and Human Services, Administration on Aging, Richard Nicholls, Center for Planning and Policy Development, Washington, DC 20201, at (202) 357–0152, *richard.nicholls@aoa.hhs.gov,* or online at *http://www.grants.gov* or *http://www.aoa.gov/doingbus/fundopp/fundopp.asp.*

2. Address for Application Submission

Applications must be submitted electronically to *http://www.grants.gov.* In order to be able to submit the application, you must register in the Central Contractor Registry (CCR) database. Information about CCR is available at *http://www.grants.gov/CCRRegister.* Instructions for electronic submission of grant applications are available at *http://www.grants.gov.*

3. Submission Dates and Times

To receive consideration, applications must be submitted electronically by midnight Eastern time by the deadline listed in the **DATES** section at the beginning of this Notice.

4. Information Teleconference

An open information teleconference for applicants of this solicitation will be held July 11, 2007 at 3 p.m., EST. The toll-free teleconference phone number will be (888) 381–5770, passcode: 9559261, leader name: John Wren. For information about the call, contact: U.S. Department of Health and Human Services, Administration on Aging, Linda Velgouse, Center for Planning and Policy Development, Washington, DC 20201, *linda.velgouse@aoa.hhs.gov,* or (202) 357–3427.

V. Responsiveness Criteria

Each application submitted will be screened to determine whether it was received by the closing date and time. Applications received by the closing date and time will be screened for completeness and conformity with the requirements outlined in Sections III and IV of this Notice and the Program Announcement. Only complete applications that meet these requirements will be reviewed and evaluated competitively.

VI. Application Review Information

Eligible applications in response to this announcement will be reviewed according to the following evaluation criteria:

A. Demonstration of an accurate understanding of AoA's vision for Nursing Home Diversion Programs, including the key design elements described in Attachment A, and how nursing home diversion programs targeted at individuals who are not eligible for Medicaid fit into the larger long-term care policy environment, and state long-term care reform/rebalancing efforts;

B. The degree of progress anticipated during the 18 month project period, compared to the ''status quo'' in the State and in the geographic area where the project will be implemented, in transforming existing OAA and other non-Medicaid funding to reflect the standards described in Attachment A;

C. The likelihood that the project, based on the information provided in the application and consistent with the standards in Attachment A, will be able—by the end of the 18 month grant period—to be:

1. Serving consumers with flexible service options that are not limited to any particular service or package of services with funds from Title III–B, III–E, ADDGS, and/or other non-Medicaid programs;

2. Using targeting criteria that allow the project to effectively identify and serve individuals who are at risk of nursing home placement and spend down to Medicaid; and,

3. Using a Single Entry Point system to perform the functions of client screening, assessment, care planning, and the targeting of services to individuals who are at-risk of nursing home placement and spend-down to Medicaid;

D. The likelihood that the project will actually succeed in achieving all its goals and objectives, based on the proposed approach, the project work plan, the involvement of key stakeholders, and other information contained in the application;

E. The likelihood, based on the information contained in the application, that the changes resulting from the project will be sustained beyond the grant period, as well as the degree to which the changes are likely to be incorporated into the state's overall system of long-term care.

VII. Agency Contacts

Direct inquiries regarding programmatic issues to U.S. Department of Health and Human Services, Administration on Aging, Linda Velgouse, Center for Planning and Policy Development, Washington, DC 20201, at (202) 357–3427, or *linda.velgouse@aoa.hhs.gov.*

Dated: June 20, 2007.

John Wren,

Deputy Assistant Secretary for Management.

[FR Doc. E7–12276 Filed 6–22–07; 8:45 am]

BILLING CODE 4154–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30 Day–07–06BM]

Agency Forms Undergoing Paperwork Reduction Act Review

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) 639–5960 or send an e-mail to *omb@cdc.gov.* Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395–6974. Written comments should be received within 30 days of this notice.

Proposed Project

Randomized Controlled Trial of Routine Screening for Intimate Partner Violence—New—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Intimate partner violence (IPV) is a prevalent problem with serious health consequences that include death, physical injury, increased rates of physical illness, post-traumatic stress, increased psychological distress, depression, substance abuse, and suicide. Some studies suggest that abuse perpetrated by intimate partners tends to be repetitive and escalates in severity over time. This research has been the basis for promoting early diagnosis and intervention.

Health care providers appear to be well situated to identify IPV. Women come into contact with health care services routinely for a number of reasons such as prenatal care, family planning, cancer screening, and well baby care. Women experiencing IPV make more visits to emergency departments, primary care facilities, and mental health agencies than non-abused women. Considering the magnitude and severity of IPV, and the potential role health care providers could play in reducing its serious consequences, numerous professional and health care organizations have recommended routine screening of women for IPV in primary care settings. However, various systematic reviews of the literature have not found evidence for the effectiveness

of screening to improve outcomes for women exposed to IPV.

Based on the recommendations of a recent expert panel, in order to provide this evidence we are proposing to conduct a randomized controlled trial. The trial will recruit 3680 women in a public obstetrics, gynecology, and family planning clinic. Women attending this clinic tend to be African American and of lower socioeconomic status. For this study (the Main Study), women will be randomly allocated to one of three arms: (1) Screened for IPV, and if disclosing IPV, provided information on available IPV services; (2) not screened and all receiving information on available IPV services; or (3) a control group that will not be screened nor receive information on available IPV services. All three arms will be assessed with a self-report measure for mental health, disability, and quality of life at baseline utilizing an audio-computer-assisted structured interview (A–CASI) and at a 12-month follow-up utilizing a computerized-assisted telephone interview (CATI). A pretest with 196 women in this same clinic will be conducted to test the enrollment, randomization, interview, and follow-up procedures; provide estimates for outcome measures and a potential mediator of outcomes (contact of IPV services); and establish the concordance between measures used at baseline (in the clinic) and at a one-week follow-up over the phone. The study arms of the Pretest, which vary slightly from those of the Main Study, are designed to accomplish these intermediate objectives. The results will be used to refine the measures, procedures, and sample size requirements for the Main Study. The results from the Main Study, the Randomized Controlled Trial, will guide CDC as well as other governmental agencies, professional and health care organizations, and women's advocate groups in formulating its recommendations and policies regarding routine screening.

There are no costs to respondents other than their time to participate in the survey. The total estimated annualized burden hours are 717.7.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses per respondents	Average burden per response (in hours)
Potential Eligibility for Pretest	210	1	1/60
Pretest Baseline Participants	196	1	15/60
Pretest Follow-up Participants	176	1	12/60
Potential Eligibility for Main Study	4600	1	1/60
Main Study Baseline Participants	3680	1	17/60
Main Study Follow-up Participants	2580	1	22/60

Dated: June 19, 2007.

Maryam I. Daneshvar,

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

[FR Doc. E7–12241 Filed 6–22–07; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Disease, Disability, and Injury Prevention and Control Special Emphasis Panels (SEP): Risk Factors for Birth Defects, Request for Application (RFA) DD 07–001

In accordance with Section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease Control and Prevention (CDC) announces the following meeting:

Time and Date: 9 a.m.–5 p.m., August 1, 2007 (Closed).

Place: Teleconference.

Status: The meeting will be closed to the public in accordance with provisions set forth in Section 552b(c) (4) and (6), Title 5 U.S.C., and the Determination of the Director, Management Analysis and Services Office, CDC, pursuant to Public Law 92–463.

Matters To Be Discussed: The meeting will include the review, discussion, and evaluation of applications received in response to ''Risk Factors for Birth Defects,'' RFA DD 07–001.

Contact Person for More Information: Juliana Cyril, Ph.D., Scientific Review Administrator, Office of Public Health Research, CDC, 1600 Clifton Road, NE., Mailstop D72, Atlanta, GA 30333, Telephone 404–639–4639.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both CDC and the Agency for Toxic Substances and Disease Registry.

Dated: June 18, 2007.

Elaine L. Baker,

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

[FR Doc. E7–12222 Filed 6–22–07; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Collection; Comment Request; Graduate Student Training Program Application

SUMMARY: 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 Graduate Partnerships Program/OITE/OIR/OD, the National Institutes of Health (NIH) will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

Proposed Collection

Title: Graduate Student Training Program Application. *Type of Information Collection Request:* Revision. *Form Number:* 0925–0501. *Expiration Date:* November 30, 2007. *Need and Use of Information Collection:* The information gathered in the Graduate Student Training Program application will enable the evaluation and identification of graduate students wishing to perform part or all of their PhD dissertation research within the