

currently in effect or implemented during the period of the grant.

The DHHS Appropriations Act 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, all grantees shall clearly state the percentage and dollar amount of the total costs of the program or project which will be financed with Federal money and the percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.

3. Reporting Requirements

A successful applicant under this notice will submit: (1) Semi-annual progress reports; (2) an annual Financial Status Report; and (3) a final progress report and Financial Status Report in the format established by the OMH, in accordance with provisions of the general regulations which apply under "Monitoring and Reporting Program Performance," 45 CFR Part 74.51–74.52, with the exception of State and local governments to which 45 CFR part 92, Subpart C reporting requirements apply.

Uniform Data Set: The Uniform Data Set (UDS) is a Web-based system used by OMH grantees to electronically report progress data to OMH. It allows OMH to more clearly and systematically link grant activities to OMH-wide goals and objectives, and document programming impacts and results. All OMH grantees are required to report program information via the UDS (<http://www.dsgonline.com/omh/uds>). Training will be provided to all new grantees on the use of the UDS system during the annual grantee meeting.

Grantees will be informed of the progress report due dates and means of submission. Instructions and report format will be provided prior to the required due date. The Annual Financial Status Report is due no later than 90 days after the close of each budget period. The final progress report and Financial Status Report are due 90 days after the end of the project period. Instructions and due dates will be provided prior to required submission.

Section VII. Agency Contacts

For application kits, submission of applications, and information on budget and business aspects of the application, please contact: WilDon Solutions, Office of Grants Management Operations Center, 1515 Wilson Blvd., Third Floor Suite 310, Arlington, VA 22209 at 1-888-203-6161, e-mail OPHSgrantinfo@teamwildon.com, or fax 703-351-1138.

For questions related to the AI/AN Health Disparities Grant Program or assistance in preparing a grant proposal, contact Ms. Sonsiere Cobb-Souza, Director, Division of Program Operations, Office of Minority Health, Tower Building, Suite 600, 1101 Wootton Parkway, Rockville, MD 20852. Ms. Cobb-Souza can be reached by telephone at (240) 453-8444 or by e-mail at sonsiere.cobb-souza@hhs.gov.

For additional technical assistance, contact the OMH Regional Minority Health Consultant for your region listed in your grant application kit.

For health information, call the Office of Minority Health Resource Center (OMHRC) at 1-800-444-6472.

Section VIII. Other Information

1. Healthy People 2010

The PHS is committed to achieving the health promotion and disease prevention objectives of Healthy People 2010, a PHS-led national activity announced in January 2000 to eliminate health disparities and improve years and quality of life. More information may be found on the Healthy People 2010 Web site: <http://www.healthypeople.gov/> and copies of the documents may be downloaded. Copies of the Healthy People 2010: Volumes I and II can be purchased by calling (202) 512-1800 (cost \$70 for a printed version; \$20 for CD-ROM). Another reference is the Healthy People 2010 Final Review—2001.

For one free copy of the Healthy People 2010, contact: The National Center for Health Statistics, Division of Data Services, 3311 Toledo Road, Hyattsville, MD 20782, or by telephone at (301) 458-4636. Ask for HHS Publication No. (PHS) 99-1256. This document may also be downloaded from: <http://www.healthypeople.gov>.

2. Definitions

For purposes of this announcement, the following definitions apply:

Minority Populations—American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, and Native Hawaiian or Other Pacific Islander. (42 U.S.C. 300u–6, section 1707 of the Public Health Service Act, as amended).

Tribal Epidemiology Centers—Entities whose mission includes enhancing the health and wellness of American Indian and Alaska Native communities; the implementation and enhancement of data systems; disease surveillance, bioterrorism and disease outbreak protocols; guidance of public health policy; and facilitation of disease control and prevention programs.

Tribal Organizations—Tribal organizations that may partner with TECs include Federally Recognized Indian Tribes, Tribally sanctioned non-profit tribal organizations or eligible consortium of Tribes.

Dated: June 20, 2007.

Garth N. Graham,

Deputy Assistant Secretary for Minority Health.

[FR Doc. E7–13080 Filed 7–5–07; 8:45 am]

BILLING CODE 4150–29–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–07–0636]

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 404-639-5760 or send comments to Maryam I. Daneshvar, Acting, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an e-mail to 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

State-based Evaluation of the Alert Notification Component of CDC's Epidemic Information Exchange (Epi-X) Secure Public Health Communications Network (OMB No. 0920–0636)—3-year Extension—National Center for Health

Marketing (NCHM), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

A central component of the CDC's mission is to strengthen the nation's public health infrastructure by coordinating public health surveillance at CDC and providing domestic and international support through scientific communications and terrorism preparedness and emergency response. The Epidemic Information Exchange (Epi-X) provides CDC and its state and local partners and collaborators with a secure public health communications network intended for routine and emergent information exchange in a secure environment.

Great attention has been focused on improving secure public health communications networks for the dissemination of critical disease outbreak and/or bioterrorism-related

events, which may have multi-jurisdictional involvement and cause disease and death within a short time-frame.

The purpose of the information gathered during this notification proficiency testing exercise is to evaluate the extent to which new registrants and currently authorized users of the Epidemic Information Exchange (Epi-X) are able to utilize alert notification functionality to minimize or prevent unnecessary injury or disease-related morbidity and mortality through the use of secure communications and rapid notification systems. In this case, notification alerts would be sent to targeted public health professionals through a "barrage" of office cell phone, home telephone, and pager calls to rapidly inform key health authorities from multidisciplinary backgrounds and multiple jurisdictions of evolving and critical public health information, and

assist with the decision-making process. Presently, the necessity of this evaluation process is timely because of ongoing terrorism threats and acts perpetrated worldwide.

The survey information will be gathered through an online questionnaire format, and help evaluate user comprehension and facility solely with the targeted notification and rapid alerting functionalities of Epi-X. The questionnaire will consist of both closed- and open-ended items, and will be administered through Zoomerang, an online questionnaire program, or as a last resort, by telephone. Approximately 1,000 Epi-X users from every state of the union will be asked to volunteer input (in a 5–10 question format) about their experiences using the alert notification functionalities of the Epi-X communications system. There will be no cost to respondents, whose participation will be strictly voluntary.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Public Health Professionals	1,000	1	10/60	167

Dated: June 29, 2007.

Maryam I. Daneshvar,

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

[FR Doc. E7–13086 Filed 7–5–07; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

Cooperative Agreement to Support the Joint Institute for Food Safety and Applied Nutrition

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing its intention to receive and consider a single source application for the award of a cooperative agreement in fiscal year 2007 (FY) to the University of Maryland, College Park (UMCP) to support the Joint Institute for Food Safety and Applied Nutrition (JIFSAN). This award will strengthen existing programs and allow expansion of JIFSAN's education, outreach and applied research programs and external partnerships that have already been established.

DATES: Applications are due within 30 days after the publication of the funding opportunity in the **Federal Register**.

FOR FURTHER INFORMATION CONTACT:

Gladys M. Bohler, Office of Acquisition and Grants Services, Food and Drug Administration, 5630 Fishers Lane, rm. 2105, Rockville, MD 20857, 301–827–7168, or e-mail: gladys.melendez-bohler@fda.hhs.gov.

SUPPLEMENTARY INFORMATION:

I. Funding Opportunity Description

Funding Opportunity Number; Notice of Intent to Renew a Cooperative Agreement; RFA–FD–07–001 CFSAN Catalog of Federal Domestic Assistance Number: 93.103

An estimated amount of support in FY07 will be for up to \$2.0 million (direct plus indirect cost) the total amount being subject to annual budget appropriations, with an additional 4 years of support. JIFSAN is located on the University of Maryland Campus in College Park, MD. Competition is limited to UMCP because of the unique partnership between FDA and UMCP. The cooperative agreement will continue to allow for a more efficient use of research, scientific, education, and outreach resources which enhance overall public health by expanding and

improving food safety and nutrition as well as other program areas that impact on public health policy.

II. Eligibility Information

FDA believes UMCP is uniquely qualified to fulfill the objectives of the proposed cooperative agreement. UMCP is in close proximity to the FDA's Center for Food Safety and Applied Nutrition (CFSAN) and the Center for Veterinary Medicine offices and laboratories in Prince Georges County, MD. UMCP has vast resources which complement and greatly expand FDA's research, scientific, education and outreach resources. As the UMCP and FDA are both located within the greater Washington, DC area increased interactions with the USDA Beltsville Agricultural Research Center and other world class research and medical institutions are possible. UMCP is the Washington region's most comprehensive research institution, with numerous academic programs relevant to FDA's mission and the resources to support CFSAN's areas of interest, including: microbiology, chemistry, food science, animal health sciences, agriculture, public policy, risk assessment, computational science, economics, and survey methodology. UMCP serves as a primary center for