Technology (ASRT), Office of the Secretary, Department of Health and Human Services (HHS) request that the Office of Management and Budget (OMB) extend its existing approval under Clearance No. 0990–0220 for HHS to undertake voluntary surveys of HHS' partners in academia and industry (e.g., Principal Investigators, business offices, and vendors) through January 31, 2010. To comply with Executive Order 12862, Setting Customer Service Standards (the EO), HHS again plans to systematically survey its grant recipients and contractors to compile their evaluations of the Department's grants and procurement processes, and to improve the way we conduct business with them.

These voluntary surveys will continue to be a collaborative effort, with OAMP and OG providing leadership, oversight, and a methodology; and the HHS Operating Divisions (OPDIVs) conducting the surveys for their own operations. Each OPDIV will conduct web-based surveys of its partners to obtain feedback for improving business processes. The grant recipients and contractors to be surveyed are sufficiently familiar with the Department and its OPDIVs to make this feedback extremely useful. These surveys will give OAMP, OG, and each of the OPDIVs an opportunity to understand and evaluate grant and procurement quality standards, as well as to incorporate best industry or public sector standards into OPDIV practices.

Frequency: Reporting every 3 years.

Affected Public: Business or other for-profit, Not-for-profit institutions, Federal Government.

Annual Number of Respondents: 2133.

Total Annual Responses: 2133.

Average Burden per Response: 10.75 minutes.

Total Annual Hours: 382.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, e-mail your request, including your address, phone number, OMB number, and OS document identifier, to *Sherette.funncoleman@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 Resources and Technology, Office of Resources Management, *Attention:* Sherrette Funn-Coleman (0990–0220), Room 537–H, 200 Independence Avenue, SW., Washington, DC 20201.

Dated: January 23, 2007.

Alice Bettencourt,

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

[FR Doc. E7–1464 Filed 1–30–07; 8:45 am]

BILLING CODE 4151–17–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–07–07AL]

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 404–639–5960 and send comments to Joan Karr, CDC Acting 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

Evaluation of the Successful Business Strategies to Prevent Heart Disease and Stroke Toolkit—NEW—Division for Heart Disease and Stroke Prevention (DHDSP), National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Under Part C (Centers for Disease Control and Prevention) of the Statement of Organization Functions, and Delegations of Authority of the Department of Health and Human Services (45 FR 67772–76, dated October 14, 1980, and corrected at 45 FR 69296, October 20, 1980, as amended most recently at 70 FR 72842–72843, dated December 7, 2005), the Division for Heart Disease and Stroke Prevention, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention was established. This Division plans, directs, and coordinates programs to reduce morbidity, risk factors, costs, disability, mortality, and disparities associated with heart disease, stroke, and other cardiovascular disease outcomes. Under this Division, formative research was conducted to identify effective interventions and promising practices for preventing heart disease and stroke at the work site. In 2005, this research resulted in the development of a Successful Business Strategies to Prevent Heart Disease and Stroke Toolkit. The toolkit provides state programs with suggestions about which health benefits, services, and interventions can improve employee cardiovascular health, prevent heart disease and stroke, and reduce related costs. The second phase of this project focuses on disseminating and evaluating the Successful Business Strategies to Prevent Heart Disease and Stroke Toolkit.

As part of the Toolkit evaluation, the CDC has employed contractor support to design and conduct a Web-based survey of State Health Departments to gather information on their experiences with the Toolkit. The contractor will collect and analyze all data from this survey. The CDC has also contracted to make revisions to the Toolkit based on results of this survey, ongoing feedback from the States, and feedback from employers through interviews.

There are no costs to respondents except their time to complete the survey.

ESTIMATED ANNUALIZED BURDEN HOURS

Form	Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)	Total burden (in hours)
Web-based survey on CVH Toolkit ..	State Heart Disease and Stroke Programs.	51	1	0.5	25.5

Dated: January 25, 2007.

Joan F. Karr,

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

[FR Doc. E7–1489 Filed 1–30–07; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP): Cooperative Agreement for Enhancing Public Health Practice Related to Birth Defects and Developmental Disabilities, Request for Application (RFA) DD07–002 and Cooperative Agreement for a National Research and Training Organization for People With Developmental and Other Disabilities, RFA DD07–003

In accordance with Section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease Control and Prevention (CDC) announces the following meeting of the aforementioned SEP:

Time and Date: 1 p.m.–4 p.m., March 19, 2007 (Closed).

Place: Teleconference.

Status: The meeting will be closed to the public in accordance with provisions set forth in Section 552b(c) (4) and (6), Title 5 U.S.C., and the Determination of the Director, Management Analysis and Services Office, CDC, pursuant to Public Law 92–463.

Matters to Be Discussed: The meeting will include the review, discussion, and evaluation of applications received in response to RFA DD07–002, ''Cooperative Agreement for Enhancing Public Health Practice Related to Birth Defects and Developmental Disabilities,'' and RFA DD07–003, ''Cooperative Agreement for a National Research and Training Organization for People with Developmental and other Disabilities.''

Contact Person for More Information: Juliana Cyril, PhD, Associate Director for Policy and Peer Review, Centers for Disease Control and Prevention, 1600 Clifton Road, NE., Mailstop D72, Atlanta, GA 30333, Telephone 404.639.4639.

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 Agency for Toxic Substances and Disease Registry.

Elaine L. Baker,

Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. E7–1501 Filed 1–30–07; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

National Task Force on Fetal Alcohol Syndrome and Fetal Alcohol Effect (NTFFASFAE): Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease Control and Prevention (CDC) announces the following meeting of the aforementioned Federal advisory committee.

Times and Dates: 8:30 a.m.–4:30 p.m., February 28, 2007. 8:30 a.m.–1 p.m., March 1, 2007.

Place: SpringHill Suites Atlanta Buckhead, 3459 Buckhead Loop, NE., Atlanta, Georgia 30326, telephone 404/844–4800, fax 404/844–4801.

Status: Open to the public, limited only by the space available. The meeting room accommodates approximately 80 people.

Purpose: The Secretary is authorized by the Public Health Service Act, Section 399G, (42 U.S.C. 280f, as added by Pub. L. 105–392) to establish a National Task Force on Fetal Alcohol Syndrome and Fetal Alcohol Effect to: (1) foster coordination among all governmental agencies, academic bodies and community groups that conduct or support Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Effect (FAE) research, programs and surveillance; and (2) to otherwise meet the general needs of populations actually or potentially impacted by FAS and FAE.

Matters to Be Discussed: Agenda items include: Presentation of draft report on evidence-based fetal alcohol spectrum disorders (FASD) community-based prevention strategies with deliberations by the Task Force; presentation on U.S. Preventive Services Task Force report on alcohol use screening and behavioral counseling interventions; report on work of Post-exposure working group regarding recommendations for future directions in FASD policy and research; updates from the Interagency Coordinating Committee on FAS, the CDC and other Federal agencies, and liaison representatives; and scheduling of the next meeting.

Agenda items are subject to change as priorities dictate.

For Further Information Contact: Mary Kate Weber, M.P.H., Designated Federal Official, National Center on Birth Defects and Developmental Disabilities, CDC, 1600 Clifton Road, NE., (E–86), Atlanta, Georgia 30333, telephone 404/498–3926, fax 404/498–3550.

The Acting 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 the CDC and ATSDR.

Elaine L. Baker,

Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. E7–1493 Filed 1–30–07; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Advisory Committee on Immunization Practices: Meeting

Correction: This notice was published in the **Federal Register** on December 8, 2006, Volume 71, Number 236, page 71175–71176. The matters to be discussed have changed.

Matters To Be Discussed: The agenda will include discussions on influenza vaccine; immunization safety; update on use of rotavirus vaccine; update on use of HPV vaccine; update on use of herpes zoster (shingles) vaccine; vaccine supply; Japanese encephalitis and other flavivirus vaccines (e.g., yellow fever vaccine); diphtheria, tetanus, pertussis, polio, Haemophilus B [Hib] combination vaccine (Pentacel®); evidence-based recommendations; and agency updates. Vaccine for Children votes will be on hepatitis A post exposure prophylaxis, influenza and Pentacel. Agenda items are subject to change as priorities dictate.