

Respondents	Number of respondents	Responses per respondent	Average burden per response (in hours)
HOPWA Program Participants .....	1,000	4	1.5
HUD Site Service Providers .....	15	1	2

Dated: December 22, 2003.

**Ron Ergle,**

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

[FR Doc. 03-32165 Filed 12-30-03; 8:45 am]

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[60Day-04-19]

**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 the CDC Reports Clearance Officer on (404) 498-1210.

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. Send comments to Anne O'Connor, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-E11, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

*Proposed Project: HIV/AIDS Prevention and Surveillance Project Reports, OMB No. 0920-0208—Extension—National Center for HIV, STD and TB Prevention (NCHSTP), Centers for Disease Control and Prevention (CDC).*

CDC is requesting to extend the use of the currently approved form, OMB No. 0920-0208, for collecting HIV counseling, testing, and referral (CTR) program data. This current form expires March 30, 2004. This request is for an 18-month clearance past this date. Extension of the current form will allow grantees to continue to collect CTR data as they transition to the new set of CTR variables and the new program evaluation and monitoring system (PEMS). Over the next year, grantees will either transition to the new variables once they have reprogrammed their existing computer systems, or as the CDC-provided PEMS is made available. CDC funds cooperative agreements for 65 HIV prevention projects (50 states, 6 cities, 7 territories, Washington, DC, and Puerto Rico) and approximately 50 community based organizations to support HIV counseling, testing, and referral programs.

HIV counseling, testing, and referral services in STD clinics, women's health centers, drug treatment centers, and other health facilities have been described as a primary prevention strategy of the national HIV prevention program. The funded public health departments and community based

organizations have increased the provision of HIV counseling, testing, and referral activities to those at increased risk for acquiring or transmitting HIV, as well as minority communities and women of child bearing age.

CDC is responsible for monitoring and evaluating HIV prevention programs conducted under HIV prevention cooperative agreements. HIV counseling, testing, and referral services are a vital component of HIV prevention programs. Without data to monitor and evaluate the impact of HIV counseling, testing, and referral programs, HIV prevention program priorities cannot be assessed and improved to prevent further spread of the epidemic. CDC needs minimal core data from all grantees describing CTR services provided for at-risk persons. Until grantees are prepared for collecting the new CTR variables and reporting data electronically through PEMS, it is essential that they be allowed to continue to collect the current CTR data using the existing forms.

Completing the initial data submission will take approximately 5 minutes per form. Approximately two (2) million records annually are expected from over 11,000 directly and indirectly funded grantee facilities. The total estimated burden is 167,000 hours annually. This is the estimated burden if no one transitions to the new system during the year, but it is expected that many of the grantees will transition to PEMS in phases throughout the year. Following this notice, a separate data collection for PEMS will be submitted for public comment and will include the revised CTR data variables and associated burden estimate. There is no cost to respondents.

Respondents	Number of respondents	Number of responses/respondent	Average burden/response (in hours)	Total burden (in hours)
Directly or Indirectly Funded Facilities .....	11,000	182	5/60	167,000
Total .....				167,000

Dated: December 22, 2003.

**Ron Ergle,**

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

[FR Doc. 03-32166 Filed 12-30-03; 8:45 am]

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Children and Families**

[ACYF/HS-2003-01]

**Request for Public Comments on the Proposed Merger of Two Head Start Grantees in Rhode Island**

**AGENCY:** Administration on Children, Youth, and Families, ACF, DHHS.

**ACTION:** Request for public comments.

**SUMMARY:** This notice is to solicit public comments and statements of interest from interested parties on the merger of two Rhode Island Head Start Programs.

**EFFECTIVE DATE:** January 30, 2004.

**FOR FURTHER INFORMATION CONTACT:**

Michelle Hastings; Pal-Tech, Inc.; 1000 Wilson Blvd., Suite 1000; Arlington, VA 22209; 1-800-458-7699; 703-243-0496 (fax)

**SUPPLEMENTARY INFORMATION:** Self Help, Inc., and New Visions for Newport County, Inc. are proposing to merge their federally funded Head Start programs. This proposed merger is expected to bring about a more cost effective and efficient service delivery to children and their families. The Head Start Bureau of the Administration for Children and Families (ACF), within the United States Department of Health And Human Services has this proposal under consideration and is currently evaluating its effect on Head Start Services for children and families in the community. Under the proposed merger, Self Help, Inc., would be absorbed by New Visions for Newport County, Inc., and New Visions for Newport County, Inc. would provide Head Start services for the community it now serves as well as the community now served by Self Help, Ins.

Mergers of local Head Start grantees usually require the ACF to offer an open competition in the specified service area whose grantee is being absorbed. While this request for a merger, without a competitive review process, is under consideration, public comments are being solicited. Additionally, this notice also serves to encourage and welcome statements of interest from any local public agency, local public school

system, local non-profit agency or local for-profit organization, or local faith-based organization that would want to compete for funding to provide Head Start services in the area now served by Self Help, Inc.

Self Help, Inc., also receives funding to conduct an Early Head Start program. As part of a proposed merger, Self Help, Inc., is proposing that the Early Head Start grant it conducts be transferred to New Visions for Newport County, Inc. after the merger. When an Early Head Start grantee merges with another organization, the grant must usually be recompleted, but consideration is being given to transferring the Early Head Start grant to New Visions for Newport County, Inc. While this request for a transfer, without a recompetition, is under consideration, public comments are being solicited. Additionally, this notice also serves to encourage and welcome statements of interest from any public agency, public school system, non-profit agency, for-profit organization, or faith-based organization that would want to compete for funding to provide Early Head Start services in the area now served by Self Help, Inc.

Please mail or fax statements of support or objection to this proposed merger and grant transfer as well as any request for consideration by January 30, 2004 to: Michelle Hastings; Pal-Tech, Inc.; 1000 Wilson Blvd., Suite 1000; Arlington, VA 22209; 1-800-458-7699; 703-243-0496 (fax).

Dated: December 22, 2003.

**Joan E. Ohl,**

*Commissioner, Administration on Children, Youth and Families.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Children and Families**

**Statement of Organization, Functions, and Delegations of Authority**

This notice amends Part K of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (DHHS), Administration for Children and Families (ACF) as follows: Chapter KB, the Children's Bureau, Administration on Children, Youth and Families (ACYF) (66 FR 30215-18), as last amended June 5, 2001. This notice moves the Data Team from the Division of Data, Research and Innovation, Children's Bureau to the Office of the

Associate Commissioner, Children's Bureau and renames the Division.

This Chapter is amended as follows:  
1. Chapter KB, Administration on Children, Youth and Families.

A. Delete KB.10 Organization in its entirety and replace with the following:

*KB.10 Organization.* The Administration on Children, Youth and Families is headed by a Commissioner, who reports directly to the Assistant Secretary for Children and Families and consists of:

- Office of the Commissioner (KBA)
- Office of Management Services (KBA1)
- Head Start Bureau (KBC)
- Program Operations Division (KBC1)
- Program Support Division (KBC2)
- Program Management Division (KBC3)
- Children's Bureau (KBD)
- Office of Child Abuse and Neglect (KBD1)
- Division of Policy (KBD2)
- Division of Program Implementation (KBD3)
- Division of Research and Innovation (KBD4)
- Division of Child Welfare Capacity Building (KBD5)
- Division of State Systems (KBD6)
- Family and Youth Services Bureau (KBE)
- Child Care Bureau (KBG)
- Immediate Office/Administration (KBG1)
- Program Operations Division (KBG2)
- Policy Division (KBG3)
- Technical Assistance Division (KBG4)

B. Delete KB.20 Functions, Paragraph D introductory material, in its entirety and replace with the following:

D. The Children's Bureau is headed by an Associate Commissioner who advises the Commissioner, Administration on Children, Youth and Families, on matters related to child welfare, including child abuse and neglect, child protective services, family preservation and support, adoption, foster care and independent living. It recommends legislative and budgetary proposals, operational planning system objectives and initiatives, and projects and issue areas for evaluation, research and demonstration activities. It represents ACYF in initiating and implementing interagency activities and projects affecting children and families, and provides leadership and coordination for the programs, activities, and subordinate components of the Bureau. It is responsible for the Data and Technology Team which