

trained and qualified scientists engaged in medicine and life sciences research. The annual reporting burden is as follows: *Estimated Number of Respondents*: 900; *Estimated Number of Responses per Respondent*: One; *Average Burden Hours Per Response*: 10 minutes; and *Estimated Total Annual Burden Hours Requested*: 150 hours. The annualized cost to respondents is estimated at \$4,950. There are no Capital Costs, Operating Costs, or Maintenance Costs to report.

Request for Comments

Written comments and/or suggestions from the public and affected agencies should address one or more of the following points: (1) Evaluate whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) enhance the quality, utility, and clarity of the information to be collected; and (4) minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

Direct Comments to OMB

Written comments and/or suggestions regarding the item(s) contained in this notice, especially regarding the estimated public burden and associated response time, should be directed to the: Office of Management and Budget, Office of Regulatory Affairs, New Executive Office Building, Room 10235, Washington, DC 20503, Attention: Desk Officer for NIH. To request more

information on the proposed project contact Michael Rosenthal; Building 31—Claude D Pepper Bldg, Room 3B43, 1 Center Drive, Bethesda, MD 20892; rosenthm@od.nih.gov; 301-496-3366.

Dated: June 24, 2005.

Raynard S. Kington,

Deputy Director, National Institutes of Health.

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BILLING CODE 4140-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Child Health and Human Development; Proposed Collection; Comment Request; Health Behaviors in School-Age Children

SUMMARY: 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 National Institute of Child Health and Human Development (NICHD), the National Institutes of Health (NIH) will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

Proposed Collection

Title: Health Behaviors in School-Age Children—United States.

Type of Information Collection

Request: Continuation.

Need and Use of Information

Collection: The goal of this research is to obtain data from a survey of adolescent health behavior conducted in the United States with a national probability sample of adolescents. This information will enable the improvement of health services and programs for youth. The study should

provide needed information about adolescents nationally and will also enable international comparisons.

This U.S. survey is linked to the broader Health Behaviors in School-Age Children (HBSC) study, in which surveys are conducted every four years among nationally representative samples of students at ages 11, 13, and 15 years of age in about 35 countries. The HBSC was conducted in the U.S. previously in 1997–1998 and 2001–2002. Previous HBSC–US surveys showed that U.S. 15-year-old youth are less likely to smoke than students in most other countries surveyed, even though 13-year-old U.S. students experiment with tobacco in comparable proportions to youth in other countries. The most recent survey demonstrated that U.S. youth are more likely to be overweight and obese than students in the other HBSC countries. U.S. eating habits were also shown to be somewhat less healthful than in other countries, with a comparatively high proportion of youth consuming high fat foods and soft drinks with sugar. The 2005–2006 U.S. survey will address a sample of health-related factors according to rigorous research protocols developed by the HBSC. The international HBSC survey requires at least 1,536 youth in each age group and a total of 5,000 students. In the U.S., a nationally representative sample of children in grades 6 through 10 will be surveyed and minority children will be over-sampled to permit comparisons across under-represented populations. The children will be students from approximately 340 schools; in order to assess health programs in those schools and how the school environment supports health behaviors, a school administrator and the lead health education teacher from each school will be surveyed.

Affected Public: School-age children.

Type of respondents	Estimated number of respondents	Estimated number of responses per hours	Average burden hours per response	Estimated total annual burden requested
Adolescents	14,350	1	0.75	10,763
School Administrators	340	1	0.33	112
Lead Health Educator	340	1	0.20	68

The estimated annualized cost to respondents is \$5,392. There are no Capital Costs to report. There are no Operating or Maintenance Costs to report.

Request for Comments: Written comments and/or suggestions from the public and affected agencies are invited on one or more of the following points: (1) Whether the proposed collection of

information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) The accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) Ways to minimize

the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

For Further Information Contact: To request more information on the proposed project or to obtain a copy of

the data collection plans and instruments, contact Dr. Bruce Simons-Morton, Chief, Prevention Research Branch, Division of Epidemiology, Statistics, and Prevention Research, National Institute of Child Health and Human Development, Building 6100, 7B05, 9000 Rockville Pike, Bethesda, Maryland, 20892-7510, or call non-toll free number (301) 496-5674 or E-mail your request, including your address to bm79K@nih.gov.

Comments Due Date: Comments regarding this information collection are best assured of having their full effect if received within 60 days of the date of this publication.

Dated: June 24, 2005.

Paul L. Johnson,

Project Clearance Liaison, NICHD, National Institutes of Health.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Record of Decision—National Institutes of Health, Master Plan 2003 Update, Main Campus, Bethesda, MD

AGENCY: Department of Health and Human Services, National Institutes of Health (NIH).

ACTION: Notice.

After completion of a Final Environmental Impact Statement (EIS) for the NIH Bethesda Master Plan 2003 Update and a thorough consideration of public comments on the Draft EIS, the Department of Health and Human Services, NIH, has decided to approve the Proposed Action, the Master Plan 2003 Update, as the guide for the future growth and development of the Bethesda campus. This alternative was identified as the Preferred Alternative in the Final EIS.

The Master Plan 2003 Update is a revision of the campus' 1995 Master Plan. It provides a framework for satisfying NIH's projected incremental growth needs on the Bethesda campus while ensuring long term planning and design coherence. The Update accommodates a potential growth in campus population from 17,500 to 22,000 employees by the end of the 20-year planning period. During this same period, building space on the Bethesda campus could increase from approximately 7.4 million gross square feet (gsf) to nearly 10.7 million gsf. While the Master Plan Update is a reasonable guideline for future campus

development, it does not represent the pre-approval of any individual facility project. Implementation of individual projects is dependent upon the annual Federal budget process as well as the Department of Health and Human Services (DHHS) project approval process.

FOR FURTHER INFORMATION CONTACT: Mr. Ronald Wilson, Master Planner, Division of Facilities Planning, Office of Research Facilities, National Institutes of Health, 31 Center Drive, Room 3B44, MSC 2162, Bethesda, Maryland 20817-2162, telephone 301-496-5037, e-mail: wilsoron@ors.od.nih.gov.

SUPPLEMENTARY INFORMATION: The National Institutes of Health (NIH) has prepared this Record of Decision (ROD) on the Final EIS for the Master Plan 2003 Update, NIH Main Campus, Bethesda, Maryland. This ROD includes:

1. The final decision;
2. All alternatives considered, specifying the alternative or alternatives which were considered to be environmentally preferable;
3. A discussion of factors which were involved in the decision, including any essential considerations of national policy which were balanced in making the decision and a statement of how those considerations, if any, entered into the decision;
4. A statement of whether all practicable means to avoid or minimize potential environmental harm from the selected alternative have been adopted, and if not, why they were not;
5. A description of mitigation measures that will be undertaken to make the selected alternative environmentally acceptable;
6. A discussion of the extent to which pollution prevention is included in the decision and how pollution prevention measures will be implemented; and
7. A summary of any monitoring and enforcement program adopted for any mitigation measures.

Alternatives Considered

Two alternatives were identified and considered in the Final EIS. They are (1) the Proposed Action, and (2) the No Action Alternative. The Proposed Action is described above under **ACTION**. Under the No Action Alternative, NIH would continue to maintain and repair its existing facilities in response to Congressional actions and to address building deficiencies and accreditation and safety codes and guidelines. In addition, NIH would complete several campus building projects already in various stages of planning, design, or construction. Consequently, despite the

assumed limits on campus growth implied by the No Action Alternative, total building space on campus would still increase by 1.5 million gsf by 2007, or from 7.4 million gsf to approximately 8.9 million gsf. An estimated 17,900 employees would be located on the campus under the No Action Alternative.

Various campus design alternatives and growth scenarios were identified during the development of the 1995 Master Plan, the forerunner to the Master Plan 2003 Update. Some of these design alternatives were rejected as not practical or unsuitable for the operational or physical conditions present on the campus, or because they conflicted with planning principles and goals. In the end, the design approach taken in the 2003 Update follows the 1995 Preferred Concept, with some refinements to adapt the plan to new and evolving NIH needs.

Because of its limited scope, the No Action Alternative would result in less adverse environmental impact than the Proposed Action. The Final EIS does, however, contain mitigation measures to lessen or eliminate impacts of the Proposed Action.

Factors Involved in the Decision

The primary factors involved in NIH's decision to proceed with the Proposed Action as the selected action are described below.

First, DHHS' Facilities Manual requires Operating Divisions to prepare master plans for their sites if they contain more than one principal building or activity. The manual also requires periodic master plan updates as new conditions arise or as circumstances dictate. In addition, under Section 5 of the National Capital Planning Act, Federal agencies in the National Capital Region are required to prepare master plans for their installations and update them every five years. The Master Plan 2003 Update satisfies DHHS and National Capital Planning Commission (NCPC) master planning requirements.

In addition, based on analyses in the Draft and Final EISs, the selected action best satisfies the proposal's Purpose and Need, as described in the EIS. The purpose of the Master Plan Update is to provide guidance for the orderly and comprehensive physical development of the Bethesda campus so that NIH can continue to perform its mission, which is to conduct biomedical research, educate and train researchers, assist in the transfer of biotechnology, and disseminate biomedical and related information to help improve and extend the lives and enhance the welfare of the