167, pages 51781–51785. The notice is amended as follows:

Page 51781, third column, under Application Deadline: delete ''Cycle C: June 1, 2004.''

Page 51784, first column, Section H. ''Submission and Deadline,'' paragraph 2, delete the first sentence. Replace with, ''There will be two conference support reviews this year.''

Paragraph 4, should be changed to read, ''* * * between August 1, 2004 and September 30, 2005 * * *''

Delete Paragraph 5.

Under subtitle ''Letter of Intent Due Dates'', lines 5 and 6, Cycle B: January 6, 2004 should be changed to read, ''For conferences August 1, 2004–September 30, 2005.''

Delete lines 7, 8, and 9.

Lines 10–12 should be changed to read, ''Letter of Intent (LOI) Submission: On or before October 1, 2003, and January 6, 2004 submit an original and two signed copies * * *''

Page 51784, second column, under paragraph 1, in block 1, ''Application due dates,'' delete ''Cycle C: June 1, 2004''; in block 2, ''Earliest possible award dates,'' delete ''September 1, 2004.''

In paragraph 2, under Application Submission, line 2, should be changed to read, ''On or before November 19, 2003 and March 8, 2004 submit an original and two * * *''

Dated: December 11, 2003.

Edward Schultz,

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

[FR Doc. 03–31077 Filed 12–16–03; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–06–04]

Proposed Data Collections Submitted for Public Comment and Recommendations

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 498–1210. Send written comments to CDC, Desk Officer, Human Resources and Housing Branch, New Executive Office Building, Room 10235, Washington, DC 20503 or by fax to (202) 395–6974. Written comments should be received within 30 days of this notice.

Proposed Project: Domestic Violence Prevention Enhancement and Leadership through Alliances (DELTA)—New—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Domestic violence is a large, potentially preventable source of physical and emotional harm for women, children, and families. One promising approach to domestic violence prevention is the coordinated community response (CCR) model wherein multiple agencies within a community come together to work collectively on domestic violence issues. However, many CCRs formed to date focus on responding to, rather than preventing acts of violence. CDC is launching the *Domestic Violence Prevention Enhancement and Leadership through Alliances* (*DELTA*) demonstration program to stimulate the development of prevention-focused programs and diffuse current programs into the existing operations of CCRs, using fourteen state domestic violence coalitions as intermediaries.

This project will be conducted through a policy research contract. First there will be an identification and description of each state's CCR structures and operations, then an evaluation of the DELTA Program's success in developing and disseminating prevention enhancements to CCRs. The contractor will use an environmental scan to identify the full population of CCRs in each state, as well as profile the organizational, political, and economic landscape in which the CCRs operate. This information will assist CDC and the state coalitions in developing prevention enhancements that are responsive to the capacities and circumstances of local CCRs while at the same time providing baseline measures to facilitate and evaluate the DELTA program. The DELTA program evaluation will then use these baseline measures, together with additional data collected each year throughout program implementation to assess how well the program performs in strengthening collaborative activity across domestic violence programs, developing prevention enhancements and incorporating them into current CCR operations, and institutionalizing organizational changes that will sustain primary prevention as part of the everyday workings of state coalitions and CCRs.

The fourteen state coalitions that are DELTA grantees will be interviewed every six months by the contractor, and an annual survey of all local CCRs in the fourteen DELTA states will also be conducted. Once the initial data collection is completed, the contractor will also conduct a one-time survey of state domestic violence coalitions and up to ten other organizations in each of the 36 non-DELTA states. A separate OMB submission will be prepared for this phase. The estimated annualized burden is 400 hours for this data collection.

Information collection instrument	Number of respondents	Number of response/respondent	Average burden/response (in hours)
Mail Survey of CCRs in DELTA States	448	1	35/60
Telephone Interviews of DELTA Grantees	28	2	2

Dated: December 5, 2003.

Alvin Hall,

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

[FR Doc. 03–31056 Filed 12–16–03; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Efficacy Trials of Parenting Programs for Fathers

Announcement Type: New.

Funding Opportunity Number: 04055.

Catalog of Federal Domestic Assistance Number: 93.136.

Key Dates: Letter of Intent Deadline: January 16, 2004.

Application Deadline: February 18, 2004.

I. Funding Opportunity Description

Authority: This program is authorized under section 391(a)(1) of the Public Health Service Act, [42 U.S.C. section 280b(a)(1), as amended].

Purpose: The purpose of the program is to examine the efficacy of parenting programs for high-risk fathers, expectant fathers, or father surrogates of children age birth to two and/or age three to five for the prevention of child maltreatment and the promotion of positive parenting behaviors. This program addresses the ''Healthy People 2010'' focus area of Injury and Violence Prevention.

Measurable outcomes of the program will be in alignment with the following performance goal for the National Center for Injury Prevention and Control: Conduct a targeted program of research to reduce injury-related death and disability.

Outcomes to be assessed include:

- Knowledge and attitudes towards parenting, including perceptions of self-reported parenting competence;
- Changes in daily parental behavior and parenting style;
- Mothers' perceptions of fathers' support;
- Mothers' and fathers' reports of fathers' involvement in care giving;
- Incidence of neglect, and physical, sexual, and emotional abuse; and
- Incidence of unintentional injuries.

Research Objectives: Research suggests that most cases of serious child physical abuse and fatality are caused by fathers or father figures (Anderson, Ambrosino, Valentine, & Lauderdale, 1983; Bergman, Larsen, & Mueller, 1986; Brewster *et al.*, 1998; Daley & Piliavin, 1982; Hicks & Gaughan, 1995; Jason & Andereck, 1983; Rosenthal, 1988). Although there is little research on the determinants of abuse among fathers or father figures, it appears that they may have similar characteristics to those of physically abusive mothers: greater perceived stress and distress, greater physiological reactivity, lack of social support, negative perceptions of their children, and inaccurate knowledge or expectations of developmentally appropriate complex child behaviors (Milner, 1998).

Recruiting fathers in prevention programs is a major challenge. However, some prevention and awareness programs have been developed to teach experienced and new fathers the basics in caring for infants and young children. Such programs provide men with a safe environment to discuss their concerns about fatherhood and learn basic childcare skills. Participants report high rates of satisfaction and show low levels of attrition. However, more rigorous evaluation of such programs is needed to establish their potential impact.

Research funded under this announcement is expected to address this important gap in the prevention literature (*i.e.*, efficacy studies of interventions that are designed to reduce the above types of parenting characteristics). The ultimate aim of such an approach is to assess whether interventions designed to teach expectant, new, experienced, and surrogate fathers the basics in caring for infants and young children, can reduce risk factors for child maltreatment.

At a minimum, competitive applicants will provide theoretical rationale and empirical evidence in support of a specific extant parenting course directed toward fathers whose intimate partners are currently expecting or have children under the age of five, and conduct a rigorous efficacy study.

Priority will be given to efficacy studies of primary prevention parenting programs that focus on the determinants of abuse among expectant, new, experienced or surrogate fathers, over those that focus on criminal justice responses (*e.g.*, arrest strategies).

Priority will also be given to proposals that:

- Propose more stringent and rigorous evaluation designs, including: Experimental and quasi-experimental designs with appropriate baseline/pre-intervention data, post-intervention data, and at least one follow-up collection point; data from at least one comparison or control group; and data from multiple sources.
- Propose data analytic plans that are appropriate to the intervention, research design and hypotheses, data collection measures, and project period, and that anticipate and evaluate the effect of threats to the internal and external validity of the specified research design.
- Target traditionally underserved communities.

Activities: Awardee activities for this program are as follows:

1. Design and conduct research, including formative research and pilot testing to address the described goals of this cooperative agreement.
2. Collaborate with CDC scientists in the development of the human subjects protocol for the CDC Institutional Review Board (IRB) by all cooperating institutions participating in the research project.
3. Obtain approval of the study protocol by the recipient's local IRB.
4. Implement and evaluate project delivery.
5. Write and disseminate reports of research activities to regional, state, and local partners.
6. Conduct one reverse site visit to meet with CDC staff in Atlanta on an annual basis.
7. Complete all required reports as specified under ''Reporting''.
8. Analyze data and publish findings in peer-reviewed journals.

In a cooperative agreement, CDC staff is substantially involved in the program activities, above and beyond routine grant monitoring.

CDC Activities for this program are as follows:

(1) Provide scientific and programmatic consultation. CDC will collaborate with project staff on decision-analyses, programmatic issues, and dissemination of the study results in publications and presentations.

(2) Assist in the development of a research protocol for Institutional Review Board (IRB) review by all cooperating institutions participating in the research.

(3) The CDC IRB will review and approve the protocol initially and on at least an annual basis until the research project is completed.

(4) CDC staff will monitor and review scientific and operational accomplishments of the project through conference calls, site visits, and review of technical reports.

II. Award Information

Type of Award: Cooperative Agreement. CDC involvement in this program is listed in the Activities Section above. Fiscal Year Funds: 2004 Approximate Total Funding: $500,000.

Approximate Number of Awards: One.

Approximate Average Award: N/A.