

expectations from the CTS; the community tool kit; faith-based initiative/emergency preparedness; partnering with the Program Review Committee; and an open discussion of other important issues.

The agenda is subject to change as priorities dictate.

*Supplementary Information:* This conference call is scheduled to begin at 3 p.m. eastern standard time. To participate in the teleconference, please dial (877) 315-6535 and enter conference code 383520.

*For Further Information Contact:* Sandra Malcom, Committee Management Specialist, Office of Science, NCEH/ATSDR, M/S E-28, 1600 Clifton Road, NE, Atlanta, Georgia 30333, telephone 404/498-0003.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities for both CDC and the National Center for Environmental Health/Agency for Toxic Substances and Disease Registry.

Dated: March 15, 2005.

*Alvin Hall, Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.*

[FR Doc. 05-5494 Filed 3-18-05; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Medicare & Medicaid Services

[Document Identifier: CMS-10133]

#### Emergency Clearance: Public Information Collection Requirements Submitted to the Office of Management and Budget (OMB)

**AGENCY:** Center for Medicare & Medicaid Services.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services, is publishing the following summary of proposed collections 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.

We are, however, requesting an emergency review of the information collection referenced below. In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, we have submitted to the Office of Management and Budget (OMB) the following requirements for emergency review. We are requesting an emergency review because the collection of this information is needed before the expiration of the normal time limits under OMB's regulations at 5 CFR part 1320. This is necessary to ensure compliance with an initiative of the Administration.

We cannot reasonably comply with the normal clearance procedures because of an unanticipated event and possible public harm. As a result of a statutory deadline, we are requesting expedited review and approval of the Medicare Part B Drug and Biological Competitive Acquisition Program (CAP) bidding forms. Without approval of these forms on an emergency basis, potential vendors/suppliers will not be able to participate in the program for which they are essential.

In particular, CMS has accelerated the normal "statute to regulation" process in order to meet the CAP's statutory implementation deadline of January 1, 2006. CMS placed the proposed rule (CMS-1325-P) on display on February 25, 2005, and the proposed rule was published in the **Federal Register** on March 4, 2005. CMS anticipates publishing the final rule during the last week of May 2005. We are requesting to use the expedited approval process for the collection requirements so that we can begin collecting bids from potential vendors on June 1, 2005, and award contracts by August 2005. Therefore, we are requesting OMB approval for these forms no later than May 26, 2005. The CAP Physician election process will begin on October 1, 2005. Physicians who elect to participate in the CAP can begin receiving their drugs through a CAP vendor on January 1, 2006.

This request covers the CAP Vendor Application and Bid Form, the CAP Drug Vendor Application Guide, and the CAP Physician Election Agreement. The CAP Vendor Application and Bid Form will be used by potential vendors to provide information related to the characteristics of their company and to submit their bid prices for CAP drugs. The CAP Drug Vendor Application Guide is an informational piece intended to facilitate completion of the application. The Physician Election

Agreement will be used by physicians to elect to participate in the CAP program.

CMS is requesting OMB review and approval of this collection by May 26, 2005, with a 180-day approval period. Written comments and recommendations will be accepted from the public if received by the individuals designated below by May 15, 2005.

*Type of Information Collection Request:* New collection; *Title of Information Collection:* Medicare Competitive Acquisition Program Applications; *Form No.:* CMS-10133 (OMB# 0938-New); *Use:* The forms included in this request (CAP Vendor Application and Bid Form) will be used by potential vendors to provide information related to the characteristics of their company, record their bid prices for CAP drugs, and provide information about the company's finances. Physicians will use the Physician Election Agreement to elect to participate in the program beginning October 2005 and begin receiving their drugs through a CAP vendor January 2006; *Frequency:* Upon Occasion; *Affected Public:* Business or other for-profit, Not-for-profit institutions, Individuals; *Number of Respondents:* 70,025; *Total Annual Responses:* 70,025; *Total Annual Hours:* 18,500.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS' Web site address at <http://www.cms.hhs.gov/regulations/pa> or e-mail your request, including your address, phone number, OMB number, and CMS document identifier, to [Paperwork@cms.hhs.gov](mailto:Paperwork@cms.hhs.gov), or call the Reports Clearance Office on (410) 786-1326.

Interested persons are invited to send comments regarding the burden or any other aspect of these collections of information requirements. However, as noted above, comments on these information collection and recordkeeping requirements must be mailed and/or faxed to the designees referenced below by May 15, 2005:

Centers for Medicare and Medicaid Services, Office of Strategic Operations and Regulatory Affairs, Room C5-13-27, 7500 Security Boulevard, Baltimore, MD 21244-1850; Fax Number: (410) 786-0262; Attn: William N. Parham, III, (CMS-10133); and,

OMB Human Resources and Housing Branch, Attention: Christopher Martin (CMS-10133), New Executive Office Building, Room 10235, Fax Number (202) 395-6974; Washington, DC 20503.

Dated: March 16, 2005.  
**John P. Burke, III,**  
*CMS Paperwork Reduction Act Reports Clearance Officer, Office of Strategic Operations and Regulatory Affairs, Regulations Development Group.*  
 [FR Doc. 05-5563 Filed 3-18-05; 8:45 am]  
**BILLING CODE 4120-03-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Children and Families**

**Proposed Information Collection Activity; Comment Request**

*Proposed Projects:* Grants to States for Family Violence Prevention and

Services, Grants to Native American Tribes and Alaskan Native Villages, Grants to State Domestic Violence Coalitions.

*Title:* Grants for Battered Women's Shelters.

*OMB No.:* 0970-0274.

*Description:* This information collection is authorized under Title III of the Child Abuse Amendments of 1984, Public Law 98-457, as amended. In response to the program announcements, the respondents submit information about their service programs and their eligibility. Information that is collected is used to award grants under the Family Violence Prevention and Services/Grants for Battered Women's Shelters Program.

*Respondents:* State agencies administering the Family Violence Prevention and Services program; Native American Tribes and Tribal Organizations administering the Family Violence Prevention and Services program; and state domestic violence coalitions administering the Family Violence Prevention and Services program.

**ANNUAL BURDEN ESTIMATES**

| Instrument                         | Number of respondents | Number of responses per respondent | Average burden hours per response | Total burden hours |
|------------------------------------|-----------------------|------------------------------------|-----------------------------------|--------------------|
| State FV Agencies .....            | 53                    | 1                                  | 6                                 | 318                |
| Tribes and Alaskan Villages .....  | 180                   | 1                                  | 6                                 | 1,080              |
| Domestic Violence Coalitions ..... | 53                    | 1                                  | 6                                 | 318                |

*Estimated Total Annual Burden Hours:* 1,716.

In compliance with the requirements of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families in soliciting public comment on the specific aspects of the information collection described above. Copies of the proposed collection of information can be obtained and comments may be forwarded by writing to the Administration for Children and Families, Office of Administration, Office of Information Services, 370 L'Enfant Promenade, SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer. E-mail address: [grjohnson@acf.hhs.gov](mailto:grjohnson@acf.hhs.gov). All requests should be identified by the title of the information collection.

The Department specifically requests comments 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) 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.

Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Dated: March 14, 2005.

**Robert Sargis,**  
*Reports Clearance Officer.*  
 [FR Doc. 05-5475 Filed 3-18-05; 8:45 am]  
**BILLING CODE 4184-01-M**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Children and Families**

**Proposed Information Collection Activity; Comment Request**

*Proposed Projects:*

*Title:* Data Collection for the Fourth National Incidence Study of Child Abuse and Neglect.

*OMB No.:* New collection.

*Description:* The Department of Health and Human Services (HHS) intends to collect data for the next National Incidence Study of Child Abuse and Neglect (NIS). This will be the fourth cycle of this periodic study. NIS-1, mandated under Public Law (Pub. L.) 93-247 (1974), was conducted in 1979 and 1980, and reported in 1981. NIS-2, mandated under (Pub. L.) 100-294 and the Child Abuse, Domestic Violence, Adoption, and Family Services Act of 1992 (Pub. L.) 102-295, was conducted between 1993 and 1995,

and reported in 1996. NIS-4, mandated by the Keeping Children and Families Safe Act of 2003 (Pub. L.) 108-36, will gather data in 2005 and 2006, and be reported in 2008.

NIS is unique in that it goes beyond the abused and neglected children who come to the attention of the Child Protective Services (CPS) system. In contrast to the National Child Abuse and Neglect Data Systems (NCANDS), which rely solely on reported cases, the NIS design assumes that reported children represent only a portion of the children who actually are maltreated. NIS estimates the scope of the maltreated child population by combining information about reported cases with data on maltreated children identified by professionals (called "sentinels") who encounter them during the normal course of their work in a wide range of agencies in representative communities. Sentinels are asked to remain on the lookout for children whom they believe are maltreated during the study reference period and to provide information about these children.

Children identified by sentinels and those whose alleged maltreatment is investigated by CPS during the same period are evaluated against standardized definitions, and only children who meet the study standards are used to develop the study estimates. The study estimates are couched in