

ANNUALIZED BURDEN TABLE

Respondents	Number of respondents	Number of responses per respondent	Average burden per respondent (in hrs.)
State and Local Health Departments for Child Surveillance .....	47	4	2
State and Local Health Departments for Adult Surveillance .....	37	4	2

Dated: February 1, 2005.

**Betsy Dunaway,**

*Acting Reports Clearance Officer, Office of the Chief Science Officer, Centers for Disease Control and Prevention.*

[FR Doc. 05-2486 Filed 2-8-05; 8:45 am]

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[60Day-05BF]

**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 404-371-5976 or send comments to Sandi Gambescia, CDC Assistant 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**

Human Smoking Behavior Study—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

**Background**

CDC, National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) in a joint venture with the National Center for Environmental Health (NCEH) proposes to conduct a study to better understand patterns of human smoking behavior across several of the most popular cigarette categories (ultralight, light, full flavored menthol and full-flavored non-menthol) and to determine the level of exposure to smoke toxins delivered by these cigarette categories. This is important because the current method of measuring constituents that smoke is via the Federal Trade Commission's machine smoking method, which does not accurately reflect human smoking patterns. Although there is ample evidence of the inadequacies and biases inherent in machine-smoking protocols, they serve the purpose of ranking cigarettes smoked under standardized

conditions. Comparison of cigarette smoke emissions using machine-smoking methods will persevere until something superior is developed. Therefore, machine-smoking must be adequately informed to yield results that better reflect human smoking behavior. Funding for this study will come from both NCCDPHP and NCEH. The Centers will share responsibilities, with administrative and technical assistance coming from NCCDPHP and laboratory support coming from NCEH.

This is a laboratory-based descriptive study of smoking behavior and analysis of biomarkers of exposure for current adult smokers of a range of cigarette categories that are representative of the most commonly smoked U.S. cigarettes. The goals of this project are to characterize the range of human smoking behavior for a variety of cigarette categories and machine-smoked yields, and to estimate the levels of biomarkers of exposure with the various cigarette styles. This study will assess known indicators of smoking behavior (ventilation pore-blocking behavior, puff volume, puff duration, puff velocity and inter-puff interval) to determine typical patterns of smoking behavior.

Measures of exposure will include expired-air carbon monoxide boost, assessment of carcinogens, nicotine and its metabolites in urine, cotinine in saliva and solanesol in cigarette butts as an indicator of total smoke exposure. There are no direct respondent costs associated with the information collection for the study. The smoking behavior and biomarkers of 360 smokers will be ascertained.

ANNUALIZED BURDEN

Respondents	No. of respondents	No. of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Screening .....	500	1	6/60	50
Clinic Visit 1 .....	360	1	1.1	198
Clinic Visit 2 .....	360	1	1.0	180
Total .....	.....	.....	.....	428

Dated: February 1, 2005.

**Betsey Dunaway,**

*Acting Reports Clearance Officer, Office of the Chief Science Officer, Centers for Disease Control and Prevention.*

[FR Doc. 05-2487 Filed 2-8-05; 8:45 am]

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[60Day-05-0006]

**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 404-371-5976 or send comments to Seleda Perryman, CDC Assistant 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**

Statement in Support of Application for Waiver of Inadmissibility (0920-0006)—Extension “National Center for Infectious Diseases (NCID), Centers for Disease Control and Prevention (CDC).

Section 212(a)(1) of the Immigration and Nationality Act states that aliens with specific health-related conditions are ineligible for admission into the United States. The Attorney General may waive application of this inadmissibility on health-related grounds if an application for waiver is filed and approved by the consular office considering the application for visa. NCID Division of Global Migration and Quarantine uses this application primarily to collect information to establish and maintain records of waiver applicants in order to notify the U. S. Citizenship and Immigration Services (USCIS) when terms, conditions and controls imposed by waiver are not met. NCID is requesting the extension of this data for 3 years. There are no costs to respondents except their time.

ANNUALIZED BURDEN TABLE

Respondents	No. of respondents	No. of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Businesses or Organizations .....	200	1	10/60	33
Total .....				33

Dated: February 2, 2005.

**Betsey Dunaway,**

*Acting Reports Clearance Officer, Office of the Chief Science Officer, Centers for Disease Control and Prevention.*

[FR Doc. 05-2488 Filed 2-8-05; 8:45 am]

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

**National Center for Chronic Disease Prevention and Health Promotion Conference Support Program; Correction**

A notice announcing the availability of Fiscal Year 2005 funds to award a Grant Agreement to Support Chronic Disease Prevention and Health Promotion Conferences, PA 05031 was published in the **Federal Register** on November 3, 2004, Volume 69, Number 212, pages 64057-64062. The notice is corrected as follows:

On page 64059, first column, under III.3 Other, Special Requirements, fourth bullet, delete the bullet that reads, “Applicants who do not submit a LOI will not be eligible to submit an application for review or funding.”

On page 64059, first column, under IV.2 Content and Form of Submission, Letter of Intent (LOI), first paragraph, delete the first and the fourth sentence that reads, “A LOI is required for this Program Announcement” and “If you do not submit a LOI, you will not be allowed to submit an application.”

On page 64060, first column, under IV.3 Submission Dates and Times, change to extend the LOI Deadline Date: Cycle B: February 14, 2005, delete the paragraph that reads, “CDC requires that you submit a LOI if you intend to apply for this program. Although the LOI will not be evaluated, and does not enter into review of your subsequent application, failure to submit a timely LOI will preclude you from submitting an application.” and replace with the following, “CDC requests that you send a LOI if you intend to apply for this program. Although the LOI is not required, not binding, and does not

enter into the review of your subsequent application, the LOI will be used to gauge the level of interest in this program, and to allow CDC to plan the application review.”

Dated: February 3, 2005.

**William P. Nichols,**

*Director, Procurement and Grants Office, Centers for Disease Control and Prevention.*

[FR Doc. 05-2493 Filed 2-8-05; 8:45 am]

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Children and Families**

**Office of Community Services Funding Opportunity**

*Funding Opportunity Title:* Assets for Independence Demonstration Program.

*Announcement Type:* Grant-Initial.

*Funding Opportunity Number:* HHS-2005-ACF-OCS-EI-0053.

*CFDA Number:* 93.602.

*Category of Funding Activity:* Income Security and Social Services.