20006. Telephone: 202/296–4669. E-mail: *info@bioethics.gov*. Web site: *http://www.bioethics.gov*.

Dated: March 8, 2004.

Dean Clancy,

Executive Director, The President's Council on Bioethics.

[FR Doc. 04–5714 Filed 3–12–04; 8:45 am]

BILLING CODE 4150–24–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration on Aging

Agency Information Collection Activities; Submission for OMB Review; Comment Request; AoA Uniform Project Description

AGENCY: Administration on Aging, HHS.

ACTION: Notice.

SUMMARY: The Administration on Aging (AoA) is announcing that the proposed collection of information listed below has been submitted to the Office of Management and Budget (OMB) for review and clearance under the Paperwork Reduction Act of 1995.

DATES: Submit written comments on the collection of information by April 14, 2004.

ADDRESSES: Submit written comments on the collection of information by fax (202) 395.6974 or by mail to the Office of Information and Regulatory Affairs, OMB, New Executive Office Bldg., 725 17th St. NW., rm. 10235, Washington, DC 20503, Attn: Brenda Aguilar, Desk Officer for AoA.

FOR FURTHER INFORMATION CONTACT: Margaret Tolson, (202) 357–3440, *margaret.tolson@aoa.gov*.

SUPPLEMENTARY INFORMATION: In compliance with 44 U.S.C. 3507, AoA has submitted the following proposed collection of information to OMB for review and clearance.

The proposed collection relates to discretionary grant applicants' project description and budget justification information necessary to issue AoA discretionary grants. The information is used to evaluate if applications are eligible for funding and further used during the grant review process. The respondents are organizations that choose to apply for an AoA discretionary grant. AoA estimates the burden of this collection of information as follows: 500 responses/year; 5,000 hours/year.

Dated: March 10, 2004.

Josefina G. Carbonell,

Assistant Secretary for Aging.

[FR Doc. 04–5791 Filed 3–12–04; 8:45 am]

BILLING CODE 4154–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–04–31]

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 Seleda Perryman, 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—Brownsville-Matamoros Sister City Project (BMSCP) for Women's Health—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC). The Brownsville-Matamoros Sister City Project for Women's Health is a proposed pilot project in which a standardized approach to surveillance will be established in selected hospitals that provide obstetric services in Brownsville and Harlingen, Texas, U.S., and Matamoros, Tamaulipas, Mexico.

During 2003 and 2004, CDC provided funds to support staff from CDC, NCDDPHP, the University of Texas at Brownsville/Texas Southmost College, the University of Texas—Houston School of Public Health, and Helix, Inc. These funds were used to disseminate information or inform health practitioners and public health officials at the local, state and national level about the BMSCP, implement development of the methodology and data collection instruments for the pilot phase of data collection described herein, conduct discussion groups (currently ongoing) to determine the appropriate language for interviews, and to determine the acceptability of topic areas to be covered in the interviews, and the appropriateness of the proposed methodology.

The purpose of the proposed data collection is to test a standardized approach for hospital-based surveillance of women's health and chronic disease issues in the US-Mexico border communities of Brownsville and Harlingen, Texas, and Matamoros, Tamaulipas, Mexico. The primary method of data collection will be in-person interviews with women who give birth to live infants; which may be supplemented by abstracting additional data from the medical records of respondents and birth certificates of their infants. The majority of interviews will take place after delivery but prior to hospital discharge.

Women who are selected for the pilot project but discharged prior to interview will be interviewed at the clinic they attend for postnatal care. The questionnaire will include questions to help monitor the occurrence of and risk factors for adolescent pregnancy, infant mortality, and gestational diabetes, as well as questions about physical activity and dietary practices, cervical cancer screening history, and knowledge of HIV transmission and prevention. These issues have been established as priorities by the U.S.-Mexico Binational Health Commission (USMBHC) and are included in the Healthy Border 2010 objectives of the USMBHC. This approach to surveillance through which data will be collected using a standardized and uniform methodology on the U.S. and Mexican sides of the US-Mexico border is needed.

Most data collection systems currently in place have been designed to collect information from either U.S. or Mexican residents, and the methodology of such systems is not comparable. Persons living along the US-Mexico border frequently cross the border in both directions for healthcare, work, and social reasons, they represent a unique population with respect to public health needs and public health

program access. This pilot project will be conducted during fiscal year 2005. If successful, this surveillance system may serve as a model for surveillance in other border communities. There will be no cost to respondents.

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
U.S.	400	1	30/60	200
Mexico	400	1	30/60	200
Total				400

Dated: March 5, 2004.

Alvin Hall,

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

[FR Doc. 04–5728 Filed 3–12–04; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–04–32]

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 Seleda Perryman, 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—Vital Statistics Training Application, OMB No. 0920–0217—Extension—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC). In the United States, legal authority for the registration of vital events, *i.e.*, births, deaths, marriages, divorces, fetal deaths, and induced terminations of pregnancy, resides individually with the States (as well as cities in the case of New York City and Washington, DC) and Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands. These governmental entities are the full legal proprietors of vital records and the information contained therein. As a result of this State authority, the collection of registration-based vital statistics at the national level, referred to as the U.S. National Vital Statistics System (NVSS), depends on a cooperative relationship between the States and the Federal government. This data collection, authorized by 42 U.S.C. 242k, has been conducted by NCHS since it was created in 1960.

NCHS assists in achieving the comparability needed for combining data from all States into national statistics, by conducting a training program for State and local vital statistics staff to assist in developing expertise in all aspects of vital registration and vital statistics. The training offered under this program includes courses for registration staff, statisticians, and coding specialists, all designed to bring about a high degree of uniformity and quality in the data provided by the States. This training program is authorized by 42 U.S.C. 242b, section 304(a). In order to offer the types of training that would be most useful to vital registration staff members, NCHS requests information from State and local vital registration officials about their projected needs for training. NCHS also asks individual candidates for training to submit an application form containing name, address, occupation, work experience, education, and previous training. These data enable NCHS to determine those individuals whose needs can best be met through the available training resources. There is no cost to respondents in providing these data.

Respondents	Number of respondents	Number of responses/Respondents	Average burden/response (in hrs.)	Total burden hours
State, local, and Territory Registration Officials	57	1	20/60	19
Training applicants	100	1	15/60	25
Total				44