Proposed Project: Bureau of Primary Health Care (BPHC) Uniform Data System (OMB No. 0915–0193)—Extension

The Uniform Data System (UDS) contains the annual reporting requirements for the cluster of primary care grantees funded by the Bureau of Primary Health Care (BPHC), Health Resources and Services Administration (HRSA). The UDS is a reporting requirement for grantees of the Consolidated Health Center Program (the Program), which provides support to community health centers, migrant health centers, health care for the homeless centers, public housing primary care centers, and other grantees under the Program's authorizing statute (section 330 of the Public Health Service Act, as amended).

The Bureau collects data in the UDS which is used to ensure compliance with legislative mandates and to report to Congress and policymakers on program accomplishments. To meet these objectives, BPHC requires a core set of data collected annually that is appropriate for monitoring and evaluating performance and reporting on annual trends.

Estimates of annualized reporting burden are as follows:

Type of report	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
Universal Report	920	1	920	27	24,840
Grant Report	125	1	125	18	2,250
Total	920		1045		27,090

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to: John Kraemer, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: February 8, 2005.

Steven A. Pelovitz,

Associate Administrator for Administration and Financial Management.

[FR Doc. 05–2818 Filed 2–14–05; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Comment Request

In compliance with the requirement for opportunity for public comment on proposed data collection projects (section 3506(c)(2)(A) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Pub. L. 104–13), the Health Resources and Services Administration (HRSA) publishes periodic summaries of proposed projects being developed for submission to OMB under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, call the HRSA Reports Clearance Officer on (301) 443–1129.

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.

Proposed Project: Disadvantaged Assistance Tracking and Outcome Report (OMB No. 0915–0233)—Extension

The Health Careers Opportunity Program (HCOP) and the Centers of Excellence (COE) Program (sections 740 and 739 of the Public Health Service (PHS) Act, respectively) provide opportunities for under-represented minorities and disadvantaged individuals to enter and graduate from health professions schools. The Disadvantaged Assistance Tracking and Outcome Report (DATOR), is used to track program participants throughout the health professions pipeline into the health care workforce.

The DATOR, to be completed annually by HCOP and COE grantees, includes basic data on student participants (name, social security number, gender, race/ethnicity; targeted health professions, their status in the educational pipeline from pre-professional through professional training; financial assistance received through the grants funded under sections 739 and 740 of the PHS Act in the form of stipends, fellowships or per diem; and their employment or practice setting following their entry into the health care work force).

The proposed reporting instrument does not add significantly to the grantees reporting burden. This reporting instrument complements the grantees internal automated reporting mechanisms of using name and social security number in tracking students. The reporting burden includes the total time, effort, and financial resources expended to maintain, retain and provide the information including: (1) Reviewing instructions; (2) downloading and utilizing technology for the purposes of collecting, validating, and processing the data; and (3) transmitting electronically, or otherwise disclosing the information. Estimates of annualized burden are as follows:

Type of report	Number of respondents	Responses per respondent	Hours per response	Total burden hours
DATOR	150	1	5.5	825

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: February 8, 2005.

Steven A. Pelovitz,

Associate Administrator for Administration and Financial Management.

[FR Doc. 05–2819 Filed 2–14–05; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Comment Request

In compliance with the requirement for opportunity for public comment on proposed data collection projects (section 3506 (c)(2)(A) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Public Law 104–13), the Health Resources and Services Administration (HRSA) publishes periodic summaries of proposed projects being developed for submission to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain copy of the data collection plans and draft instruments, call the HRSA Reports Clearance Officer on (301) 443–1129.

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.

Proposed Project: Health Resources and Services Administration (HRSA) Awardee Application and Reporting Tool (AART): (New)

The Awardee Application and Reporting Tool (AART) will be an online system allowing the 62 Awardees participating in the National Bioterrorism Hospital Preparedness Program (NBHPP) to electronically submit a continuing cooperative agreement application (CAA), mid-year progress report on annual activities, a final report on annual activities and progress indicator report to HRSA's Healthcare Systems Bureau, Division of Healthcare Preparedness. The CAA will be a standardized application consisting of 16 Critical Benchmarks (CBM). For each CBM, Awardees will be required to provide a goal, objectives, and a budget outlining how funding provided by HRSA will be spent during the coming year. On the mid-year progress report, Awardees will indicate the progress they have made toward each of the objectives they noted on their CAA. For the final report on annual activities, Awardees will provide additional details on how their objectives were being achieved and how the program monies were spent. On the progress indicator report, Awardees will indicate the progress they have made to date toward achieving the program's CBM. Currently, the submission of the CAA and progress reports is a manual process by which Awardees submit paper-based submissions or electronically transmit text files to HRSA project officers (POs). These files are then reviewed manually and data analysis is difficult. The AART system will provide POs with the ability to review and approve applications, review progress reports, and generate reports online. In addition, the reporting interface will allow HRSA to quickly and efficiently analyze data, identify trends, make timely program decisions, and provide the Department of Health and Human Services (HHS), Congress, or other Agencies with any specific data or metrics requested.

The burden estimate for Awardees to complete and submit a submission is as follows:

Submission type	Number of respondents	Responses per Respondent	Total number of responses	Hours per response	Total burden hours
Cooperative Agreement Application	62	1	62	120	7,440
Mid-year Report	62	1	62	124	7,688
Final Report on Annual Activities	62	1	62	124	7,688
Progress Indicator Report	62	1	62	124	7,688
Total	62	4	248		30,504

Send comments to Susan G. Queen, Ph.D., HRSA Reports Clearance Officer, Room 14–45, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: February 8, 2005.

Steven A. Pelovitz,

Associate Administrator for Administration and Financial Management.

[FR Doc. 05–2820 Filed 2–14–05; 8:45 am]

BILLING CODE 4165–15–P

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).

Dates and Times: March 9, 2005, 12 noon–4:30 p.m., EST and March 10, 2005, 9 a.m.–5 p.m., EST.

Place: Audio Conference Call and Parklawn Building, Conference Rooms G & H, 5600 Fishers Lane, Rockville, MD 20857.

Status: The meeting is open to the public. The public can join the meeting in person at the address listed above or by audio conference call by dialing 1–888–913–9965 on March 9–10 and providing the following information:

Leader's Name: Joyce Somsak.

Password: ACCV.

Agenda: The agenda items will include, but are not limited to: a summary of the Causation in Fact session at the U.S. Court of Federal Claims' 17th Judicial Conference; a report and discussion from the ACCV Workgroup on changes to the Vaccine Injury Table; and updates from the Division of Vaccine Injury Compensation (DVIC), the