

annual report. The ability to collect data through Internet accessibility will allow for a more streamlined and efficient use of data processing by the states and

reduce the states' burden of duplicate reporting on outcome and risk factor data. There is no cost to respondents except their time to complete the

application/report. The total estimated annualized burden hours are 4270.

ESTIMATED ANNUALIZED BURDEN TABLE

Forms	No. of respondents	No. of responses/re-spondent	Average burden per response (hours)
Annual Applications .....	*61	1	30
Annual Reports .....	61	1	40

\* There are 61 respondents (Official State Health Agencies from the 50 States, the District of Columbia, 8 U.S. Territories, and two American Indian Tribes (Santee Sioux and Kickapoo of Kansas). The response burden consists of an annual application and an annual report (with selected summary data items).

Dated: August 11, 2005.

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*Acting Reports Clearance Officer, Centers for Disease Control and Prevention.*  
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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[30Day-05-03AA]

**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) 371-5983 or send an e-mail to [omb@cdc.gov](mailto:omb@cdc.gov). 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**

Potential Reproductive and Neurological Effects of Exposure to Acrylamide—NEW—The National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

The mission of the National Institute for Occupational Safety and Health (NIOSH) is to promote safety and health at work for all people through research and prevention. Consistent with this mission, NIOSH is undertaking a study of the reproductive and neurobehavioral effects of occupational exposure to acrylamide. Male acrylamide workers and control workers (N = 100 per group) will be recruited from manufacturing, end-user, and non-exposed settings. Exposure will be characterized by acrylamide hemoglobin, adduct and urinary metabolite levels, ambient area, personal air, and dermal sampling. Reproductive effects will be evaluated by examining semen quality, sperm

DNA integrity, reproductive hormone levels, and prostate specific antigen (PSA) levels.

Neurobehavioral effects will be assessed using sensation-tactile, postural stability, grooved pegboard, and simple reaction time tests. Two questionnaires will be administered on one occasion. Questionnaire information will be collected concurrently to augment test interpretation, adjust for potential confounders and covariates during regression analysis, correlate specific jobs and job activities with exposure measurements, and for validation purposes. Findings from this study will clarify if the adverse reproductive effects observed in animal studies are also present in acrylamide-exposed male workers, and if preclinical neurobehavioral deficits are present at acrylamide doses currently considered to be within safe limits. This study is scheduled for implementation between 2005 and 2007. There is no cost to the respondent other than their time for participating. The annualized estimated burden for this data collection is 54 hours.

ESTIMATE OF ANNUALIZED BURDEN TABLE

Survey questionnaires	Number of respondents	Number of responses/re-spondent	Average burden/re-sponse (hours)
Medical & Reproductive History Questionnaire .....	67	1	13/60
Occupational History Questionnaire .....	67	1	34/60
Non-participant Questionnaire .....	17	1	2/60

Dated: August 11, 2005.

**Joan F. Karr,**

*Acting Reports Clearance Officer, Centers for Disease Control and Prevention.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### Cooperative Agreement To Build Local Capacity To Respond to the HIV/AIDS Epidemic in the Caribbean, as Part of the President's Emergency Plan for AIDS Relief

*Announcement Type:* New.

*Funding Opportunity Number:* CDC-RFA-AA157.

*Catalog of Federal Domestic Assistance Number:* 93.067.

*Key Dates: Application Deadline:* September 19, 2005.

#### I. Funding Opportunity Description

**Authority:** This program is authorized under sections 301 and 307 of the Public Health Service Act [42 U.S.C. 241 and 2421, as amended, and under Public Law 108-25 (United States Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003) [22 U.S.C. 7601].

**Background:** President Bush's Emergency Plan for AIDS Relief has called for immediate, comprehensive and evidence-based action to turn the tide of global HIV/AIDS. The initiative aims to treat more than two million HIV-infected people with effective combination anti-retroviral therapy by 2008; care for ten million HIV-infected and affected persons, including those orphaned by HIV/AIDS, by 2008; and prevent seven million infections by 2010, with a focus on 15 priority countries, including 12 in sub-Saharan Africa. The five-year strategy for the Emergency Plan is available at the following Internet address: <http://www.state.gov/s/gac/rl/or/c11652.htm>.

With an average adult HIV prevalence of 2.3 percent, the Caribbean is the second-most affected region in the world, according to the 2004 Annual Report from the Joint United Nations Programme on HIV and AIDS (UNAIDS). Overall, the highest HIV-infection levels among women in the Americas are in Caribbean countries, and AIDS has become the leading cause of death in the Caribbean among adults aged 15-44 years (Caribbean Epidemiology Centre, Pan-American Health Organization (PAHO), World Health Organization (WHO), 2004). A

regional response to HIV/AIDS is necessary in the Caribbean because of population mobility, the limited response capacity of individual countries, and the need for a multisectoral, collaborative strategy (A Study of the Pan Caribbean Partnership Against HIV/AIDS 2004).

**Purpose:** The purpose of this funding announcement is to build progressively an indigenous, sustainable response to regional HIV epidemic in the Caribbean through the rapid expansion of innovative, culturally appropriate, high-quality HIV/AIDS prevention and care interventions, and improved linkages to confidential HIV counseling and testing and HIV treatment services by targeting rural and other underserved populations in the West Indies.

Under the leadership of the U.S. Global AIDS Coordinator, as part of the President's Emergency Plan, the U.S. Department of Health and Human Services (HHS) works with host countries and other key partners to assess the needs of each country and design a customized program of assistance that fits within the host nation's strategic plan.

HHS focuses on two or three major program areas in each country. Goals and priorities include the following:

- Achieving primary prevention of HIV infection through activities such as expanding confidential counseling and testing programs, building programs to reduce mother-to-child transmission, and strengthening programs to reduce transmission via blood transfusion and medical injections.
- Improving the care and treatment of HIV/AIDS, sexually transmitted diseases (STDs) and related opportunistic infections by improving STD management; enhancing care and treatment of opportunistic infections, including tuberculosis (TB); and initiating programs to provide anti-retroviral therapy (ART).
- Strengthening the capacity of countries to collect and use surveillance data and manage national HIV/AIDS programs by expanding HIV/STD/TB surveillance programs and strengthening laboratory support for surveillance, diagnosis, treatment, disease-monitoring and HIV screening for blood safety.

Measurable outcomes of the program will be in alignment with the numerical goals of the President's Emergency Plan for AIDS Relief and one (or more) of the performance goal(s) for the HHS/CDC National Center for HIV, Sexually Transmitted Disease and Tuberculosis Prevention (NCHSTP) within HHS: Increase the proportion of HIV-infected people who are linked to appropriate

prevention, care and treatment services; strengthen the capacity nationwide to monitor the epidemic; develop and implement effective HIV prevention interventions; and evaluate prevention programs.

This announcement is only for non-research activities supported by HHS, including CDC. If an applicant proposes research activities, HHS will not review the application. For the definition of "research", please see the HHS/CDC web site at the following Internet address: <http://www.cdc.gov/od/ads/opspoll1.htm>.

**Activities:** The recipient of these funds is responsible for activities in multiple program areas designed to target underserved populations in the Caribbean. Either the awardee will implement activities directly or will implement them through its subgrantees and/or subcontractors; the awardee will retain overall financial and programmatic management under the oversight of HHS/CDC and the strategic direction of the Office of the U.S. Global AIDS Coordinator. The awardee must show a measurable progressive reinforcement of the capacity of indigenous organizations and local communities to respond to the national HIV epidemic, as well as progress towards the sustainability of activities.

Applicants should describe activities in detail as part of a four-year action plan (U.S. Government Fiscal Years 2005-2008 inclusive) that reflects the policies and goals outlined in the five-year strategy for the President's Emergency Plan.

The grantee will produce an annual operational plan in the context of this four-year plan, which the U.S. Government Emergency Plan team on the ground in the Caribbean will review. The grantee may work on some of the activities listed below in the first year and in subsequent years, and then progressively add others from the list to achieve all of the Emergency Plan performance goals, as cited in the previous section.

Based on its competitive advantage and proven field experience, the winning applicant will undertake a broad range of activities to meet the numerical Emergency Plan targets outlined above. For each of these activities, the grantee will give priority to evidence-based, yet culturally adapted, innovative approaches.

Capacity-building technical assistance activities covered under this cooperative agreement are limited to the following:

1. Strengthen organizational infrastructure of HIV prevention, care and treatment programs located within the Caribbean Region.