

nursing assistants, home health aides, and personal care attendants—who provide care and support to elderly people with chronic diseases and disabilities. Worker shortages are certain to grow as the demand for long-term care increases with the aging population. Thus, recruitment and retention of direct care workers has recently become an issue of interest to policymakers and providers alike. The proposed survey will ensure that HHS and other Federal, state, and local agencies have timely data available on the central role of frontline supervisors in direct care workers job quality and turnover.

*Frequency:* Reporting, on occasion;

*Affected Public:* Individuals or households, business or other for profit, not for profit institutions;

*Annual Number of Respondents:* 906.

*Total Annual Responses:* 906;

*Average Burden Per Response:* 30 minutes;

*Total Annual Hours:* 1,005;

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access the HHS Web site address at <http://www.hhs.gov/oirm/infocollect/pending/> or e-mail your request, including your address, phone number, OMB number, and OS document identifier, to [naomi.cook@hhs.gov](mailto:naomi.cook@hhs.gov), or call the Reports Clearance Office on (202) 690-6162.

Written comments and recommendations for the proposed information collections must be received within 60-days, and directed to the OS Paperwork Clearance Officer at the following address: Department of Health and Human Services, Office of the Secretary, Assistant Secretary for Budget, Technology, and Finance, Office of Information and Resource Management, Attention: Naomi Cook (0990-New), Room 531-H, 200 Independence Avenue, SW., Washington DC 20201.

Dated: July 15, 2005.

**Robert E. Polson,**

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

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[Request for Application (RFA) AA068]

#### Diffusion of Partnership for Health to Health Care and Medical Agencies Serving Persons Living With HIV/AIDS; Notice of Availability of Funds—Amendment

A notice announcing the availability of Fiscal Year (FY) 2005 funds to award a Cooperative Agreement for Diffusion of Partnership for Health to Health Care and Medical Agencies Serving Persons Living with HIV/AIDS was published in the **Federal Register**, on July 14, 2005, Volume 70, Number 134, pages 40704-40708.

The notice is amended as follows:

On page 40704, First column, please change the LOI deadline date to: July 27, 2005. Please change the application deadline date to: August 11, 2005.

On page 40706, Third column, please change the LOI deadline date to: July 27, 2005. Please change the application deadline date to: August 11, 2005.

**William P. Nichols,**

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

[FR Doc. 05-14572 Filed 7-22-05; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### Rapid Expansion of Access to HIV/AIDS Prevention, Care and Treatment Interventions Among Rural and Other Underserved Populations in the Republic of Côte d'Ivoire

*Announcement Type:* New.

*Funding Opportunity Number:* CDC-RFA-AA057.

*Catalog of Federal Domestic Assistance Number:* 93.067.

*Key Dates:*

*Application Deadline:* August 18, 2005.

#### I. Funding Opportunity Description

*Authority:* This program is authorized under Sections 301(a) and 307 of the Public Health Service Act [42 U.S.C. Sections 241 and 242], as amended, and under Public Law 108-25 (United States Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003) [U.S.C. 7601].

*Background:* President Bush's Emergency Plan for AIDS Relief has

called for immediate, comprehensive and evidence-based action to turn the tide of global HIV/AIDS. The initiative aims to treat more than two million HIV-infected people with effective combination anti-retroviral therapy by 2008; care for ten million HIV-infected and affected persons, including those orphaned by HIV/AIDS, by 2008; and prevent seven million infections by 2010, with a focus on 15 priority countries, including 12 in sub-Saharan Africa. The five-year strategy for the Emergency Plan is available at the following Internet address: <http://www.state.gov/s/gac/rl/or/c11652.htm>.

Over the same time period, as part of a collective national response, the Emergency Plan goals specific to Côte d'Ivoire are to treat at least 77,000 HIV-infected individuals; care for 385,000 HIV-affected individuals, including orphans; and prevent 265,000 new HIV infections.

*Purpose:* The purpose of this funding announcement is to progressively build an indigenous, sustainable response to the national HIV epidemic through the rapid expansion of innovative, culturally appropriate, high-quality HIV/AIDS prevention and care interventions, and improved linkages to HIV counseling and testing and HIV treatment services targeting rural and other underserved populations in Côte d'Ivoire.

Under the leadership of the U.S. Global AIDS Coordinator, as part of the President's Emergency Plan, the U.S. Department of Health and Human Services (HHS) works with host countries and other key partners to assess the needs of each country and design a customized program of assistance that fits within the host nation's strategic plan.

HHS focuses on two or three major program areas in each country. Goals and priorities include the following:

- Achieving primary prevention of HIV infection through activities such as expanding confidential counseling and testing programs, building programs to reduce mother-to-child transmission, and strengthening programs to reduce transmission via blood transfusion and medical injections.

- Improving the care and treatment of HIV/AIDS, sexually transmitted diseases (STDs) and related opportunistic infections by improving STD management; enhancing care and treatment of opportunistic infections, including tuberculosis (TB); and initiating programs to provide anti-retroviral therapy (ART).

- Strengthening the capacity of countries to collect and use surveillance data and manage national HIV/AIDS