records should be addressed to the STAR Program Manager at the above address.

Contesting record procedures: GSA rules for access to systems of records, for contesting the contents of systems of records, and for appealing initial determinations are published in the **Federal Register**, 41 CFR part 105–64.

Record source categories: Information is obtained from individuals who are sole proprietor property owners or individuals who are designated to receive lease payments.

[FR Doc. 05–22460 Filed 11–9–05; 8:45 am]

BILLING CODE 6820–34–S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Announcement of Anticipated Availability of Funds for Family Planning Services Grants

AGENCY: Department of Health and Human Services, Office of the Secretary, Office of Public Health and Science, Office of Population Affairs.

ACTION: Notice; correction.

SUMMARY: The Office of Population Affairs, OPHS, HHS published a notice in the **Federal Register** of Friday, May 6, 2005, announcing the anticipated availability of funds for family planning services grants. This notice contained an error. An eligible State/Population/Area was not listed as available for competition in 2006. This Notice corrects the omission of the State of Nebraska State/Population/Area as competitive in 2006.

FOR FURTHER INFORMATION CONTACT: Susan B. Moskosky, 240–453–2818.

Correction

In the **Federal Register** of May 6, 2005, FR Doc. 05–9017, on page 24266, correct Table I to read:

TABLE I.

States/populations/areas to be served	Approximate funding available	Application due date	Approx. grant funding date
Region I: No service areas competitive in FY 2006			
Region II: No service areas competitive in FY 2006			
Region III:			
Delaware	$1,062,000	12/1/05	4/1/06
Pittsburgh, PA	3,743,000	3/1/06	7/1/06
Wilkes Barre, PA	1,588,000	3/1/06	7/1/06
Region IV:			
Alabama	4,768,000	3/1/06	7/1/06
Florida	8,638,000	3/1/06	7/1/06
Mississippi	5,009,000	3/1/06	7/1/06
North Carolina	6,483,000	3/1/06	7/1/06
Miami, Florida	544,000	6/1/06	9/30/06
Region V:			
Indiana	4,812,000	10/1/05	2/1/06
Minnesota	190,000	5/30/06	9/30/06
Ohio	4,632,000	11/1/05	3/1/06
Central Ohio	701,000	11/1/05	3/1/06
Ohio, Summit, Portage & Medina Cos.	782,000	3/1/06	7/1/06
Region VI:			
Oklahoma	3,681,000	8/1/05	12/1/05
Eastern Oklahoma, including the Choctaw Nation and the Osage Nation	475,000	8/1/05	12/1/05
Region VII:			
Missouri	4,876,000	12/1/05	4/1/06
Nebraska	1,782,000	3/1/06	7/1/06
Region VIII: No service areas competitive in FY–06.			
Region IX:			
Nevada, Clark County	923,000	9/1/05	1/1/06
California, East/Southeast Los Angeles	400,000	9/1/05	1/1/06
Hawaii	1,665,000	3/1/06	7/1/06
Federated States of Micronesia	411,000	3/1/06	7/1/06
Region X: No service areas competitive in FY 2006			

Dated: November 2, 2005.

Alma L. Golden,

Deputy Assistant Secretary for Population Affairs.

[FR Doc. 05–22455 Filed 11–9–05; 8:45 am]

BILLING CODE 4150–34–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60 Day–06–0587]

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 404–639–4766 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*.

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

Outcome Evaluation of CDC's Youth Media Campaign: Continuation of Follow-up Survey—Extension-0920–0587—National Center for Chronic Disease Prevention and Health Promotion (NCCHPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

In FY 2001, Congress established the Youth Media Campaign at the CDC. Specifically, the House Appropriations language said: ''The Committee believes that, if we are to have a positive impact on the future health of the American population, we must change the behaviors of our children and young adults by reaching them with important health messages.'' CDC, working in collaboration with federal partners, continuing to coordinate an effort to implement and evaluate a campaign designed to clearly communicate messages that will help youth develop habits that foster good health over a lifetime. The campaign has been based on principles that have been shown to enhance success, including: Designing messages based on research; testing messages with the intended audiences; involving young people in all aspects of campaign planning and implementation; enlisting the involvement and support of parents and other influencers; refining the messages based on research; and measuring the effect of the campaign on the target audiences.

To measure the effect of the campaign on the target audiences, CDC has conducted an annual survey for parent/tween dyads (Youth Media Campaign's Longitudinal Survey (YMCLS)) that assessed aspects of the knowledge, attitudes, beliefs, and levels of involvement in physical activities of tweens (children ages 9–13) and a parent or guardian. The baseline survey was conducted prior to the launch of the campaign from April 8, 2002, through June 21, 2002. Follow-up surveys were conducted in 2003, 2004, and 2005. The methodology was to use a panel design and to survey approximately 3000 dyads (3120 parents and 3120 tweens) from a nationally representative sample. Additionally, a survey of parent/tween dyads was conducted in six high-dose communities at baseline, 2003, 2004, and for a portion of the sample in 2005 (high-dose communities were those in which an intensive Youth Media Campaign was conducted). The survey was conducted using random digit dialing.

The next steps in the measurement of effects of the campaign were to collect follow-up data one year post baseline survey and two years post baseline survey. The same panel members (minus attrition) of approximately 6000 parent/tween dyads used in the baseline survey—the nationally representative sample and the six high-dose metropolitan areas—were re-contacted to complete a survey that was similar to that used at baseline. Items on campaign awareness were added to the survey to enable segmentation of the respondents by awareness of the campaign. The data collection was with a total of approximately 6000 parent/tween dyads in spring 2003 and 6000 parent/tween dyads in 2004. Due to lower than expected attrition rates, members of the national panel were re-contacted in 2005 to assess the continued impact of the campaign.

Due to the large number of parent/tween dyads in the sample, the proposed data collection seeks to add an observation five years after baseline for a longitudinal data set exploring physical activity behaviors for a cohort of tweens as they mature. There is no other nationally representative data set that provides longitudinal data on physical activity for youth in this age range. The same YMCLS will be used. Participants will be contacted by letter to tell them of our intent to re-contact them. The burden table reflects time for an anticipated 3,120 households (the number that completed the survey in 2002) to read the letter and to be re-screened by telephone. We anticipate 2,000 parent/tween dyads will complete the survey. The telephone survey will be conducted with the same parent/tween dyads as in the national sample in 2003. There are no costs to respondents other than their time to participate in the survey.

Estimated Annualized Burden:

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Response burden (in hours)
Parent	Intro Letter and Screening	3,120	1	3/60	156
	YMCLS Parent Interview	2,000	1	15/60	500
Tween	YMCLS Child Interview	2,000	1	15/60	500
Total					1,156

Dated: November 4, 2005.

Betsey S. Dunaway,

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

[FR Doc. 05–22440 Filed 11–9–05; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Vaccine Information Statements for Influenza Vaccines; Revised Instructions for Use of Vaccine Information Statements

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: Under the National Childhood Vaccine Injury Act (NCVIA) (42 U.S.C. 300aa-26), the CDC must develop vaccine information materials that all health care providers are required to give to patients/parents prior to administration of specific vaccines. On July 28, 2005, CDC published a notice in the **Federal Register** (70 FR 43694) seeking public comments on proposed new vaccine information materials for trivalent influenza vaccines and hepatitis A vaccines. The 60 day comment period ended on September 26, 2005. Following review of the comments submitted and consultation as required under the law, CDC has finalized the influenza vaccine information materials. The final influenza materials, and revised instructions for their use and for use of materials for other covered vaccines, are contained in this notice. The final hepatitis A vaccine information materials will be published later.

DATES: Beginning no later than January 1, 2006, each health care provider who administers any trivalent influenza vaccine to any child or adult in the United States shall provide copies of the relevant vaccine information materials contained in this notice, dated October 20, 2005, in conformance with the November 4, 2005 CDC Instructions for the Use of Vaccine Information Statements, also contained in this notice.

FOR FURTHER INFORMATION CONTACT: Stephen L. Cochi, M.D., M.P.H., Acting Director, National Immunization Program, Centers for Disease Control and Prevention, Mailstop E–05, 1600 Clifton Road, NE., Atlanta, Georgia 30333, telephone (404) 639–8200.

SUPPLEMENTARY INFORMATION: The National Childhood Vaccine Injury Act of 1986 (Pub. L. 99–660), as amended by section 708 of Public Law 103–183, added section 2126 to the Public Health Service Act. Section 2126, codified at 42 U.S.C. 300aa–26, requires the Secretary of Health and Human Services to develop and disseminate vaccine information materials for distribution by all health care providers in the United States to any patient (or to the parent or legal representative in the case of a child) receiving vaccines covered under the National Vaccine Injury Compensation Program.

Development and revision of the vaccine information materials, also known as Vaccine Information Statements (VIS), have been delegated by the Secretary to the Centers for Disease Control and Prevention (CDC). Section 2126 requires that the materials be developed, or revised, after notice to the public, with a 60-day comment period, and in consultation with the Advisory Commission on Childhood Vaccines, appropriate health care provider and parent organizations, and the Food and Drug Administration. The law also requires that the information contained in the materials be based on available data and information, be presented in understandable terms, and include:

(1) A concise description of the benefits of the vaccine,

(2) A concise description of the risks associated with the vaccine,

(3) A statement of the availability of the National Vaccine Injury Compensation Program, and

(4) Such other relevant information as may be determined by the Secretary.

The vaccines initially covered under the National Vaccine Injury Compensation Program were diphtheria, tetanus, pertussis, measles, mumps, rubella and poliomyelitis vaccines. Since April 15, 1992, any health care provider in the United States who intends to administer one of these covered vaccines is required to provide copies of the relevant vaccine information materials prior to administration of any of these vaccines. Since June 1, 1999, health care providers are also required to provide copies of vaccine information materials for the following vaccines that were added to the National Vaccine Injury Compensation Program: hepatitis B, haemophilus influenzae type b (Hib), and varicella (chickenpox) vaccines. In addition, use of vaccine information materials for pneumococcal conjugate vaccine has been required since December 15, 2002.

Instructions for use of the vaccine information materials and copies of the materials can be downloaded in PDF format from the CDC Web site at: *http://www.cdc.gov/nip/publications/VIS.* In addition, single camera-ready copies are available from State health departments. A list of State health department contacts for obtaining copies of these materials is included in a December 17, 1999 **Federal Register** notice (64 FR 70914).

New Vaccine Information Materials

Inactivated Influenza Vaccine Information Statement; Live, Intranasal Influenza Vaccine Information Statement; Hepatitis A Vaccine Information Statement

Following the addition of hepatitis A and trivalent influenza vaccines to the National Vaccine Injury Compensation Program, CDC, as required under 42 U.S.C. 300aa–26, proposed vaccine information materials covering those vaccines in a **Federal Register** notice published on July 28, 2005 (70 FR 43694). In order to have Influenza Vaccine Information Statements available for voluntary use in the current influenza vaccination season, the proposed influenza vaccine materials were also issued as interim VISs through that notice.

The new vaccine information materials referenced in this notice were developed in consultation with the Advisory Commission on Childhood Vaccines, the Food and Drug Administration, the American Academy of Family Physicians, American Academy of Pediatrics, American Medical Association, Emory Vaccine Research Center, Every Child By Two, Immunization Action Coalition and the National PTA. Also, CDC sought consultation with other organizations; however, those organizations did not provide comments.

Following consultation and review of comments submitted, the vaccine information materials covering trivalent influenza vaccines have been finalized and are contained in this notice. These Vaccine Information Statements, dated October 20, 2005, are entitled: ''Inactivated Influenza Vaccine: What You Need to Know'' and ''Live, Intranasal Influenza Vaccine: What You Need to Know.'' CDC has also revised the ''Instructions for the Use of Vaccine Information Statements.'' The vaccine information materials covering hepatitis A vaccine will be finalized and published at a later date.

With publication of this notice, as of January 1, 2006, all health care providers will be required to provide