

Cardiovascular Health Branch selected and funded 32 states and the District of Columbia to address heart disease and stroke. Awardees were selected through a competitive peer review process, and the awards are managed as CDC cooperative agreements. Awards are made for five years and may be renewed through a continuation application. This program is authorized under sections 301(a) and 317b(k)(2) of the Public Health Service (PHS) Act, [42 U.S.C. sections 241(a) and 247b(k)(2)], as amended.

All funded programs are required to submit continuation applications and semi-annual progress reports consistent with federal requirements that all agencies, in response to the Government Performance and Results Act of 1993, prepare performance plans and collect program-specific performance measures. There will be two respondents per site.

An internet-based management information system (MIS) will allow CDC to monitor, and report on state Heart Disease and Stroke Prevention Programs more efficiently. Data reported

to CDC through the MIS will be used by CDC to identify training and technical assistance needs, monitor compliance with cooperative agreement requirements, evaluate progress made in achieving program-specific goals, and obtain information needed to respond to Congressional and other inquiries regarding program activities and effectiveness. There are no costs to respondents except their time to respond. The total annual burden for this data collection is 396 hours.

ANNUALIZED BURDEN TABLE

Respondents	Number of respondents	Number of responses per respondent	Average burden per respondent (in hours)	Total burden hours
States and Washington, DC	66	2	3	396

Dated: December 21, 2004.

B. Kathy Skipper,

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-050555]

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 404-371-5983 or send comments to Dale Verell, CDC Alternate OMB 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

National Public Health Performance Standards Program Local Public Health System Assessment (OMB 0920-0555)—Extension—Office of the Director, Centers for Disease Control and Prevention (CDC).

The Office of the Director, CDC is proposing to extend the currently approved National Public Health Performance Standards Program Local Public Health System Assessment. From 1998-2002, the CDC National Public Health Performance Standards Program convened workgroups with the National Association of County and City Health Officials (NACCHO), The Association of State and Territorial Health Officials

(ASTHO), the National Association of Local Boards of Health (NALBOH), the American Public Health Association (APHA), and the Public Health Foundation (PHF) to develop performance standards for public health systems based on the essential services of public health.

CDC is now proposing to extend the formal, voluntary data collection that assesses the capacity of local public health systems to deliver the essential services of public health. Local health departments will respond to the survey on behalf of the collective body of representatives from the local public health system. Electronic data submission will be used when local public health agencies complete the public health assessment.

The extension will provide additional time for local public health systems to undertake the assessment. Some states have sought to include mention of the assessment in legislation or regulations and are now encouraging their localities to respond to the assessment in the upcoming two years. The focus on bioterrorism and other emerging issues diverted resources and attention from immediate use of the assessment since its national release in 2002. A two-year extension will provide additional needed time.

The estimated annualized burden for each extension year is 4,200 hours.

Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
175	1	24	4200

Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Total	4200

Dated: December 22, 2004.

B. Kathy Skipper,

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-050557]

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 404-371-5983 or send comments to Dale Verell, CDC Alternate OMB 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

National Public Health Performance Standards Program State Public Health System Assessment (OMB 0920-0557)—Extension—Office of the Director, Centers for Disease Control and Prevention (CDC).

The Office of the Director, CDC is proposing to extend the currently approved National Public Health Performance Standards Program State Public Health System Assessment. From 1998 "2002, the CDC National Public Health Performance Standards Program

convened workgroups with the National Association of County and City Health Officials (NACCHO), The Association of State and Territorial Health Officials (ASTHO), the National Association of Local Boards of Health (NALBOH), the American Public Health Association (APHA), and the Public Health Foundation (PHF) to develop performance standards for public health systems based on the essential services of public health.

CDC is now proposing to extend the formal, voluntary data collection that assesses the capacity of state public health systems to deliver the essential services of public health. Electronic data submission will be used when state health departments complete the public health assessment.

The extension will provide additional time for state public health agencies to undertake the assessment. Some states have sought to include mention of the assessment in legislation or regulations and are planning to respond to the assessment in the upcoming year. The focus on bioterrorism and other emerging issues diverted resources and attention from immediate use of the assessment since its national release in 2002. A two-year extension will provide additional needed time.

The estimated annualized burden for each extension year is 105 hours.

No. of respondents	No. of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
7	1	15	105
Total	105

Dated: December 22, 2004.

B. Kathy Skipper,

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

Youth Violence Prevention through Community-Level Change

Announcement Type: New.

Funding Opportunity Number: CE05-020.

Catalog of Federal Domestic Assistance Number: 93.136.

Key Dates:

Letter of Intent Deadline: January 31, 2005.

Application Deadline: March 30, 2005.

I. Funding Opportunity Description

Authority: This program is authorized under both section 391 (a) and 301 (a) of the Public Health Service Act, 42 U.S.C. section 280b (a).

Background: Youth violence has been linked to a variety of factors, including individual, family, community, and societal characteristics. While much research has been conducted on