

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. Written comments should be received within 60 days of this notice.

### Proposed Project

Capacity Building Assistance (CBA) Information, Collection, Reporting, and Monitoring (OMB# 0920-0658)—two year extension of the currently approved collection—National Center for HIV and AIDS, Viral Hepatitis, Sexually Transmitted Disease, Tuberculosis Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

### Background and Brief Description

The purpose of this request is to obtain OMB clearance to extend the 3-year clearance for information collection to monitor the HIV prevention activities of CBA provider grantees funded by CDC to provide HIV prevention CBA from April, 1 2004 through March 31, 2009. Capacity building is a key strategy for the promotion and sustainability of health prevention programs. Capacity building generally refers to the skills,

infrastructure, and resources of organizations and communities that are necessary to effect and maintain behavior change, thus reducing the level of risk for disease, disability, and injury. CDC is responsible for monitoring and evaluating HIV prevention activities conducted under these cooperative agreement numbers 04019, 05015, and 06608. Reporting and monitoring forms have been used to collect information that assists in enhancing and assuring quality programming. CDC requires current information regarding CBA activities and services supported through these cooperative agreements. Therefore, forms such as the Trimester Interim Progress Report, CBA Notification Form, CBA Completion Form, and the CBA Training Events Report are considered a critical component of the monitoring/evaluation process. Because this program encompasses approximately 32 CBA provider organizations, there is a continued need for a standardized system for reporting individual episodes of CBA delivered by all CBA provider grantees. The information collected from the Trimester Progress Report, CBA Notification, CBA Completion Form, and the CBA Training Events Report, will allow CDC to further identify problems and technical assistance needs of CBO, or CBA

grantees in a timely fashion and subsequently improve the effectiveness of CBA program activities and to ensure that they are aligned with national goals. The data collected using the CBA Notification and Completion Forms, and the Training Events Report are now being collected via a web portal ([www.cdc.gov/hiv/cba](http://www.cdc.gov/hiv/cba)) that has gone through a Certification and Accreditation process. Continued collection of this data in addition to the Trimester Progress Report will assist CDC, to aggregate data, and to discern and refine national goals and objectives for HIV prevention capacity building. This information collection process is also valuable for grantees as a management tool to routinely examining CBA program performance by assessing strengths and weaknesses in line with the CBA program, performance indicators, and national objectives.

It is estimated that form A will require 4 hours of preparation by the respondent, form B will require 15 minutes of preparation by the respondent, and form C will require 30 minutes of preparation by the respondent, and form D will require 2 hours of preparation by the respondent. In aggregate, report preparation requires approximately 1952 burden hours by each respondent. There is no cost to respondents other than their time.

### ESTIMATE OF ANNUALIZED BURDEN HOURS

Form name	Number of respondents	Number of responses per respondent	Average burden hours per response	Response burden (in hours)
Form A: CBA Trimester Report .....	32 Grantees .....	3	4	384
Form B: CBA Notification Form .....	32 CBA Provider Grantees .....	50	15/60	400
Form C: CBA Completion Form .....	32 CBA Provider Grantees .....	25	30/60	400
Form D: CBA Training Events Report .....	32 CBA Provider Grantees .....	12	2	768
Total .....	.....	.....	.....	1952

Dated: May 7, 2007.

**Maryam Daneshvar,**

*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

[60 Day-07-0007]

### 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 404-639-5960 or send comments to Maryam I. Daneshvar, Acting, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an e-mail to [omb@cdc.gov](mailto:omb@cdc.gov).

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. Written comments should be received within 60 days of this notice.

**Proposed Project**

Weekly and Annual Morbidity and Mortality Reports, 0920-0007—Extension—National Center for Health Marketing (NCHM), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

The Centers for Disease Control and Prevention (CDC) is responsible for the collection and dissemination of nationally notifiable diseases' information and for monitoring and reporting the impact of epidemic influenza on mortality, Public Health Service Act (42 U.S.C. 241).

In 1878, Congress authorized the U.S. Marine Hospital Service (later renamed the U.S. Public Health Service) to collect morbidity reports on cholera, smallpox, plague, and yellow fever from U.S. consuls overseas; this information was to be used for instituting quarantine measures to prevent the introduction and spread of these diseases into the United States. In 1879, a specific Congressional appropriation was made for the collection and publication of reports of these notifiable diseases. Congress expanded the authority for

weekly reporting and publication in 1893 to include data from state and municipal authorities throughout the United States. To increase the uniformity of the data, Congress enacted a law in 1902 directing the Surgeon General of the Public Health Service (PHS) to provide forms for the collection and compilation of data and for the publication of reports at the national level.

Reports on notifiable diseases were received from very few states and cities prior to 1900, but gradually more states submitted monthly and annual summaries. In 1912, state and territorial health authorities—in conjunction with PHS—recommended immediate telegraphic reports of five diseases and monthly reporting by letter of 10 additional diseases, but it was not until after 1925 that all states reported regularly. In 1942, the collection, compilation, and publication of morbidity statistics, under the direction of the Division of Sanitary Reports and Statistics, PHS, was transferred to the Division of Public Health Methods, PHS.

A PHS study in 1948 led to a revision of the morbidity reporting procedures, and in 1949 morbidity reporting activities were transferred to the National Office of Vital Statistics. Another committee in PHS presented a revised plan to the Association of State and Territorial Health Officers (ASTHO) at its meeting in Washington, DC, October 1950. ASTHO authorized a Conference of State and Territorial

Epidemiologists (CSTE) for the purpose of determining the diseases that should be reported by the states to PHS. Beginning in 1951, national meetings of CSTE were held every two years until 1974, then annually thereafter.

In 1961, responsibility for the collection of data on nationally notifiable diseases and deaths in 122 U.S. cities was transferred from the National Office of Vital Statistics to CDC. For over 40 years the Morbidity and Mortality Weekly Report (MMWR) has consistently served as the CDC premier communication channel for disease outbreaks and trends in health and health behavior. The data collected for publication in the MMWR provides information which CDC and State epidemiologists use to detail and more effectively interrupt outbreaks.

Reporting also provides the timely information needed to measure and demonstrate the impact of changed immunization laws or a new therapeutic measure. Users of data include, but are not limited to, congressional offices, state and local health agencies, health care providers, and other health related groups.

The dissemination of public health information is accomplished through the MMWR series of publications. The publications consist of the MMWR, the CDC Surveillance Summaries, the Recommendations and Reports, and the Annual Summary of Notifiable Diseases.

There are no costs to respondents except their time to participate in the survey.

**ESTIMATED ANNUALIZED BURDEN HOURS**

Respondents	Number of respondents	Number of responses per respondent	Average burden per respondent (in hours)	Total burden (in hours)
<b>Weekly Morbidity Report Respondent Burden</b>				
States .....	50	52	1	2600
Territories .....	4	52	1	208
Cities .....	1	52	30/60	26
Subtotals .....	2	52	1	104
Subtotals .....	57	.....	.....	2938
<b>CDC 43.5 Weekly Mortality Report Respondent Burden</b>				
City health officers or vital statistics registrars .....	122	52	12/60	1269
<b>Summary Respondent Burden</b>				
States .....	50	1	14	700
Territories .....	5	1	14	70
Cities .....	2	1	14	28
Subtotals .....	.....	.....	.....	798
Totals .....	179	.....	.....	5803

\* Reports.

Dated: May 7, 2007.

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

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Children and Families**

**Proposed Information Collection Activity; Comment Request**

**Proposed Projects**

*Title:* Tribal TANF (Temporary Assistance for Needy Families) Financial Report, Form ACF-196T.

*Description:* Authority to collect and report this information is found in the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), Pub. L. 104-193. Tribal entities with approved Tribal plans for implementation of the TANF program are required by statute to report financial data. Form ACF-196T provides for collection of Federal expenditures data. Failure to collect this data would seriously compromise the Administration for Children and Families' (ACF) ability to monitor expenditures and maintain financial management of the Tribal TANF program. The financial data collected is also used to estimate outlays and may be used to prepare ACF budget submissions to Congress. Federal policy

requires the strictest controls on funding requirements, which necessitates review of documentation in support of Tribal expenditures for reimbursement. Comments received from a previous effort to implement a similar Tribal TANF report Form ACF-196T were used to guide ACF in the development of the updated report form presented with this submittal.

*Respondents:* All Tribal TANF Agencies.

**ANNUAL BURDEN ESTIMATES**

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
ACF-196T .....	56	1	8	448

*Estimated Total Annual Burden Hours:* 448

In compliance with the requirements of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comment on the specific aspects of the information collection described above. Copies of the proposed collection of information can be obtained and comments may be forwarded by writing to the Administration for Children and Families, Office of Administration, Office of Information Services, 370 L'Enfant Promenade, SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer. E-mail address: [infocollection@acf.hhs.gov](mailto:infocollection@acf.hhs.gov). All requests should be identified by the title of the information collection.

*The Department specifically requests comments 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) 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. Consideration will be given to

comments and suggestions submitted within 60-days of this publication.

Dated: May 9, 2007.  
**Robert Sargis,**  
Reports Clearance Officer.  
[FR Doc. 07-2369 Filed 5-14-07; 8:45 am]  
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**DEPARTMENT OF HOMELAND SECURITY**

**Coast Guard**

[USCG 2007-28091]

**Merchant Marine Personnel Advisory Committee; Vacancies**

**AGENCY:** Coast Guard, DHS.  
**ACTION:** Request for applications.

**SUMMARY:** The Coast Guard is seeking applications for appointment to membership on the Merchant Marine Personnel Advisory Committee (MERPAC). MERPAC provides advice and makes recommendations to the Coast Guard on matters related to the training, qualification, licensing, certification, and fitness of seamen serving in the U.S. merchant marine.  
**DATES:** Applications should reach us on or before July 1, 2007.

**ADDRESSES:** You may request an application form by writing to Commandant (CG-3PSO-1), U.S. Coast Guard, 2100 Second Street, SW.,

Washington, DC 20593-0001. Please submit applications to the same address.

**FOR FURTHER INFORMATION CONTACT:** Mr. Mark C. Gould, Assistant to the Executive Director, telephone 202-372-1409, fax 202-372-1926.

**SUPPLEMENTARY INFORMATION:** This notice is available on the Internet at <http://dms.dot.gov/search/searchFormSimple.cfm> under the docket number [USCG-2007-28091]. The application form is also available on the Internet at <http://www.uscg.mil/hq/g-m/advisory/index.htm>. You may also obtain an application by calling Mr. Mark Gould at (202) 372-1409; by e-mailing him at [mark.c.gould@uscg.mil](mailto:mark.c.gould@uscg.mil); by faxing him at (202) 372-1926; or by writing him at the location in **ADDRESSES** above.

MERPAC is chartered under the Federal Advisory Committee Act, 5 U.S.C. App. 2 (Pub. L. 92-463, 86 Stat. 770, as amended). It provides advice and makes recommendations to the Assistant Commandant for Prevention on matters of concern to seamen serving in our merchant marine, such as implementation of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers, 1978 (STCW), as amended.

MERPAC normally meets twice a year, once at or near Coast Guard Headquarters, Washington, DC, and once elsewhere in the country. Its subcommittees and working groups may