

BILLING CODE 4153–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Toxicology Program (NTP); Center for the Evaluation of Risks to Human Reproduction (CERHR); Announcement of the Availability of the Hydroxyurea Expert Panel Report; Request for Public Comment

AGENCY: National Institute of Environmental Health Sciences; National Institutes of Health, HHS.

ACTION: Request for comment.

SUMMARY: CERHR announces availability of the hydroxyurea expert panel report by March 5, 2007 on the CERHR Web site (*http://cerhr.niehs.nih.gov*) or in print from CERHR (see ''**ADDRESSES**'' below). This expert panel report is an evaluation of the reproductive and developmental toxicity of hydroxyurea conducted by a 13-member expert panel composed of scientists from the Federal Government, universities, and private organizations. CERHR invites the submission of public comments on this expert panel report.

DATES: The final hydroxyurea expert panel report will be available by March 5, 2007, and written public comments on this report should be received by April 18, 2007.

ADDRESSES: Public comments and any other correspondence should be sent to Dr. Michael D. Shelby, CERHR Director, NIEHS, P.O. Box 12233, MD EC–32, Research Triangle Park, NC 27709 (mail), (919) 316–4511 (fax), or *shelby@niehs.nih.gov* (e-mail). Courier address: CERHR, 79 T.W. Alexander Drive, Building 4401, Room 103, Research Triangle Park, NC 27709.

SUPPLEMENTARY INFORMATION:

Background

Hydroxyurea is used in the treatment of cancer, sickle cell disease, and thalassemia. It is the only treatment for sickle cell disease used in children aside from blood transfusion. Hydroxyurea may be used in the treatment of children and adults with sickle cell disease for an extended period of time or for repeated cycles of therapy. Treatment with hydroxyurea may be associated with cytotoxic and myelosuppressive effects and hydroxyurea is mutagenic. Hydroxyurea is FDA-approved for reducing the frequency of painful crises and the need for blood transfusions in adults with sickle cell anemia who experience recurrent moderate to severe crises. CERHR selected hydroxyurea for expert panel evaluation because of (1) increasing use in the treatment of sickle cell disease in children and adults, (2)