

Background

The "State Nutrition and Physical Activity Programs to Prevent Obesity and Other Chronic Diseases" project was established by CDC to prevent and control obesity and other chronic diseases by supporting States in the development and implementation of nutrition and physical activity interventions, particularly through population-based strategies such as policy-level changes, environmental supports and the social marketing

process. The goal of the programs in this project is to attain population-based behavior change such as increased physical activity and better dietary habits; this leads to a reduction in the prevalence of obesity, and ultimately to a reduction in the prevalence of obesity-related chronic diseases.

The evaluation questions for "State Nutrition and Physical Activity Programs to Prevent Obesity and Other Chronic Diseases" have been designed to focus on three primary areas: (1) CDC training and technical assistance; (2)

State Plan development; and (3) State interventions. Within each of these primary evaluation areas, the plan identifies specific evaluation questions that have been chosen for study. The evaluation questions will be asked of the funded states via a web-based data collection system supported by an electronic database. This evaluation will take place every 6 months during the funding cycle. The proposed project will be conducted over a 3-year period. There is no cost to the respondents.

ANNUALIZED BURDEN TABLE

Respondents	Number of respondents	Number responses per respondent	Average burden per response (in hrs.)	Total burden (in hrs.)
State Project Coordinators of Funded State Programs	20	2	8	320
Assistants to State Project Coordinators of Funded State Programs	20	2	4	160
Total	40	480

Dated: June 18 2004.

Alvin Hall,

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

[FR Doc. 04-14312 Filed 6-23-04; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 04183]

Rapid Expansion of the Capacity of the Cote d'Ivoire Ministry of Solidarity, Security, Social Affairs and Disabled Persons To Coordinate and Improve the Coverage and Quality of Care and Support Activities for Orphans, Vulnerable Children and Other HIV-Affected Persons and Families Under the President's Emergency Plan for AIDS Relief; Notice of Intent To Fund Single Eligibility Award

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the intent to fund fiscal year (FY) 2004 funds for a cooperative agreement program to help the Ministry of Solidarity, Security, Social Affairs, and Disabled Persons (MSSSH) of Cote d'Ivoire to rapidly expand their capacity to coordinate expanded quality HIV/AIDS prevention, care and support activities for particularly vulnerable segments of the population, such as orphans and other vulnerable children, and HIV-affected

persons and families. MSSSH will be better able to facilitate the vulnerable populations' access to information and quality support services. This program also directly addresses goals of the President's Emergency Plan for AIDS Relief to turn the tide of HIV/AIDS in Africa and the Caribbean. The Catalog of Federal Domestic Assistance number for this program is 93.941.

B. Eligible Applicant

Assistance will be provided only to The Ministry of Solidarity, Security, Social Affairs, and Disabled Persons (MSSSH) of Cote d'Ivoire. This Ministry is mandated by the government of Cote d'Ivoire to coordinate activities for the target groups named in this announcement (*i.e.*, orphans, vulnerable children, HIV-affected families, and social workers) and is, therefore, the most direct route to reaching these populations with information, services and training for HIV/AIDS prevention, care and support.

C. Funding

Approximately \$200,000 is available in FY 2004 to fund this award. It is expected that the award will begin on or before August 1, 2004, and will be made for a 12-month budget period within a project period of up to 5 years. Funding estimates may change.

D. Where To Obtain Additional Information

For general comments or questions about this announcement, contact: Technical Information Management, CDC Procurement and Grants Office,

2920 Brandywine Road, Atlanta, GA 30341-4146, telephone: 770-488-2700.

For program technical assistance, contact: Karen Ryder, Project Officer, CDC/Project RETRO-CI, 2010 Abidjan Place, Dulles, Virginia 20189-2010, telephone: (225) 21-25-41-89, e-mail: kkr1@cdc.gov.

For financial, grants management, or budget assistance, contact: Shirley Wynn, Grants Management Specialist, CDC Procurement and Grants Office, 2920 Brandywine Road, Atlanta, GA 30341, telephone: 770-488-1515, e-mail: zbx6@cdc.gov.

Dated: June 18, 2004.

William P. Nichols,

Acting Director, Procurement and Grants Office, Centers for Disease Control and Prevention.

[FR Doc. 04-14308 Filed 6-23-04; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 04225]

Evaluation of Antiretroviral (ARV) Delivery Systems at The AIDS Support Organization in the Republic of Uganda; Notice of Intent To Fund Single Eligibility Award

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the intent to fund fiscal year (FY) 2004 funds for

a cooperative agreement program for Evaluation of Antiretroviral (ARV) Delivery Systems at The AIDS Support Organization in the Republic of Uganda. The Catalog of Federal Domestic Assistance number for this program is 93.941.

B. Eligible Applicant

Assistance will only be provided to the Medical Research Council (MRC) of the United Kingdom. No other applications are solicited.

The need for research on ARV treatment delivery is extremely urgent and the value of PEPFAR's already substantial investment in ARVs in Uganda will be greatly enhanced by rapid results.

The MRC is the only current CDC partner working with TASO on HIV/AIDS care and treatment projects. They have demonstrated their capacity for rigorous operational research and evaluation with TASO in respect to previous studies of Isoniazid prophylaxis, cotrimoxazole prophylaxis and ART at TASO Entebbe. TASO has been funded under PEPFAR Track 1.5 to implement the provision of ARVs and a basic care package at five centers. One of the centers is in the Jinja District. Because implementation of this program will begin in September 2004, it is necessary to work with an organization already conducting research with TASO at one of its centers. The MRC has a well-staffed and equipped station of experienced researchers who have conducted more than five major research projects at multiple TASO centers since 1994. The MRC has virological and other laboratories in Entebbe. The Entebbe facilities are essential to conducting the research since biomedical evaluation of adherence must be conducted by measuring HIV viral load.

No other partner could develop the capacity which MRC and TASO have in combination within a few months.

C. Funding

Approximately \$550,000 is available in FY 2004 to fund this award. It is expected that the award will begin on or before September 1, 2004, and will be made for a 12-month budget period within a project period of up to three years. Funding estimates may change.

D. Where To Obtain Additional Information

For general comments or questions about this announcement, contact: Technical Information Management, CDC Procurement and Grants Office, 2920 Brandywine Road, Atlanta, GA

30341-4146, Telephone: (770) 488-2700.

For program technical assistance, contact: Jonathan Mermin, MD, MPH, Global Aids Program [GAP], Uganda Country Team, National Center for HIV, STD and TB Prevention, Centers for Disease Control and Prevention [CDC], PO Box 49, Entebbe, Uganda. Telephone: +256-41320776, E-mail: jhm@cdc.gov.

For financial, grants management, or budget assistance, contact: Shirley Wynn, Contract Specialist, CDC Procurement and Grants Office, 2920 Brandywine Road, Atlanta, GA 30341, Telephone: (770) 488-1515, E-mail: zbx6@cdc.gov.

Dated: June 18, 2004.

William P. Nichols,

Acting Director, Procurement and Grants Office, Centers for Disease Control and Prevention.

[FR Doc. 04-14306 Filed 6-23-04; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Early Screening and Diagnosis of Duchenne Muscular Dystrophy

Announcement Type: New.

Funding Opportunity Number: PA 04216.

Catalog of Federal Domestic

Assistance Number: 93.283.

Dates: Letter of Intent Deadline: July 14, 2004.

Application Deadline: August 9, 2004.

I. Funding Opportunity Description

Authority: This program is authorized under Sections 317 (k)(2)(42 U.S.C. section 247b(k)(2)) and sections 311 and 317(C) of the Public Health Service Act [42 U.S.C. 241, 243, and 247b-4 as amended].

Purpose and Research Objectives: The purpose of the program is to develop, implement and evaluate creatine kinase-based screening programs for the early detection of Duchenne Muscular Dystrophy (DMD) during the newborn period (part A) and during infancy (part B). This program addresses the "Healthy People 2010" focus area of Disability and Secondary Conditions. Measurable outcomes of the program will be in alignment with the following performance goal for the National Center on Birth Defects and Developmental Disabilities: To improve the health and quality of life of Americans with disabilities.

DMD is the most common form of muscular dystrophy in children. It causes progressive muscle deterioration, leading to the inability to walk around the age of 12 years, and death in the teens or early 20s, most commonly due to severe respiratory or heart problems, or both. The gene for DMD is on the X chromosome so DMD affects males almost exclusively. In the absence of newborn screening, DMD is usually diagnosed when a child is three to six years of age. DMD does not meet the traditional criteria for inclusion in routine newborn screening panels in the United States, because there is insufficient evidence that early detection and intervention leads to an improved medical outcome for children with DMD. However, an earlier age of diagnosis has potential non-medical benefits to the family, including knowledge of recurrence risk, avoidance of a long diagnostic process, and more time for financial and other planning related to raising a child with a disabling condition. In addition, earlier age at diagnosis will offer more opportunity to study the potential medical benefits of earlier treatments. In several countries, families are offered newborn screening for DMD based on creatine kinase activity in dried bloodspots.

Two approaches to screening have been employed; screening after birth and screening at 6-12 months of age. Sensitivity, specificity, and other characteristics of the screen are dependent on the age of screening, the particular assay utilized, and cut-off levels used. DMD screening offered to parents of male neonates, with informed consent and in conjunction with existing routine newborn screening systems, is one potential approach to decreasing the age of diagnosis in the United States. However, complications of this approach include the difficulty in obtaining uniform and informed consent (contingent on promoting complete understanding by parents of genetic and outcome factors) during the prenatal or immediate neonatal period, and the potential impact of test results on parent-infant bonding.

A second potential approach is to offer screening to families of male infants (6 to 12 months) through pediatric health care services. This approach offers more time for informed consent, but a major complication is disparities in access to pediatric health care.

Both approaches require well-planned protocols for follow-up of positive screening results. The purpose of this cooperative agreement is to develop, implement and evaluate early screening