

indicators developed by the Bureau to meet requirements of the Government Performance and Results Act (GPRA).

Estimates of annualized reporting burden are as follows:

Type of respondent	Number of respondents	Responses per respondent	Total responses	Minutes per response	Total burden hours
Grantees .....	1,550	1	1,550	21.5	33,325

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to: John Kraemer, Health Resources and Services Administration, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: September 15, 2004.

**Tina M. Cheatham,**

*Director, Division of Policy Review and Coordination.*

[FR Doc. 04-21221 Filed 9-21-04; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

[CFDA #93.926]

#### Maternal and Child Health Federal Set-Aside Program; Healthy Start Initiative, Closing the Health Gap Initiative on Infant Mortality: African American-Focused Risk Reduction

**AGENCY:** Health Resources and Services Administration, HHS.

**ACTION:** Notice of grant award.

**SUMMARY:** The Maternal and Child Health Bureau (MCHB), Health Resources and Services Administration (HRSA), awarded four cooperative agreements of \$562,500 each, (for a total of \$2.25 million) in fiscal year (FY) 2004, to four States: Illinois, Michigan, Mississippi, and South Carolina. The grants support the creation of evidence-based interventions and strategies to lower infant mortality among African Americans. The award was made from funds appropriated under Public Law 108-199 (Consolidated Appropriations Act, 2004). As part of HHS's overall appropriation, monies have been designated to support the Closing the Health Gap on Infant Mortality Initiative, under HRSA Guidance HRSA-04-097. The African American Initiative, to reduce low birthweight and SDS, was developed jointly by HRSA and the Acting Assistant Secretary for

Health to address health disparities in States experiencing the highest mortality rates for African Americans.

*Limited Competition Justification:* The HRSA is providing Federal funds to lower infant mortality among African Americans in these four States based on their high rates of African American infant mortality; significant number of births to African Americans; their rank among the top States for highest percentage of African American births that are low birth weight (LBW); and their disproportionately high percentage of Sudden Infant Death Syndrome (SIDS) deaths among African Americans.

The funds are awarded to these four States so that they may work within a community that is committed to bring evidence-based practices to bear on the problem of high African American infant mortality rates caused by preterm birth (PTB), LBW, and SIDS. The cooperative agreements support strategies in each State that are culturally competent, represent a partnership between the State Title V agency and the local community; build on existing HHS or other funded programs; and employ one or more science-based approaches to African American infant mortality risk reduction. These agreements will also support the projects' evaluation of their progress according to specific goals and objectives.

*Other Award Information:* The Catalog of Federal Domestic assistance number is 93.926; HRSA Activity Code U-19.

**FOR FURTHER INFORMATION CONTACT:** Maribeth Badura, M.S.N., R.N., Division of Perinatal Systems and Women's Health, Maternal and Child Health Bureau, HRSA, 5600 Fishers Lane, Room 10-C-16, Rockville, MD 20857, (301) 443-0543.

Dated: September 15, 2004.

**Elizabeth M. Duke,**

*Administrator.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### National Vaccine Injury Compensation Program; List of Petitions Received

**AGENCY:** Health Resources and Services Administration, HHS.

**ACTION:** Notice.

**SUMMARY:** The Health Resources and Services Administration (HRSA) is publishing this notice of petitions received under the National Vaccine Injury Compensation Program ("the Program"), as required by Section 2112(b)(2) of the Public Health Service (PHS) Act, as amended. While the Secretary of Health and Human Services is named as the respondent in all proceedings brought by the filing of petitions for compensation under the Program, the United States Court of Federal Claims is charged by statute with responsibility for considering and acting upon the petitions.

**FOR FURTHER INFORMATION CONTACT:** For information about requirements for filing petitions, and the Program in general, contact the Clerk, United States Court of Federal Claims, 717 Madison Place, NW., Washington, DC 20005, (202) 219-9657. For information on HRSA's role in the Program, contact Joyce Somsak, Acting Director, Division of Vaccine Injury Compensation Program, Special Programs Bureau, Health Resources and Services Administration, 5600 Fishers Lane, Room 16C-17, Rockville, MD 20857; telephone number (301) 443-6593.

**SUPPLEMENTARY INFORMATION:** The Program provides a system of no-fault compensation for certain individuals who have been injured by specified childhood vaccines. Subtitle 2 of Title XXI of the PHS Act, 42 U.S.C. 300aa-10 *et seq.*, provides that those seeking compensation are to file a petition with the U.S. Court of Federal Claims and to serve a copy of the petition on the Secretary of Health and Human Services, who is named as the respondent in each proceeding. The Secretary has delegated his