John Teeter,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Meeting of the Presidential Advisory Council on HIV/AIDS

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

ACTION: Notice.

SUMMARY: As stipulated by the Federal Advisory Committee Act, the U.S. Department of Health and Human Services (DHHS) is hereby giving notice that the Presidential Advisory Council on HIV/AIDS (PACHA) will hold a meeting. The meeting will be open to the public.

DATES: The meeting will be held Tuesday, March 25, 2008 and Wednesday, March 26, 2008. The meeting will be held from 9 a.m. to approximately 5 p.m. on both days. ADDRESSES: Department of Health and Human Services, Room 800, Hubert H. Humphrey Building; 200 Independence

Avenue, SW., Washington, DC 20201.

FOR FURTHER INFORMATION CONTACT: Ms. Nancy Barnes, Committee Manager, Presidential Advisory Council on HIV/AIDS, Department of Health and Human Services, 200 Independence Avenue, SW., Room 727G, Hubert H. Humphrey Building, Washington, DC 20201; (202) 205–2311. More detailed information about PACHA can be obtained by accessing the Council's Web site at http://www.Pacha.gov.

SUPPLEMENTARY INFORMATION: PACHA was established by Executive Order 12963, dated June 14, 1995, as amended by Executive Order 13009, dated June 14, 1996. The Council was established to provide advice, information, and recommendations to the Secretary regarding programs and policies intended to (a) promote effective prevention of HIV disease, (b) advance research on HIV and AIDS, and (c) promote quality services to persons living with HIV disease and AIDS. PACHA was established to serve solely as an advisory body to the Secretary of Health and Human Services. The Council is composed of not more than 21 members. Council membership is selected by the Secretary from individuals who are considered authorities with particular expertise in, or knowledge of, matters concerning HIV and AIDS.

The agenda for this Council meeting is being developed. The meeting agenda will be posted on the Council's Web site when it is drafted.

Public attendance at the meeting is limited to space available. Individuals must provide a photo ID for entry into the meeting. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the designated contact person. Pre-registration for public attendance is advisable and can be accomplished online by accessing the PACHA Web site, http://www.Pacha.gov.

Members of the public will have the opportunity to provide comments at the meeting. Pre-registration is required for public comment. any individual who wishes to participate in the public comment session must register online at http://www.Pacha.gov; registration for pubic comment will not be accepted by telephone. Public comment will be limited to three minutes per speaker. Any members of the public who wish to have printed material distributed to PACHA members for discussion at the meeting should submit, at a minimum, one copy of the materials to the Committee Manager, PACHA no later than close of business on March 21. 2008. Contact information for the PACHA Committee Manager is listed

Dated: February 21, 2008.

Mary (Marty) McGeein,

Executive Director, Presidential Advisory Council on HIV/AIDS.

[FR Doc. 08–884 Filed 2–27–08; 8:45 am]

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Indian Health Service

Division of Epidemiology and Disease Prevention; Urban Indian Communities

Announcement Type: Competitive. Funding Announcement: HHS-IHS-2008-EPI-0001.

Catalog of Federal Domestic Assistance Number: 93.231.

Key Dates:

Application Deadline Date: April 4, 2008

Review Date: April 11, 2008. Anticipated Start Date: May 1, 2008.

I. Funding Opportunity

The Department of Health and Human Services (HHS) Indian Health Service (IHS) announces competitive cooperative agreement applications are now being accepted by the Division of Epidemiology and Disease Prevention (DEDP) to establish a Tribal Epidemiology Center (TEC) for American Indians/Alaska Natives (AI/AN) and urban Indian organizations in California. This program is authorized under Snyder Act, 25 U.S.C. 13, and 25 U.S.C. 1621m of the Indian Health Care Improvement Act. This announcement limits competition to all eligible entities within the California Area. To obtain details regarding eligibility, please refer to Section III below.

The purpose of this cooperative agreement is to fund an organization that will provide epidemiological support and development for the AI/AN population in the state of California through the augmentation of existing programs with expertise in epidemiology and a history of regional administrative support. It is the intent of IHS to have a TEC in all of the 12 IHS Administrative Areas. This announcement seeks to establish a TEC in the California Area which will meet the aforementioned intent of IHS.

The TEC will be acting under a cooperative agreement with the IHS to operate the TEC within the California Area. In the conduct of this activity, the TEC may receive Protected Health Information (PHI) for the purpose of preventing or controlling disease, injury or disability, including, but not limited to, the reporting of disease, injury, vital events such as birth or death and the conduct of public health surveillance, public health investigation, and public health interventions for Tribal communities that they serve. Further, the IHS considers this to be a public health activity for which disclosure of PHI covered entities is authorized by 45 CFR 164.512(b) of the Privacy Rule.

Epidemiology activities will include, but are not limited to, enhancement of surveillance for disease condition; epidemiologic analysis; interpretation, and dissemination of surveillance data; investigation of disease outbreaks; development and implementation of epidemiologic studies; development and implementation of disease control and prevention programs; and coordination of activities of other public health authorities in the region. The proposed activities are intended to benefit, as much as possible, the entire AI/AN population in California.

To achieve the purpose of this cooperative agreement, the recipient will be responsible for the activities under item number 1. Recipient Activities and IHS will be responsible for conducting activities under item 2. IHS Activities.

1. Recipient Activities: