panel to conduct an updated evaluation of the potential reproductive and developmental toxicities of DEHP.

At the expert panel meeting, the expert panel will review and revise the draft expert panel report and reach conclusions regarding whether exposure to DEHP is a hazard to human reproduction or development. Each expert panel report has the following sections:

1.0 Chemistry, Use, and Human Exposure
2.0 General Toxicological and Biological Effects
3.0 Developmental Toxicity Data
4.0 Reproductive Toxicity Data
5.0 Summary, Conclusions, and Critical Data Needs (to be prepared at expert panel meeting)

Request for Comments

The CERHR invites written public comments on sections 1–4 of the draft expert panel report on DEHP. Any comments received will be posted on the CERHR Web site prior to the meeting and distributed to the expert panel and CERHR staff for their consideration in revising the draft report and preparing for the expert panel meeting. Persons submitting written comments are asked to include their name and contact information (affiliation, mailing address, telephone and facsimile numbers, e-mail, and sponsoring organization, if any) and send them to Dr. Shelby (see **ADDRESSES** above) for receipt by September 28, 2005.

Time is set-aside on October 10, 2005, for the presentation of oral public comments at the expert panel meeting. Seven minutes will be available for each speaker (one speaker per organization). When registering to comment orally, please provide your name, affiliation, mailing address, telephone and facsimile numbers, email and sponsoring organization (if any). If possible, also send a copy of the statement or talking points to Dr. Shelby by September 28, 2005. This statement will be provided to the expert panel to assist them in identifying issues for discussion and will be noted in the meeting record. Registration for presentation of oral comments will also be available at the meeting on October 10, 2005, from 7:30–8:30 AM. Those persons registering at the meeting are asked to bring 20 copies of their statement or talking points for distribution to the expert panel and for the record.

Preliminary Agenda

The meeting begins each day at 8:30 AM. On October 10 and 11, it is anticipated that a lunch break will occur from noon–1 p.m. and the meeting will adjourn at 5–6 p.m. The meeting is expected to adjourn by noon on October 12; however, adjournment may occur earlier or later depending upon the time needed by the expert panel to complete its work. Anticipated agenda topics for each day are listed below.

October 10, 2005

- Opening remarks
- Oral public comments (7 minutes per speaker; one representative per group)
- Review of sections 1–4 of the draft expert panel report on di (2-ethylhexyl)-phthalate
- Discussion of Section 5.0 Summary, Conclusions, and Critical Data Needs

October 11, 2005

- Discussion of Section 5.0 Summary, Conclusions, and Critical Data Needs
- Preparation of draft summaries and conclusion statements

October 12, 2005

- Presentation, discussion of, and agreement on summaries, conclusions, and data needs
- Closing comments

Expert Panel Roster

The CERHR expert panel is composed of independent scientists selected for their scientific expertise in reproductive and/or developmental toxicology and other areas of science relevant for this review.

Robert J. Kavlock, Ph.D., (Chair)—U.S. Environmental Protection Agency Research Triangle Park, NC
Dana Boyd Barr, Ph.D.—Centers for Disease Control & Prevention, Atlanta, GA
Kim Boekelheide, MD, Ph.D.—Brown University, Providence, RI
William J. Breslin, Ph.D.—Eli Lilly and Company, Greenfield, IN
Patrick N. Breysse, Ph.D.—The Johns Hopkins University, Baltimore, MD
Robert E. Chapin, Ph.D.—Pfizer Global Research & Development Groton, CT
Kevin Gaido, Ph.D.—CIIT Centers for Health Research, Research Triangle Park, NC
Ernest. Hodgson, Ph.D.—North Carolina State University, Raleigh, NC
Michele Marcus, Ph.D.—Emory University, Atlanta, GA
Katherine M. Shea, MD, MPH—Consultant, Chapel Hill, NC
Paige L. Williams, Ph.D.—Harvard School of Public Health, Boston, MA

Background Information on the CERHR

The NTP established the NTP CERHR in June 1998 [**Federal Register**, December 14, 1998 (Volume 63, Number 239, page 68782)]. The CERHR is a publicly accessible resource for information about adverse reproductive and/or developmental health effects associated with exposure to environmental and/or occupational exposures. Expert panels conduct scientific evaluations of agents selected by the CERHR in public forums.

The CERHR invites the nomination of agents for review or scientists for its expert registry. Information about CERHR and the nomination process can be obtained from its homepage (*http://cerhr.niehs.nih.gov*) or by contacting Dr. Shelby (see **ADDRESSES** above). The CERHR selects chemicals for evaluation based upon several factors including production volume, potential for human exposure from use and occurrence in the environment, extent public concern, and extent of data from reproductive and developmental toxicity studies.

CERHR follows a formal, multi-step process for review and evaluation of selected chemicals. The formal evaluation process was published in the **Federal Register** on July 16, 2001 (Volume 66, Number 136, pages 37047–37048) and is available on the CERHR web site under ''About CERHR'' or in printed copy from the CERHR.

Dated: July 22, 2005.

David A. Schwartz,

Director, National Institute of Environmental Health Sciences and the National Toxicology Program.

[FR Doc. 05–15080 Filed 7–28–05; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration on Aging

Agency Information Collection Activities; Proposed Collection; Comment Request; Fourth National Survey of Older Americans Act Title III Service Recipients

AGENCY: Administration on Aging, HHS.

ACTION: Notice.

SUMMARY: The Administration on Aging (AoA) is announcing an opportunity for public comment on the proposed collection of certain information by the agency. Under the Paperwork Reduction Act of 1995 (the PRA), Federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension of an existing collection of information, and to allow 60 days for public comment in response to the notice. This notice

solicits comments on the information collection requirements contained in the annual consumer assessment survey which is used by AoA to measure program performance for programs funded under Title III of the Older Americans Act.

DATES: Submit written or electronic comments on the collection of information by September 27, 2005.

ADDRESSES: Submit electronic comments on the collection of information to: *Cynthia.Bauer@aoa.gov.* Submit written comments on the collection of information to Administration on Aging, Washington, DC 20201.

FOR FURTHER INFORMATION CONTACT: Cynthia Agens Bauer on 202–357–0145.

SUPPLEMENTARY INFORMATION: Under the PRA (44 U.S.C. 3501–3520), Federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. ''Collection of information'' is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency request or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA (44 U.S.C. 3506(c)(2)(A)) requires Federal agencies to provide a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, AoA is publishing notice of the proposed collection of information set forth in this document. With respect to the following collection of information, AoA invites comments on: (1) Whether the proposed collection of information is necessary for the proper performance of AoA's functions, including whether the information will have practical utility; (2) the accuracy of AoA's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques when appropriate, and other forms of information technology.

Fourth National Survey of Older Americans Act Title III Service Recipients—NEW—This information collection, which builds on earlier national pilot studies and performance measurement tools developed by AoA grantees in the Performance Outcomes Measures Project (POMP), is a comprehensive recipient survey which will include consumer assessment modules for the Home-delivered Nutrition Program, Congregate Nutrition Program, Transportation Services, Homemaker Services and Chore Services. Recipients of services from the National Family Caregiver Support Program will also be surveyed. Copies of the POMP instruments can be located at *www.gpra.net.* This information will be used by AoA to track performance outcome measures; support budget requests; comply with Government Performance and Results Act (GPRA) reporting; provide information for OMB's Program Assessment Rating Tool (PART); provide national benchmark information for POMP grantees and inform program development and management initiatives. AoA estimates the burden of this collection of information as follows:

Respondents: Individuals.

Number of Respondents: 6,000.

Number of Responses per Respondent: One.

Average Burden per Response: 30 minutes.

Total Burden: 3,000 hours.

Dated: July 26, 2005.

Josefina G. Carbonell,

Assistant Secretary for Aging.

[FR Doc. 05–15037 Filed 7–28–05; 8:45 am]

BILLING CODE 4154–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Full-Access Home-Based Confidential Counseling and Testing Using Outreach Teams in One District in the Republic of Uganda

Announcement Type: New.

Funding Opportunity Number: AA009.

Catalog of Federal Domestic Assistance Number: 93.067.

Key Dates: Application Deadline: August 22, 2005.

I. Funding Opportunity Description

Authority: This program is authorized under Sections 307 and 317(k)(2) of the Public Health Service Act, [42 U.S.C. 242l(a) and 247b(k)(2)], as amended, and under Public Law 108–25 (United States Leadership Against HIV/AIDS, Tuberculosis and Malaria Act of 2003) [22 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.*

Purpose

The Centers for Disease Control and Prevention (CDC) within the U.S. Department of Health and Human Services (HHS) announces the availability of fiscal year (FY) 2005 funds for a cooperative agreement program for Full-Access Home-Based Confidential Counseling and Testing (HB—CT) by using outreach teams in one district in the Republic of Uganda.

The purpose of this funding announcement is to progressively build an indigenous, sustainable response to the national HIV epidemic in Uganda through the rapid expansion of innovative, culturally appropriate, high-quality HIV/AIDS prevention and care interventions.

Specifically, the winner of this announcement will develop a replicable model of rapid HB-CT to provide access for the entire population of a district to confidential HIV counseling and testing (CT) services within their residences. These services would include referral of those testing positive to sources of ongoing psycho-social support and basic preventative and palliative care. The provision of anti-retroviral therapy(ART) is not part of this program, although patients who qualify for ART under medical criteria may receive referrals to treatment sites as they become available.

The United States Government seeks to reduce the impact of HIV/AIDS in specific countries in sub-Saharan Africa, Asia and the Americas by working with governments 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. The President's Emergency Plan for AIDS Relief encompasses HIV/AIDS activities in more than 100 countries, and focuses on 15 countries, including Uganda, to develop comprehensive and integrated prevention, care and treatment programs.

Under the leadership of the U.S. Global AIDS Coordinator, as part of the