

between regular physical activity and good health.

The Office of the PCPFS serves as a catalyst to promote the development and implementation of physical activity/fitness and sports programs for all Americans. The Office of the PCPFS has a long and productive history of working with public and private sponsors to bring opportunities to participate in activities at the grassroots level. Cosponsorship of this activity will help to further the promotion of physical activity/fitness and sports by the Office of the PCPFS.

The purpose of the HealthierUS Fitness Festival is to motivate individuals to begin and continue an active lifestyle leading to enhanced physical fitness by providing access to actual demonstrations and sound information on diverse organizations and activities. Over one thousand individuals participated in this event on June 16, 2004. The program will take place in Washington, DC on Monday, May 2, 2005 from 10 a.m. to 3 p.m. and will include ongoing interactive sports and fitness demonstrations. Health and fitness experts from a myriad of organizations will be on hand to share tips as well as health and fitness information. No registration fees will be charged for any participants. All cosponsors agree not to sell any educational materials/equipment pertaining to the event. There are no federal funds available for this event. Participation may be limited depending on the number of proposals received and the space available.

Requirements of Cosponsorship

The Office of the PCPFS is seeking a cosponsor(s) to partner in ways that accord with its particular circumstances. For example, an entity might offer to cosponsor the following proposed program activities with the Office of PCPFS:

- (1) Participate in the development of the concept, planning of physical activity/fitness/sports demonstrations, and designation of professional organizations and experts in those specific activities;
 - (2) Participate in the review and approval of all materials produced to educate the public and promote the event;
 - (3) Participate in the review, development, and approval of all materials, signage, press releases, etc. that mention the cosponsorship;
 - (4) Participate in the coordination of logistical concerns; *e.g.*, U.S. Park Police, bonds, insurance, etc.
- No discrete portion of the event may be sponsored independently.

Availability of Funds

There are no Federal funds available for this cosponsorship. All cosponsors agree to not use the event as a vehicle to sell or promote products or services. Any incidental promotional materials cannot imply that the PCPFS, Office of the PCPFS, or HHS endorses any products or services.

Eligibility for Cosponsorship

To be eligible, a requester must: (1) Have a demonstrated interest and understanding of physical fitness and/or sports; (2) participate substantively in the cosponsored activity (not just provide funding or logistical support); (3) have an organizational or corporate mission that is not inconsistent with the public health and safety mission of the Department; and (4) agree to sign a cosponsorship agreement with the Office of the PCPFS which will set forth the details of the cosponsored activity.

Content of Request for Cosponsorship

Each request for cosponsorship should contain a description of: (1) The entity or organization; (2) its background in promoting physical activity/fitness or sports; (3) its proposed involvement in the cosponsored activity; and (4) plan for implementation with timeline.

Evaluation Criteria

The cosponsor(s) will be selected by the Office of the PCPFS using the following evaluation criteria:

- (1) Requester's qualifications and capability to fulfill cosponsorship responsibilities;
- (2) Requester's creativity for enhancing the medium for program messages; and
- (3) Requester's potential for reaching underserved/special populations.

Dated: February 15, 2005.

Melissa Johnson,

Executive Director, President's Council on Physical Fitness and Sports, Department of Health and Human Services.

[FR Doc. 05-3307 Filed 2-18-05; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Committee on Vital and Health Statistics: Meeting

Pursuant to the Federal Advisory Committee Act, the Department of Health and Human Services (HHS) announces the following advisory committee meeting.

Name: National Committee on Vital and Health Statistics (NCVHS), Subcommittee on Standards and Security (SSS).

Time and Date: February 18, 2005, 11 a.m.–1 p.m.

Place: Conference Call, *Leader:* Ms. Maria Friedman, USA Toll Free Number: 1-877-601-3547, Pass Code: NCVHS.

For security reasons, the pass code and the leader's name will be required to join your call.

Status: Open.

Purpose: The Subcommittee will review and finalize two separate letters. The first will cover recommendations to the HHS Secretary on e-signature requirements and other topics related to electronic prescribing for use in the Medicare drug benefit. The second letter will provide comments on HHS' notice of proposed rule making (NPRM) on e-prescribing foundation standards to be used by plans participating in the Medicare drug benefit.

Contact Person For More Information: Substantive program information as well as summaries of meetings and a roster of Committee members may be obtained from Maria Friedman, Health Insurance Specialist, Security and Standards Group, Centers for Medicare and Medicaid Services, MS: C5-24-04, 7500 Security Boulevard, Baltimore, MD 21244-1850, telephone: 410-786-6333 or Marjorie S. Greenberg, Executive Secretary, NCVHS, National Center for Health Statistics, Centers for Disease Control and Prevention, Room 1100, Presidential Building, 3311 Toledo Road, Hyattsville, Maryland 20782, telephone: (301) 458-4245. Information also is available on the NCVHS home page of the HHS Web site: <http://www.ncvhs.hhs.gov/> where an agenda for the meeting will be posted when available.

Should you require reasonable accommodation, please contact the CDC Office of Equal Employment Opportunity on (301) 458-4EEO (4336) as soon as possible.

Dated: February 8, 2005.

James Scanlon,

Acting Deputy Assistant Secretary for Science and Data Policy, Office of the Assistant Secretary for Planning and Evaluation.

[FR Doc. 05-3265 Filed 2-18-05; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60 Day-05BI]

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 404-371-5976 or send comments to Sandi Gambescia, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an e-mail to omb@cdc.gov.

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. Written comments should be received within 60 days of this notice.

Proposed Project

Surveys of Past HIV Prevention Technology Transfer Efforts—New—National Center for HIV, STD and TB Prevention (NCHSTP), Centers for Disease Control and Prevention (CDC).

The purpose of these surveys is to study the effectiveness of providing HIV prevention agencies with packaged intervention, training, and technical

assistance to ensure the agencies' maintenance of the intervention. The project's results will be used by CDC as they develop a national program for dissemination and support of packaged interventions that will increase the likelihood that agencies will conduct them with fidelity for several years. The population being surveyed will be staff members of 16 prevention agencies that implemented one of five unique, packaged interventions between 1997 and 2000 as part of CDC's ongoing Replicating Effective Programs (REP) project.

A survey will be administered over the telephone to Agency Administrators from the 16 prevention agencies that implemented an intervention packaged by the REP project. Additional surveys will be administered in-person to one Intervention Supervisor and two Intervention Facilitators at agencies that are continuing to implement the REP-packaged intervention. The objectives of the surveys include, but are not limited to (a) identification of factors associated with maintenance and termination of REP-packaged interventions; (b) determination of why and how agencies adapted the packaged interventions; (c) examination of the impact of elapsed time on maintenance of the intervention and fidelity to intervention protocols; (d) identification of any differences between the type of agency (*i.e.*, community-based organization, health department) on maintenance and fidelity; (e) identification of any

difference between the type of original researcher (*i.e.*, academic, non-profit) on maintenance and fidelity; and (f) identification of perceived and actual benefits, as well as instrumental and conceptual utility, of REP-packaged interventions that can be used in marketing the intervention packages to other HIV prevention providers. Researchers administering the in-person surveys also will assess fidelity to intervention protocols by observing facilitators delivering the intervention and by recording their observations on a checklist designed for the particular intervention being observed.

Survey questionnaire data will be collected once from each respondent (*e.g.*, Agency Administrator, Intervention Supervisor, Intervention Facilitator). There are no costs to respondents for participation in the survey other than the time it takes them to participate. Respondents will receive an honorarium valued at no more than \$25 in appreciation for their time. It is not known how many agencies are continuing to implement a REP-packaged intervention (at least one agency is known to have terminated implementation); therefore, the calculations below reflect the maximum number of Intervention Supervisors and Intervention Facilitators that could be surveyed. This submission is requesting approval for a 1-year clearance for data collection. There are no costs to respondents except for their time.

ANNUALIZED BURDEN

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hrs)	Total burden hours
Agency Administrators from all agencies that implemented a REP-packaged intervention (content review)	16	1	20/60	5
Agency Administrators from all agencies that implemented a REP-packaged intervention (questionnaire)	16	1	1.5	24
Intervention Supervisors from the agencies that are maintaining a REP-packaged intervention	15	1	1.5	23
Intervention Facilitators from the agencies that are maintaining a REP-packaged intervention	30	1	1.75	53
Total				105

Dated: February 15, 2005.

Betsey Dunaway,

Acting Reports Clearance Officer, Office of the Chief Science Officer, Centers for Disease Control and Prevention.

[FR Doc. 05-3272 Filed 2-18-05; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-05-0026]

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 404-371-5976 or send comments to Sandi Gambescia, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an e-mail to omb@cdc.gov.

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. Written comments should be received within 60 days of this notice.

Proposed Project

Report of Verified Case of Tuberculosis (RVCT), OMB No. 0920-0026—Extension—Centers for Disease Control and Prevention (CDC), National Center for HIV, STD, and TB Prevention (NCHSTP). CDC is requesting OMB approval for another 3-year extension of the Report of Verified Case of Tuberculosis (RVCT) data collection.

CDC maintains the national TB surveillance system to support CDC's goal of eliminating tuberculosis (TB) in the United States. Previous modifications to the data collection have improved the ability of CDC to monitor important aspects of TB epidemiology in the United States, including drug resistance, TB risk factors, HIV coinfection, and treatment. The system also enables CDC to monitor the recovery of the nation from the recent resurgence of TB and to determine if current TB epidemiology supports the renewed national goal of TB elimination. To measure progress in achieving this goal, as well as continue to monitor TB trends and potential TB outbreaks, identify high risk populations for TB, and gauge program performance, CDC is requesting approval to extend the use of the RVCT.

Data are collected by 60 Reporting Areas (50 states, the District of Columbia, New York City, Puerto Rico, and 7 jurisdictions in the Pacific and Caribbean) using the RVCT. There are no changes to the forms previously approved in 2002. An RVCT is completed for each reported TB case and contains demographic, clinical, and laboratory information.

A comprehensive software package, the Tuberculosis Information Management System (TIMS) is currently

used for RVCT data entry and electronic transmission of reports to CDC. TIMS provides reports, query functions, and export functions to assist in analysis of the data. However, electronic transmission of TB case reports to CDC is in a transition phase with the development of the web-based National Electronic Disease Surveillance System (NEDSS) and Public Health Information Network (PHIN). Following the transition, many respondents will implement a PHIN compatible information system to collect and report TB surveillance data via the PHIN Messaging System. The remaining respondents will employ the NEDSS base system. These respondents will be able to use either the associated TB Program Area Module or their own TB surveillance application to collect and report RVCT data to CDC.

CDC publishes an annual report summarizing national TB statistics and also periodically conducts special analyses for publication in peer-reviewed scientific journals to further describe and interpret national TB data. These data assist public health officials and policy makers in program planning, evaluation, and resource allocation. Reporting Areas also review and analyze their RVCT data to monitor local TB trends, evaluate program success, and assist in focusing resources to eliminate TB.

No other Federal agency collects this type of national TB data. In addition to providing technical assistance on the use of RVCT, CDC also provides Reporting Areas with technical support for the TIMS software. In this request, CDC is requesting approval for approximately 7,560 burden hours, an estimated decrease of 778 hours. This decrease is due to a decrease in the total number of tuberculosis cases. There is no cost to respondents except for their time.

ANNUALIZED BURDEN TABLE

Respondents	Number of respondents	Number of responses per respondents	Average burden per response (in hours)	Total burden (in hours)
Local, state, territorial health departments	60	252	30/60	7,560
Total				7,560