electronically each every fiscal year at <a href="http://www.grants.gov">http://www.grants.gov</a>.

#### Joan E. Ohl,

Commissioner, Administration on Children, Youth and Families.

[FR Doc. 06–7364 Filed 8–30–06; 8:45 am]

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

## **Food and Drug Administration**

### Anti-Infective Drugs Advisory Committee Meeting; Amendment of Notice

**AGENCY:** Food and Drug Administration, HHS.

**ACTION:** Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing an amendment to the notice of a meeting of the Anti-Infective Drugs Advisory Committee. This meeting was announced in the Federal Register of July 25, 2006 (71 FR 42096). The amendment is being made to reflect a change in the Date and Time and Agenda portions of the document. The meeting scheduled for September 11, 2006, has been cancelled. There are no other changes.

## FOR FURTHER INFORMATION CONTACT:

Sohail Mosaddegh, Center for Drug Evaluation and Research (HFD–21), Food and Drug Administration, 5600 Fishers Lane (for express delivery, 5630 Fishers Lane, rm. 1093), Rockville, MD 20857, 301–827–7001, FAX: 301–827–6776, e-mail:

sohail.mosaddegh@fda.hhs.gov, or FDA Advisory Committee Information Line, 1–800–741–8138 (301–443–0572 in the Washington DC area), code 3014512530. Please call the Information Line for upto-date information on this meeting.

**SUPPLEMENTARY INFORMATION:** In the **Federal Register** of July 25, 2006 (71 FR 42096), FDA announced that a meeting of the Anti-Infective Drugs would be held on September 11 and 12, 2006. On page 42096, in the second column, the *Date and Time* portion of the meeting is amended to read as follows:

Date and Time: The meeting will held on September 12, 2006, from 8 a.m. to 5 p.m.

On page 42096, third column, the *Agenda* portion of the meeting is amended to read as follows:

*Agenda*: On September 12, 2006, the committee will discuss supplemental

new drug application (sNDA) 21–158/S–006, FACTIVE (gemifloxacin mesylate) Tablets, submitted by Oscient Pharmaceuticals Corp., for the proposed treatment of acute baterial sinusitis.

This notice is issued under the Federal Advisory Committee Act (5 U.S.C. app. 2) and 21 CFR part 14, relating to advisory committees.

Dated: August 25, 2006.

#### Randall W. Lutter.

Associate Commissioner for Policy and Planning.

[FR Doc. 06–7310 Filed 8–30–06; 8:45 am] BILLING CODE 4160–01–S

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

### **National Institutes of Health**

## Proposed Data Collection; Comment Request; California Health Interview Survey 2007

**SUMMARY:** 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, National Cancer Institute (NCI), the National Institute of Health (NIH) will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

The first California Health Interview Survey (CHIS) Cancer Control Module (CCM) took place in 2001 (2000 CHIS CCM, OMB No. 0925–0478, Federal Register, May 8, 2000, Vol. 65, No. 89, p. 26620). The second survey took place in 2003 (2003 CHIS CCM, OMB No. 0925–0518, Federal Register, October 3, 2002, Volume 67, No. 192, pp. 62067–62068) and the third in 2005 (2005 CHIS CCM, OMB No. 0925–0000, Federal Register, Vol. 69, No. 150, Aug. 5, 2004, pp. 47450–47451, and Federal Register, Vol. 70, No. 1, Jan. 3, 2005, pp. 93–94).

## **Proposed Collection**

Title: California Health Interview Survey (CHIS) 2007 Cancer Control Module (CCM). Type of Information Collection Request: New. Need and Use of Information Collection: The NCI has sponsored three Cancer Control Modules in the California Health Interview Survey (CHIS), and will be sponsoring a fourth to be administered in 2007.

The CHIS is a telephone survey designed to provide population-based,

standardized health-related data to assess California's progress in meeting Healthy People 2010 objectives for the nation and the state. The CHIS sample is designed to provide statistically reliable estimates statewide, for California counties, and for California's ethnically and racially diverse population. Initiated by the UCLA Center for Health Policy Research, the California Department of Health Services, and the California Public Health Institute, the survey is funded by a number of public and private sources. It was first administered in 2001 to 55,428 adults and subsequently in 2003 and 2005 to 42,043 and 43,020 adults respectively. These adults are a representative sample of California's non-institutionalized population living in households.

CHIS 2007, the fourth bi-annual survey, is planned for administration to 55,000 adult Californians. The cancer control module, which is similar to that administered in CHIS 2001, CHIS 2003, and CHIS 2005, will allow NCI to examine trends in breast cancer screening and diagnosis, as well as to study other cancer-related topics such as diet, physical activity, and obesity.

Because California is the most populous and the most racially and ethnically diverse state in the nation, the CHIS 2007 sample will yield adequate numbers of respondents in key ethnic and racial groups, including African Americans, Latinos, Asians, and American Indian/Alaska Natives. The Latino group will include large numbers of respondents in the Mexican, Central American, South American, and other Latino subgroups; the Asian group will include large numbers of respondents in the Chinese, Filipino, Japanese, Vietnamese, and Korean subgroups. NCI will compare the CHIS and National Health Interview Survey (NHIS) data in order to conduct comparative analyses and better estimate cancer risk factors and screening among racial/ethnic minority populations. The CHIS sample size also permits NCI to create estimates for ethnic subdomains of the population, for which NHIS has insufficient numbers for analysis.

Frequency of Response: One-time. Affected public: Individuals or households. Types of Respondents: U.S. adults (persons 18 years of age and older).

The annual reporting burden is as follows.