

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.

**Proposed Project: Ryan White HIV/AIDS Treatment Modernization Act of 2006: Data Report Form: (OMB No. 0915-0253)—Revision**

The Ryan White HIV/AIDS Program Annual Data Report (formerly called the CARE Act Data Report (CADR)) was initially created in 1999 by HRSA's HIV/AIDS Bureau. It has undergone revisions to incorporate the legislative changes that occurred in 2006. Grantees and their subcontracted service providers who are funded under Parts A, B, C, and D of the Ryan White HIV/

AIDS Treatment Modernization Act of 2006, or Ryan White HIV/AIDS Program (codified under Title XXVI of the Public Health Services Act) fill out the report. All Parts of the Ryan White HIV/AIDS Program specify HRSA's responsibilities in the administration of grant funds, the allocation of funds, the evaluation of programs for the population served, and the improvement of the quantity and quality of care. Accurate records of the providers receiving Ryan White HIV/AIDS Program funding, the services provided, and the clients served continue to be critical to the implementation of the legislation and thus are necessary for HRSA to fulfill its responsibilities. Ryan White HIV/AIDS Program grantees are required to report aggregate data to HRSA annually. The Data Report form is filled out by grantees and their subcontracted service providers. The report has seven different sections containing demographic information about the service providers as well as the clients served, information about the type of

core and support services provided as well as the number of clients served, information about counseling and testing services, clinical information about the clients served, demographic tables for Parts C and D, and information about the Health Insurance Program.

The primary purposes of the Data Report are to: (1) Characterize the organizations where clients receive services; (2) provide information on the number and characteristics of clients who receive Ryan White HIV/AIDS Program services; and (3) enable HAB to describe the type and amount of services a client receives. In addition to meeting the goal of accountability to the Congress, clients, advocacy groups, and the general public, information collected on the Data Report is critical for HRSA, State and local grantees, and individual providers to assess the status of existing HIV-related service delivery systems.

The response burden for grantees is estimated as:

Program under which grantee is funded	Number of grantee respondents	Responses per grantee	Hours to coordinate receipt of data reports	Total hour burden
Part A Only .....	56	1	40	2,240
Part B Only .....	59	1	40	2,360
Part C Only .....	361	1	20	7,220
Part D Only .....	90	1	20	1,800
Subtotal .....	566	.....	.....	13,620

The response burden for service providers is estimated as:

Program under which provider is funded	Number of respondents	Responses per provider	Hours per response	Total hour burden
Part A Only .....	792	1	26	20,592
Part B Only .....	653	1	26	16,978
Part C Only .....	108	1	44	4,752
Part D Only .....	75	1	42	3,150
Funded under more than one program .....	703	1	50	35,150
Subtotal .....	2,331	.....	.....	80,622
Total for Both Grantees & Providers .....	2,897	.....	.....	94,242

Send comments to Susan G. Queen, Ph.D., HRSA Reports Clearance Officer, Room 10-33, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: August 7, 2007.

**Alexandra Huttinger,**

*Acting Director, Division of Policy Review and Coordination.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Resources and Services Administration**

**Advisory Commission on Childhood Vaccines; Notice of Meeting**

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), notice is hereby given of the following meeting:

*Name:* Advisory Commission on Childhood Vaccines (ACCV).

*Date and Time:* September 7, 2007, 9 a.m.–5 p.m., EST.

*Place:* Parklawn Building (and via audio conference call), Conference Rooms G & H, 5600 Fishers Lane, Rockville, MD 20857.

The ACCV will meet on Friday, September 7 from 9 a.m. to 5 p.m. (EST). The public can join the meeting via audio conference call by dialing 1-888-709-9420 on September 7 and providing the following information:

Leader's Name: Dr. Geoffrey Evans.

Password: ACCV.

**Agenda:** The agenda items for the September meeting will include, but are not limited to: Discussion of Vaccine Information Statements, report from the ACCV Futures II Workgroup, updates from the Division of Vaccine Injury Compensation (DVIC), Department of Justice, National Vaccine Program Office, Immunization Safety Office (Centers for Disease Control and Prevention), National Institute of Allergy and Infectious Diseases (National Institutes of Health), and Center for Biologics and Evaluation Research (Food and Drug Administration). Agenda items are subject to change as priorities dictate.

**Public Comments:** Persons interested in providing an oral presentation should submit a written request, along with a copy of their presentation to: Michelle Herzog, DVIC, Healthcare Systems Bureau (HSB), Health Resources and Services Administration (HRSA), Room 11C-26, 5600 Fishers Lane, Rockville, Maryland 20857 or e-mail: [mherzog@hrsa.gov](mailto:mherzog@hrsa.gov). Requests should contain the name, address, telephone number, and any business or professional affiliation of the person desiring to make an oral presentation. Groups having similar interests are requested to combine their comments and present them through a single representative. The allocation of time may be adjusted to accommodate the level of expressed interest. DVIC will notify each presenter by mail or telephone of their assigned presentation time. Persons who do not file an advance request for a presentation, but desire to make an oral statement, may announce it at the time of the comment period. These persons will be allocated time as it permits.

**For Further Information Contact:** Anyone requiring information regarding the ACCV should contact Michelle Herzog, DVIC, HSB, HRSA, Room 11C-26, 5600 Fishers Lane, Rockville, MD 20857; telephone (301) 443-6593 or e-mail: [mherzog@hrsa.gov](mailto:mherzog@hrsa.gov).

Dated: August 7, 2007.

**Alexandra Huttinger,**

*Acting Director, Division of Policy Review and Coordination.*

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**BILLING CODE 4165-15-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Service Administration

#### Advisory Committee on Interdisciplinary, Community-Based Linkages; Notice of Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), notice is hereby given of the following meeting:

**Name:** Advisory Committee on Interdisciplinary, Community-Based Linkages (ACICBL).

**Dates and Times:** September 13, 2007, 8:30 a.m. to 5 p.m. September 14, 2007, 8:30 a.m. to 3 p.m.

**Place:** Hilton Washington, DC/Rockville Executive, Meeting Center, 1750 Rockville Pike, Rockville, MD 20852, Telephone: 301-468-1100.

**Status:** The meeting will be open to the public.

**Purpose:** The Committee will continue to focus on issues related to Health Information Technology/Electronic Medical Records (HIT/EMR) and its potential impact on Title VII Interdisciplinary, Community-Based Training Grant Programs identified under sections 751-756, Part D of the Public Health Service Act. The Committee may invite speakers to highlight various topics related to HIT/EMR including, but not limited to benefits and barriers; consumer privacy and confidentiality; implications for underserved and unserved populations, rural, geriatric and other populations; implementation and use of EMRs across various settings, i.e., hospitals, inpatient settings and ambulatory care sites (Health Centers, Rural Health Clinics); academic settings, i.e., interdisciplinary and community-based education and training of health professionals; health literacy and patient education; as well as the future of HIT/EMR as an interoperable system to enhance health care delivery. The meeting will allow committee members the opportunity to identify and discuss current efforts involving HIT/EMR and formulate appropriate recommendations for the Secretary and the Congress regarding the use of advanced technology to enhance interdisciplinary and community-based training of health professions students and practicing health professionals.

**Agenda:** The agenda includes an overview of the Committee's general business activities, presentations by experts on HIT/EMR related topics, and discussion sessions for the development of recommendations to be addressed in the Seventh Annual ACICBL Report.

Agenda items are subject to change as dictated by the priorities of the Committee.

**For Further Information Contact:** Anyone requesting information regarding the Committee should contact Louis D. Coccodrilli, Designated Federal Official for the ACICBL, Bureau of Health Professions, Health Resources and Services Administration, Parklawn Building, Rm 9-05, 5600 Fishers Lane, Rockville, Maryland 20857; (301) 443-6950 or [lcoccodrilli@hrsa.gov](mailto:lcoccodrilli@hrsa.gov). Adriana Guerra, Public Health Fellow, can also be contacted with inquiries, (301) 443-6194 or [aguerra@hrsa.gov](mailto:aguerra@hrsa.gov).

Dated: August 7, 2007.

**Alexandra Huttinger,**

*Acting Director, Division of Policy Review and Coordination.*

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## DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR-5124-N-12]

### Notice of Proposed Information Collection for Public Comment: PHA Plans Standard Template

**AGENCY:** Office of the Assistant Secretary for Public and Indian Housing, HUD.

**ACTION:** Notice.

**SUMMARY:** The proposed information collection requirement described below will be submitted to the Office of Management and Budget (OMB) for review, as required by the Paperwork Reduction Act. The Department is soliciting public comments on the subject proposal. This is a revision to a currently approved collection.

**DATES:** *Comments Due Date:* October 15, 2007.

**ADDRESSES:** Interested persons are invited to submit comments regarding this proposal. Comments should refer to the proposal by name/or OMB Control number and should be sent to: Aneita Waites, Reports Liaison Officer, Public and Indian Housing, Department of Housing and Urban Development, 451 7th Street, SW., Room 4116, Washington, DC 20410-5000.

**FOR FURTHER INFORMATION CONTACT:** Aneita Waites, (202) 402-4114, for copies of the proposed forms and other available documents. (This is not a toll-free number).

**SUPPLEMENTARY INFORMATION:** The Department will submit the proposed information collection to OMB review, as required by the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35, as amended). This notice is soliciting comments from members of the public and affected agencies concerning the proposed collection of information to: (1) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility; (2) evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information; (3) enhance the quality, utility, and clarity of the information to be collected; and (4) minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated collection techniques or other forms of information technology, e.g., permitting electronic submission of responses.

**Title of Proposal:** 5-Year and Annual Public Housing Agency (PHA) Plan.