burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Written comments should be received within 60 days of this notice.

Proposed Project

Follow-up Study of Chronic Fatigue Syndrome in Georgia—Reinstatement–0920–0638—Coordinating Center for Infectious Diseases (CCID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC is planning a follow-up study of Chronic Fatigue Syndrome (CFS) in metropolitan, urban and rural communities in Georgia. This is in response to Congressional recommendations that the Centers for Disease Control and Prevention (CDC) sustain efforts to identify biomarkers for CFS, educate health care providers about the diagnosis and treatment of CFS, and better inform the public about it to aid early detection and improve patient care.

In 2004, OMB approved the information collection, Survey of Chronic Fatigue Syndrome and Chronic Unwellness in Georgia, under OMB Number 0920–0638. This study provided baseline information on CFS and other unexplained fatiguing illness in metropolitan, urban, and rural regions in Georgia. Data from the proposed Follow-up Study of Chronic Fatigue Syndrome in Georgia will be used to describe the clinical course of CFS and evaluate behavioral and biochemical factors associated with outcome. This follow-up study will also determine access to and utilization of health care by persons with CFS and measure direct and indirect economic burden due to the illness. As part of a control strategy, the information from this follow-up study will be used in national and pilot regional provider education programs designed to teach health care providers how to evaluate, diagnose and manage patients with CFS.

The proposed study builds on information from the Georgia survey with the objective of collecting clinical information that will help in the treatment of CFS and will help to interpret results obtained from testing biologic specimens (*i.e.*, identify biomarkers of CFS). This follow-up study begins with a detailed telephone interview of persons who participated in the earlier survey and volunteered to be contacted again. The interview is similar (with minor modifications) to the original interview and is intended to obtain additional data on participant health status during the last twelve-month period. Eligible subjects with CFS, other fatiguing illnesses, and well controls will be asked to participate in clinical evaluations.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number responses per respondent	Average burden per response (in hours)	Total burden hours
Telephone interview	2,870	1	30/60	1,435
Clinical Evaluation	338	1	450/60	2,535
Total				3,970

Dated: October 19, 2006.

Joan F. Karr,

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

[FR Doc. E6–17853 Filed 10–24–06; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Statement of Organization, Functions, and Delegations of Authority

Part C (Centers for Disease Control and Prevention) of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (45 FR 67772–76, dated October 14, 1980, and corrected at 45 FR 69296, October 20, 1980, as amended most recently at 71 FR 50065, dated August 14, 2006), is amended to reflect the establishment of the Healthy Aging Program within the Division of Adult and Community Health, National Center for Chronic Disease Prevention and Health Promotion, Coordinating Center for Health Promotion, Centers for Disease Control and Prevention.

Section C–B, Organization and Functions, is hereby amended as follow:

After the *Office of the Director (CUCE1), Division of Adult and Community Health (CUCE) National Center for Chronic Disease Prevention and Health Promotion (CUC)*, insert the following:

Healthy Aging Program (CUCE2). (1) Serves as an active link between public health and aging services networks to provide leadership in health promotion and disease prevention for older adults; (2) provides scientific expertise and rigor to health promoting strategies and interventions through the use of data and research; (3) disseminates prevention messages, programs, and policies; (4) contributes to the capacity of systems and organizations to improve the health of older adults; (5) administers grants, cooperative agreements, contracts, and other procurement requests to implement evidence-based health promotion interventions and disseminates health aging messages; (6) promotes expanding prevention research for older adults by supporting the Prevention Research Centers Healthy Aging Research Network (PRC–HAN); (7) administers data into action through the development of *The State of Aging and Health in America* report series; (8) collaborates with aging organizations to expand the reach to professionals, the public, and the media through the development and evaluation of web-based health promotion modules and media backgrounders on various older adult health topics; and (9) directs and disseminates the national public health and action plan for brain health as part of the Alzheimer's disease segment of the Healthy Aging Program.

Delete in its entirety the title and functional statement for the *Healthcare and Aging Studies Branch (CUCEC),* and insert the following: *Arthritis, Epilepsy and Quality of Life Branch (CUCEC).* (1) Directs and supports activities that increase the overall quality of life for people affected by arthritis; (2) directs and supports activities that improve medical care, improve communication and combat stigma, enhance self-management, support surveillance and prevention research, and increase public awareness and knowledge about

epilepsy; (3) directs and administers the development of a national, state, and local surveillance system of tracking health-related quality of life (HRQOL) among U.S. residents; (4) administers grants, cooperative agreements, contracts, and other procurement requests to implement evidence-based health promotion interventions and disseminate arthritis prevention and epilepsy education messages; (5) develops, validates, and refines HRQOL measure for use in tracking and prevention research at each life stage; (6) directs and coordinates the evaluation of community and state-based intervention programs for arthritis and epilepsy; (7) developes arthritis epidemiology capacity and other arthritis programmatic capabilities in state health department settings; and (8) disseminates health promotion and disease prevention information through national advocacy partners for arthritis and epilepsy.

Dated: October 12, 2006.

William H. Gimson,

Chief Operating Officer, Centers for Disease Control and Prevention (CDC).

[FR Doc. 06–8869 Filed 10–24–06; 8:45 am]

BILLING CODE 4160–18–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 2006F–0409]

Safe Foods Corporation; Filing of Food Additive Petition

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing that Safe Foods Corporation has filed a petition proposing that the food additive regulations be amended to expand the conditions for the safe use of cetylpyridinium chloride as an antimicrobial agent in a pre-chiller or post-chiller solution for application to raw poultry carcasses.

DATES: Submit written or electronic comments on the petitioner's environmental assessment by November 24, 2006.

ADDRESSES: Submit written comments to the Division of Dockets Management (HFA–305), Food and Drug Administration, 5630 Fishers Lane, rm. 1061, Rockville, MD 20852. Submit electronic comments to *http://www.fda.gov/dockets/ecomments*.

FOR FURTHER INFORMATION CONTACT: Raphael Davy, Center for Food Safety and Applied Nutrition (HFS–265), Food and Drug Administration, 5100 Paint Branch Pkwy., College Park, MD 20740, 301–436–1272.

SUPPLEMENTARY INFORMATION: Under the Federal Food, Drug, and Cosmetic Act (section 409(b)(5) (21 U.S.C. 348(b)(5))), notice is given that a food additive petition (FAP 6A4767) has been filed by Safe Foods Corporation, c/o Keller and Heckman LLP, 1001 G St. NW., suite 500 West, Washington, D.C. 20001. The petition proposes to amend the food additive regulations in § 173.375 *Cetylpyridinium chloride* (21 CFR 173.375) to expand the conditions for the safe use of cetylpyridinium chloride as an antimicrobial agent in a pre-chiller or post-chiller solution for application to raw poultry carcasses.

The potential environmental impact of this action is being reviewed. To encourage public participation consistent with regulations issued under the National Environmental Policy Act (40 CFR 1501.4(b)), the agency is placing the environmental assessment submitted with the petition that is the subject of this notice on public display at the Division of Dockets Management (see **ADDRESSES**) for public review and comment. Interested persons may submit to the Division of Dockets Management written or electronic comments by (see **DATES**). Two copies of any written comments are to be submitted, except that individuals may submit one copy. Comments are to be identified with the docket number found in brackets in the heading of this document. Received comments may be seen in the Division of Dockets Management between 9 a.m. and 4 p.m., Monday through Friday. FDA will also place on public display any amendments to, or comments on, the petitioner's environmental assessment without further announcement in the **Federal Register**. If, based on its review, the agency finds that an environmental impact statement is not required, and this petition results in a regulation, the notice of availability of the agency's finding of no significant impact and the evidence supporting that finding will be published with the regulation in the **Federal Register** in accordance with 21 CFR 25.51(b).

Dated: October 17, 2006.

Laura M. Tarantino,

Director, Office of Food Additive Safety, Center for Food Safety and Applied Nutrition.

[FR Doc. E6–17834 Filed 10–24–06; 8:45 am]

BILLING CODE 4160–01–S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Submission for OMB Review; Comment Request

Periodically, the Health Resources and Services Administration (HRSA) publishes abstracts of information collection requests under review by the Office of Management and Budget (OMB), in compliance with the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35). To request a copy of the clearance requests submitted to OMB for review, call the HRSA Reports Clearance Office on (301)–443–1129.

The following request has been submitted to the Office of Management and Budget for review under the Paperwork Reduction Act of 1995:

Proposed Project: Grants for Hospital Construction and Modernization—Federal Right of Recovery and Waiver of Recovery (42 CFR Part 124, Subpart H) (OMB No. 0915–0099Extension)

The regulation known as ''Federal Right of Recovery and Waiver of Recovery,'' provides a means for the Federal Government to recover grant funds and a method of calculating interest when a grant-assisted facility under Titles VI and XVI of the Public Health Service Act is sold or leased, or there is a change in use of the facility. It also allows for a waiver of the right of recovery under certain circumstances. Facilities are required to provide written notice to the Federal Government when such a change occurs and to provide copies of sales contracts, lease agreements, estimates of current assets and liabilities, value of equipment, expected value of land on the new owner's books and remaining depreciation for all fixed assets involved in the transactions, and other information and documents pertinent to the change of status.

Estimates of annualized burden are as follows: