

## ESTIMATED ANNUALIZED BURDEN TABLE—Continued

Agency	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
VA .....	184	1	15/60	46
USDA .....	6,951	1	3	20,853
DOC .....	4,880	1	20/60	1,627
DOT .....	50	1	1.6	80
Total .....				39,063

**John Teeter,**

*Office of the Secretary, Paperwork Reduction Act Reports Clearance Officer.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Agency Information Collection Request; 60-Day Public Comment Request

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed information collection request for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques

or other forms of information technology to minimize the information collection burden.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, e-mail your request, including your address, phone number, OMB number, and OS document identifier, to [Sherrette.funncoleman@hhs.gov](mailto:Sherrette.funncoleman@hhs.gov), or call the Reports Clearance Office on (202) 690-6162. Written comments and recommendations for the proposed information collections must be received with 60-days, and directed to the OS Paperwork.

*Proposed Project:* SF-424 Research & Related (R&R) Form—Revision—OMB No. 4040-0001—Grants.Gov.

*Abstract:* The SF-424 (R&R) is the government-wide data set for research grant applications. The data set provides information to assist Federal program staff and grants officials in assessing the adequacy of applicant's proposals to accomplish project objectives and determine whether grant applications reflect program needs. Agencies will not be required to collect all of the information in the proposed data set. The agency will identify the data that must be provided by applicants through

instructions that will accompany the application package. The proposed data set incorporates proposed revisions adopted by the cross-agency R&R working group. This working group established the original proposed data set (4040-0001) in 2004. The instructions will also be revised.

We propose two major changes in our revision request. The first major change is to remove the Project/Performance Site Location(s) form from the collection. This form will be revised and included in a separate OMB-approved collection. The Project/Performance Site Locations(s) forms will be required with all SF-424 form families with the exception of the SF-424 Individual form. The second major change is to incorporate into this collection the Small Business Innovation Research (SBIR)/Small Business Technology Transfer (STTR) Information form (OMB Number 0925-0001). The existing SBIR/STTR Information form (OMB No. 0925-0001) will be discontinued once this R&R collection is renewed. We are requesting a 3-year extension of the revised form. The affected public may include Federal, State, Local, or tribal governments, business or other for profit, and not for profit institutions.

## ESTIMATED ANNUALIZED BURDEN TABLE

Agency	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
DOC .....	2,300	1	25/60	958
DOE .....	8,000	1	1.5	12,000
ED .....	1,200	1	40	48,000
HHS .....	60,000	1	60	3,600,000
DOD .....	2,500	5	1.0676	13,345
NASA .....	10,000	1	1.5	15,000
USDA .....	6,000	1	1.25	7,500
NSF .....	40,000	1	120	4,800,000
DHS .....	350	1	120	42,000
Total .....				8,538,803

**John Teeter,**

*Office of the Secretary, Paperwork Reduction Act Reports Clearance Officer.*

[FR Doc. E8-3745 Filed 2-27-08; 8:45 am]

**BILLING CODE 4151-AE-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Meeting of the Presidential Advisory Council on HIV/AIDS

**AGENCY:** Department of Health and Human Services, Office of the Secretary, Office of Public Health and Science.

**ACTION:** Notice.

**SUMMARY:** As stipulated by the Federal Advisory Committee Act, the U.S. Department of Health and Human Services (DHHS) is hereby giving notice that the Presidential Advisory Council on HIV/AIDS (PACHA) will hold a meeting. The meeting will be open to the public.

**DATES:** The meeting will be held Tuesday, March 25, 2008 and Wednesday, March 26, 2008. The meeting will be held from 9 a.m. to approximately 5 p.m. on both days.

**ADDRESSES:** Department of Health and Human Services, Room 800, Hubert H. Humphrey Building; 200 Independence Avenue, SW., Washington, DC 20201.

**FOR FURTHER INFORMATION CONTACT:** Ms. Nancy Barnes, Committee Manager, Presidential Advisory Council on HIV/AIDS, Department of Health and Human Services, 200 Independence Avenue, SW., Room 727G, Hubert H. Humphrey Building, Washington, DC 20201; (202) 205-2311. More detailed information about PACHA can be obtained by accessing the Council's Web site at <http://www.Pacha.gov>.

**SUPPLEMENTARY INFORMATION:** PACHA was established by Executive Order 12963, dated June 14, 1995, as amended by Executive Order 13009, dated June 14, 1996. The Council was established to provide advice, information, and recommendations to the Secretary regarding programs and policies intended to (a) promote effective prevention of HIV disease, (b) advance research on HIV and AIDS, and (c) promote quality services to persons living with HIV disease and AIDS. PACHA was established to serve solely as an advisory body to the Secretary of Health and Human Services. The Council is composed of not more than 21 members. Council membership is selected by the Secretary from individuals who are considered authorities with particular expertise in, or knowledge of, matters concerning HIV and AIDS.

The agenda for this Council meeting is being developed. The meeting agenda will be posted on the Council's Web site when it is drafted.

Public attendance at the meeting is limited to space available. Individuals must provide a photo ID for entry into the meeting. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the designated contact person. Pre-registration for public attendance is advisable and can be accomplished online by accessing the PACHA Web site, <http://www.Pacha.gov>.

Members of the public will have the opportunity to provide comments at the meeting. Pre-registration is required for public comment. Any individual who wishes to participate in the public comment session must register online at <http://www.Pacha.gov>; registration for public comment will not be accepted by telephone. Public comment will be limited to three minutes per speaker. Any members of the public who wish to have printed material distributed to PACHA members for discussion at the meeting should submit, at a minimum, one copy of the materials to the Committee Manager, PACHA no later than close of business on March 21, 2008. Contact information for the PACHA Committee Manager is listed above.

Dated: February 21, 2008.

**Mary (Marty) McGeein,**

*Executive Director, Presidential Advisory Council on HIV/AIDS.*

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**BILLING CODE 4150-28-M**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Indian Health Service

#### Division of Epidemiology and Disease Prevention; Urban Indian Communities

*Announcement Type:* Competitive.  
*Funding Announcement:* HHS-IHS-2008-EPI-0001.

*Catalog of Federal Domestic Assistance Number:* 93.231.

*Key Dates:*  
*Application Deadline Date:* April 4, 2008.

*Review Date:* April 11, 2008.  
*Anticipated Start Date:* May 1, 2008.

#### I. Funding Opportunity

The Department of Health and Human Services (HHS) Indian Health Service (IHS) announces competitive cooperative agreement applications are now being accepted by the Division of

Epidemiology and Disease Prevention (DEDP) to establish a Tribal Epidemiology Center (TEC) for American Indians/Alaska Natives (AI/AN) and urban Indian organizations in California. This program is authorized under Snyder Act, 25 U.S.C. 13, and 25 U.S.C. 1621m of the Indian Health Care Improvement Act. This announcement limits competition to all eligible entities within the California Area. To obtain details regarding eligibility, please refer to Section III below.

The purpose of this cooperative agreement is to fund an organization that will provide epidemiological support and development for the AI/AN population in the state of California through the augmentation of existing programs with expertise in epidemiology and a history of regional administrative support. It is the intent of IHS to have a TEC in all of the 12 IHS Administrative Areas. This announcement seeks to establish a TEC in the California Area which will meet the aforementioned intent of IHS.

The TEC will be acting under a cooperative agreement with the IHS to operate the TEC within the California Area. In the conduct of this activity, the TEC may receive Protected Health Information (PHI) for the purpose of preventing or controlling disease, injury or disability, including, but not limited to, the reporting of disease, injury, vital events such as birth or death and the conduct of public health surveillance, public health investigation, and public health interventions for Tribal communities that they serve. Further, the IHS considers this to be a public health activity for which disclosure of PHI covered entities is authorized by 45 CFR 164.512(b) of the Privacy Rule.

Epidemiology activities will include, but are not limited to, enhancement of surveillance for disease condition; epidemiologic analysis; interpretation, and dissemination of surveillance data; investigation of disease outbreaks; development and implementation of epidemiologic studies; development and implementation of disease control and prevention programs; and coordination of activities of other public health authorities in the region. The proposed activities are intended to benefit, as much as possible, the entire AI/AN population in California.

To achieve the purpose of this cooperative agreement, the recipient will be responsible for the activities under item number 1. *Recipient Activities* and IHS will be responsible for conducting activities under item 2. *IHS Activities*.

#### 1. Recipient Activities: