

## 2. Administrative and National Policy Requirements

A successful applicant must comply with the administrative requirements outlined in 45 CFR part 74 and part 92 as appropriate. The Public Law 110-5, Continuing Appropriations Resolution, 2007 Section 20621, requires that when issuing statements, press releases, requests for proposals, bid solicitations, and other documents describing projects or programs funded in whole or in part with Federal money, the issuance shall clearly state the percentage and dollar amount of the total costs of the program or project to be financed with Federal money and the percentage and dollar amount of the total costs of the project or program to be financed by non-governmental sources.

## 3. Reporting Requirements

The applicant must provide HHS/ASPR with a hard copy, as well as an electronic copy of the following reports in English:

1. A quarterly progress report, due no later than 10 calendar days after the end of each quarter of the budget period. The quarterly progress report must contain the following elements:

a. A listing of all of the "Activities" and "Measurable Outcomes" of the Cooperative Agreement, and a summary of the actual activities and progress that has been made with each and every one of these activities and measurable outcomes during the quarter;

b. Disbursements requested during the quarter, and actual spending during the quarter;

c. Proposed objectives and activities for the next quarterly reporting period;

d. An update on the grant's budget, noting allocations by line item, draw down to date on each of the line items through the end of the quarter being reported upon, and the funds that remain in each line item, and overall;

e. Any additional information that may be requested by CDC/ASPR.

2. For every training course or module that is conducted, the applicant must provide the CDC/ASPR Project Officer with copies of the pre- and post-test results that were administered to every participant of every training class/module. These pre- and post-training test results should be provided in both an aggregated (*i.e.* summarized) format, and in a disaggregated (*i.e.* individual) format. Participants' personal information should be removed from these reports before they are shared with HHS, in order to protect the privacy and anonymity of the participants. These results must be provided to HHS no later than 21 calendar days after the

final day of the course for which they apply.

3. An annual progress report, due no later than 15 calendar days after the end of the budget period, which must contain a detailed summary of all the elements required in the quarterly progress report described above;

4. A final performance report, due no later than 30 days after the end of the project period; and

5. A Financial Status Report (FSR) SF-269 is due 90 days after the close of the 12-month budget period.

Recipients must mail/e-mail the reports to the CDC/ASPR Project Officer listed in the "Agency Contacts" section of this announcement.

## VII. Agency Contacts

For program technical assistance, contact: Craig Carlson, MPH, Office of Assistant Secretary for Preparedness and Response (ASPR), Department of Health and Human Services, Telephone: 202-205-5228, E-mail: [craig.carlson@hhs.gov](mailto:craig.carlson@hhs.gov).

For financial, grants management, or budget assistance, contact: DeWayne Wynn, Grants Management Specialist, Office of Grants Management, Office of Public Health and Science, Department of Health and Human Services, 1101 Wooten Parkway, Suite 550, Rockville, MD 20857, Telephone: (240) 453-8822, E-Mail Address: [DeWayne.Wynn.os@hhs.gov](mailto:DeWayne.Wynn.os@hhs.gov).

Dated: June 28, 2007.

**RADM William C. Vanderwagen,**

*Assistant Secretary for Preparedness and Response (ASPR).*

[FR Doc. E7-13034 Filed 7-6-07; 8:45 am]

**BILLING CODE 4150-37-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Agency for Healthcare Research and Quality

### Meeting of the National Advisory Council for Healthcare Research and Quality

**AGENCY:** Agency for Healthcare Research and Quality (AHRQ), HHS.

**ACTION:** Notice of public meeting.

**SUMMARY:** In accordance with section 10(a) of the Federal Advisory Committee Act, this notice announces a meeting of the National Advisory Council for Healthcare Research and Quality.

**DATES:** The meeting will be held on Friday, July 20, 2007, from 9 a.m. to 3 p.m.

**ADDRESSES:** The meeting will be held at the Eisenberg Conference Center,

Agency for Healthcare Research and Quality, 540 Gaither Road, Rockville, Maryland 20850.

**FOR FURTHER INFORMATION CONTACT:** Deborah Queenan, Coordinator of the Advisory Council, at the Agency for Healthcare Research and Quality, 540 Gaither Road, Rockville, Maryland, 20850, (301) 427-1330. For press-related information, please contact Karen Migdail at (301) 427-1855.

If sign language interpretation or other reasonable accommodation for a disability is needed, please contact Mr. Donald L. Inniss, Director, Office of Equal Employment Opportunity Program, Program Support Center, on (301) 443-1144 no later than July 9, 2007. The agenda, roster, and minutes are available from Ms. Bonnie Campbell, Committee Management Officer, Agency for Healthcare Research and Quality, 540 Gaither Road, Rockville, Maryland 20850. Her phone number is (301) 427-1554.

## SUPPLEMENTARY INFORMATION:

### I. Purpose

The National Advisory Council for Healthcare Research and Quality was established in accordance with Section 921 (now Section 931) of the Public Health Service Act (42 U.S.C. 299c). In accordance with its statutory mandate, the Council is to advise the Secretary of the Department of Health and Human Services and the Director, Agency for Healthcare Research and Quality (AHRQ), on matters related to actions of the Agency to enhance the quality, improve the outcomes, reduce the costs of health care services, improve access to such services through scientific research, and to promote improvements in clinical practice and in the organization, financing, and delivery of health care services.

The Council is composed of members of the public, appointed by the Secretary, and Federal ex-officio members.

### II. Agenda

On Friday, July 20, the Council meeting will begin at 9 a.m., with the call to order by the Council Chair and approval of previous Council minutes. The Director, AHRQ, will present her update on AHRQ's current research, programs, and initiatives. The agenda will include a discussion of the National Healthcare Quality and Disparities Reports and the topic of Comparative Effectiveness. The official agenda will be available on AHRQ's Web site at <http://www.ahrq.gov> no later than July 13, 2007.

This notice is published in **Federal Register** in less than 15 days in advance

of the meeting due to logistical difficulties.

Dated: June 29, 2007.

**Carolyn M. Clancy,**  
*Director.*

[FR Doc. 07-3306 Filed 7-6-07; 8:45 am]

BILLING CODE 4160-90-M

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[60Day-07-07BG]

**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 and send comments to Maryam I. Daneshvar, CDC Acting 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**

Crime Prevention Through Environmental Design: Linking Observed School Environments with Student and School-wide Experiences of Violence and Fear—New—National Center for Injury Prevention (NCIPC), Centers for Disease Control and Prevention (CDC).

**Background and Brief Description**

Among the goals of the Centers for Disease Control and Prevention (CDC), National Center for Injury Prevention (NCIPC) and Control is to reduce the prevalence of violence among youth. Several important priorities included in the Center's published research agenda focus on studying how physical environments influence behavior and risk for violence. The CDC has developed a tool called the Crime Prevention Through Environmental Design (CPTED) School Assessment (CSA) to assess the extent to which the physical characteristics of schools are consistent with Crime Prevention Through Environmental Design (CPTED) principles.

The proposed research will allow us to determine the validity of the CSA by examining the extent to which the CSA subscales, total CSA scores, and CPTED principles are related to typical variables related to fear and violence. If the CSA tool is shown to measure characteristics of the school environment that are associated with

fear and violence-related behaviors in school, then it may be used as the basis for research, design, and evaluation of interventions for schools seeking to prevent or reduce the occurrence of crime and violence by providing information related to (re)designing physical features of the environment and changing policies and procedures related to using the school environment.

In addition, an exploratory purpose of this research is to determine whether the CSA items can be divided reliably into supposedly distinct variables reflecting each of the CPTED principles. If we produce practical support for the assessment of these "CPTED variables," then we will also assess validity by determining whether these variables are logically related to our measures of fear, violence and climate in schools.

Survey data from one counselor and 75 students (25 each from 6th, 7th, and 8th grades) will be collected from 50 middle schools in metro-Atlanta, Georgia area (a total of approximately 50 counselor participants and 3,750 student participants), in addition to the observational (CSA) data collection. The counselor and student survey will assess variables such as school climate, actual and perceived levels of school violence at each school. In addition, archival/administrative data will be collected from each of the 50 schools providing information on neighborhood and school characteristics from various sources (e.g., school data reported by the school on a "School Profile" form, school district data available on the web, U.S. Census data, and the FBI National Crime and Victimization Survey).

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

**ESTIMATED ANNUALIZED BURDEN HOURS**

Form name	Number of respondents	Number of responses per respondent	Average burden response (in hours)	Total burden (in hours)
Student Survey .....	3,750	1	40/60	2,500
Counselor Survey .....	50	1	40/60	33
School Profile .....	50	1	120/60	100
<b>Total .....</b>	.....	.....	.....	<b>2,633</b>