

(4) use screening practices that vary by factors such as age, ethnicity, and family history of the patient. This study will also examine the demographic, social,

and behavioral characteristics of physicians as they relate to screening of similar issues and participate in shared

decision-making between the physician and the patient.

There will be no cost to respondents other than their time.

ESTIMATE OF ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses per respondents	Average burden per response (in hours)	Total burden (in hours)
Primary Care Physician	1,500	1	40/60	1,000
Total	1,500	1,000

Dated: April 29, 2005.

Joan F. Karr,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-05-05CC]

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 and send comments to Seleda Perryman,

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

Pilot and Field Testing to Assist with the Planning of NCHS Data Collections—New—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The National Center for Health Statistics collects data through a number of on-going person-based and facility-based surveys. Among the major on-going surveys are the National Health Interview Survey (0920-0214) and the National Health and Nutrition Examination Survey (0920-0237). Due mainly to budgetary restraints, critical surveys such as the National Survey of Family Growth (0920-0314) and the National Survey of Hospice and Home Health Care (0920-0298) are not in the field continuously.

This new activity will allow pilot and field testing of planned surveys, most of which have received past OMB approval, resulting in enhanced knowledge and refined accuracy prior to requesting full OMB clearance. Some of the activities envisioned include: (1) The ability to measure the changes in technology in facility record keeping; (2) to test the feasibility of using improved information technology in data collection; and (3) to test new methodologies for obtaining sensitive information from individuals.

There is no cost to respondents other than their time to participate.

ESTIMATE OF ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Facility interview	300	2	1.0	600
Household/in-person interview	200	1	30/60	100
Total burden	700

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Joan F. Karr,

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-05-05BZ]

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 and send comments to Seleda Perryman, 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

Evaluation of the Effectiveness of the Smoke Alarm Installation and Fire Safety Education (SAIFE) Program—New—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

This project will use data from in-person interviews, paper and telephone surveys to assess the effectiveness of the Smoke Alarm Installation and Fire Safety Education (SAIFE) program and its efficacy in delivering fire safety information. The data will be collected from a convenience sample of adults 18 years of age or older who volunteer to participate in the SAIFE program. A total of 360 households will complete the evaluation each year of the data collection for a mass total of 1080 households over the next three years. Participants will be asked to complete a

15-minute survey at two points, once immediately before the intervention and then 6 months afterwards. The survey will assess outcome measures including, but not limited to, changes in knowledge, attitudes, beliefs, and behaviors regarding various aspects of fire safety and prevention; changes in reported residential fire-related injuries and deaths; increased or decreased presence of functioning smoke alarms; and the costs associated with the SAIFE intervention. The evaluation will measure these changes across time, between groups and within groups, among communities that will receive the SAIFE intervention.

CDC programs are currently funded in 16 states to provide for home installation of smoke alarms plus general fire safety education in households at high risk for fire and fire-related injury and death. Programs of this type are intended to prevent fire-related injury and mortality, but have not been studied scientifically to assess their impact on fire-related injury outcomes. The proposed study represents the first formal effort to evaluate the effectiveness and cost implications of the SAIFE program as implemented in North Carolina. The data collected in this study will have the potential to inform other smoke alarm installation programs, as well as indicate future priorities in prevention and preparedness for residential household fires. The only cost to the participant is the time involved to complete the surveys.

ESTIMATE OF ANNUALIZED BURDEN TABLE

Respondents	Number of respondents	Number of responses/respondent	Average burden/response (in hours)	Total burden (in hours)
Adult male and female (age 18+ years)	360	2	15/60	180

Joan F. Karr,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Request for Application (RFA) AA008]

Expansion of HIV/AIDS Care and Treatment Services and Training Activities 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) 2005 funds for a cooperative agreement program to

continue the expansion of comprehensive HIV/AIDS prevention, care and treatment services to HIV positive clients and their families, and to provide training for a wide range of health care providers in the public and private sector to support the national expansion of basic preventive care and ART provision to PLWHAs in the Republic of Uganda.

The Catalog of Federal Domestic Assistance number for this program is 93.067.

B. Eligible Applicant

Assistance will only be provided to The Mildmay Center (TMC). No other applicants are solicited.