

received by the closing date and time. Applications, which meet the initial screening requirements will be reviewed by a panel of independent reviewers and will be assessed according to the criteria published in this announcement.

Final award decisions will be made by the Deputy Assistant Secretary for Population Affairs (DASPA). In making these decisions, the DASPA will take into consideration: Recommendations of the review panel; reviews for programmatic and grants management compliance; the reasonableness of the estimated cost to the government considering the available funding and anticipated results; and the likelihood that the proposed project will result in the benefits expected. Awards will be made only to those organizations or agencies which have demonstrated the capability of providing the proposed services, and which have met all applicable requirements.

VI. Award Administration Information

1. Award Notices

OPA does not release information about individual applications until final funding decisions have been made. When final decisions have been made, applicants will be notified by letter regarding the outcome of their applications. The official document notifying an applicant that a project application has been approved for funding is the Notice of Grant Award, signed by the Director of the OPHS Office of Grants Management, which specifies to the grantee the amount of money awarded, the purposes of the grant, the length of the project period, and the terms and conditions of the grant award.

2. Administrative and National Policy Requirements

In accepting this award, the grantee stipulates that the award and any activities thereunder are subject to all provisions in 45 CFR parts 74 (non-governmental) and 92 (governmental) currently in effect or implemented during the period of the grant.

The Buy American Act of 1933, as amended (41 U.S.C. 10a-10d), requires that Government agencies give priority to domestic products when making purchasing decisions. Therefore, to the greatest extent practicable, all equipment and products purchased with grant funds should be American-made.

A notice providing information and guidance regarding the "Government-wide Implementation of the President's Welfare-to-Work Initiative for Federal

Grant Programs" was published in the **Federal Register** on May 16, 1997. This initiative was designated to facilitate and encourage grantees and their subrecipients to hire welfare recipients and to provide additional needed training and/or mentoring as needed. The text of the notice is available electronically on the OMB home page at <http://www.whitehouse.gov/omb>.

The HHS Appropriations Act requires that when issuing statements, press releases, requests for proposals, bid solicitations, and other documents describing projects or programs funded in whole or in part with Federal money, grantees shall clearly state the percentage and dollar amount of the total costs of the program or project which will be financed with Federal money and the percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.

3. Reporting

A successful applicant under this notice will submit: (a) Progress reports; (b) annual Financial Status Reports; and (c) a final progress report and Financial Status Report. Reporting formats are established in accordance with provisions of the general regulations, which apply under 45 CAR parts 74 and 92. Applicants must submit all required reports in a timely manner, in recommended formats (to be provided) and submit a final report on the project, including any information on evaluation results, at the completion of the project period. Agencies receiving \$500,000 or more in total Federal funds are required to undergo an annual audit as described in OMB Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations."

VI. Agency Contacts

OPHS Office of Grants Management
Contact: Karen Campbell, Office of Grants Management, Office of Public Health and Science, Department of Health and Human Services, 1101 Wootton Parkway, Suite 550, Rockville, Maryland, 20852. E-mail: Kcampbell@osophs.dhhs.gov; telephone: 301-594-0758.

Program Office Contact: Susan Moskosky, Director, Office of Family Planning, Office of Population Affairs, Office of Public Health and Science, Department of Health and Human Services, 1101 Wootton Parkway, Suite 750, Rockville, Maryland, 20852. E-mail: SMoskosky@osophs.dhhs.gov; telephone: 301-594-4008.

Dated: April 21, 2004.

Alma L. Golden,

Deputy Assistant Secretary for Population Affairs, Office of Population Affairs.

[FR Doc. 04-10451 Filed 5-6-04; 8:45 am]

BILLING CODE 4150-34-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-04-51]

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

Preventing Community-Associated Methicillin-Resistant *Staphylococcus aureus* (CA-MRSA) in Hawaii: Risk Factors and Outcomes for Infection in Children—New—National Center for Infectious Diseases (NCID), Centers for Disease Control and Prevention (CDC).

CDC, National Center for Infectious Diseases is planning to implement a research study to identify: (1) Risk factors for CA-MRSA infections in children, (2) modifiable risks factors, and (3) culture-specific issues to use in

the prevention of CA-MRSA infections among Pacific Islanders.

S. aureus is one of the most common causes of serious skin and soft-tissue infections worldwide. Infections can be minor boils or abscesses, but often can progress to severe infections of muscle, bone, lung, or heart valves. Drug-resistant staphylococcal infections (MRSA) occur commonly among persons in hospitals and healthcare facilities. However, in the past few years these drug-resistant infections have caused illness in persons outside of healthcare setting in several states including Texas, Illinois, Minnesota,

California, Georgia, Alaska, and most recently Hawaii.

In 2002, the Hawaii Department of Health detected a high prevalence of MRSA using laboratory-based surveillance and began receiving reports from local clinicians of an increase of skin and soft tissue infections associated with MRSA among persons in the community. In September 2003, an epidemiologic investigation in Hawaii demonstrated there was an increase in the number of CA-MRSA infections between 2001 and 2003 with higher prevalence of these infections among Pacific Islanders, especially children.

Likewise, reports from outside the United States have indicated that CA-MRSA infections may be more frequent in Pacific Islander populations; however, there are no appreciable Native Hawaiian/Pacific Islander groups represented at the sites conducting CDC-supported population-based surveillance for CA-MRSA. Identification of the risks factors in this population will greatly assist efforts to implement activities for prevention of CA-MRSA infections among Pacific Islanders. There will be no cost to the respondents.

Forms	No. of respondents	No. of responses per respondents	Avg. burden per response (in hours)	Total burden hours
Telephone interview form 1 (cases and controls)	240	1	30/60	120
Follow-up telephone interview form (cases only)	120	1	15/60	30
Total				150

Dated: April 29, 2004.

Alvin Hall,

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

[FR Doc. 04-10420 Filed 5-6-04; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 04083]

Collaboration for Global Cancer and Tobacco Control 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) 2004 funds for a cooperative agreement program to support Center for Disease Control National Center for Chronic Disease Prevention and Health Promotion's (CDC/NCCDPHP) cancer prevention and tobacco control efforts. The Catalog of Federal Domestic Assistance number for this program is 93.945.

B. Eligible Applicant

Assistance will be provided only to the International Union against Cancer (UICC). Unique to UICC is its large, global volunteer member network, which can provide effective and maximal use of government resources. UICC is the only international non-

governmental organization dedicated solely to the global control of cancer.

UICC is the largest, independent, non-profit association of 280 cancer-fighting organizations in 90 countries. As such, UICC brings together a wide range of agencies including patient and survivor support networks, voluntary cancer societies, public health authorities, and research and treatment centers.

Globally, and through its partners and volunteer experts, UICC is well placed to disseminate knowledge and foster best practices on a wide scale. UICC's strategic focus is on four key directions which are consistent with the intended strategy for this project. UICC's strategic focus includes cancer prevention and early detection, tobacco control, knowledge transfer, and capacity building.

UICC has grown since its inception in 1933 to become a forum for and of professionals interested in all aspects of cancer control. UICC's journal, *The International Journal of Cancer*, publishes 30 issues per year. GLOBALINK Tobacco is the largest online network of tobacco control professionals with over 3500 members. UICC's World Cancer Congresses bring together leading experts in different fields from cancer research to cancer care.

The UICC World Cancer Congress will take place in July 2006 in Washington DC. In addition, the UICC is strategically positioned as the secretariat for the 13th World Conference on Tobacco or Health which will be held immediately

following the World Cancer Congress also in Washington, DC.

The UICC is uniquely positioned as the only agency with an international network of non-governmental organizations in health and medical care focused solely on cancer and tobacco control. With its voluntary network in numerous countries, it is ideally positioned to address these linked issues in a cost effective way.

C. Funding

Approximately \$450,000 is available in FY 2004 to fund this award. It is expected that the award will begin on or before June 15, 2004, and will be made for a 12-month budget period within a project period of up to three years. Funding estimates may change.

D. Where to Obtain Additional Information

For general comments or questions about this announcement, contact: Technical Information Management, CDC Procurement and Grants Office, 2920 Brandywine Road, Atlanta, GA 30341-4146, Telephone: 770-488-2700.

For technical questions about this program, contact: Myra Wisotzky, Project Officer, 4770 Buford Highway, MS K-50, Atlanta, GA 30341, E-mail: mwisotzy@cdc.gov.