EXHIBIT 1.—ESTIMATED ANNUALIZED BURDEN HOURS

Data collection instrument	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
Pre-Training Infection Prevention and Safety Assessment	34	20	30/60	340
Post-Training Infection Prevention and Safety Assessment	136	5.75	45/60	587
Baseline Infection Rate Summary	34	1	30/60	17
Follow-up Infection Rate Summary	136	1	40/60	91
Infection Prevention and Patient Safety Activity Catalogue	136	1	1.00	136
Training Evaluation	34	25	10/60	141
Total	136	na	na	1,312

EXHIBIT 2.—ESTIMATED ANNUALIZED COST BURDEN

Data collection instrument	Number of respondents (hours)	Total burden rate*	Average hourly wage burden	Total cost
Pre-Training Infection Prevention and Safety Assessment	34	340	$41.75	$14,195
Post-Training Infection Prevention and Safety Assessment	136	587	41.75	24,507
Baseline Infection Rate Summary	34	17	28.99	493
Follow-up Infection Rate Summary	136	91	28.99	2,638
Infection Prevention and Patient Safety Activity Catalogue	136	136	39.02	5,307
Training Evaluation	34	141	49.04	6,915
Total	136	1,312	na	54,055

*Based on the planned respondents, the average hourly rates are the average of the mean hourly wage estimates for the following occupational groups: epidemiologists, healthcare support aides, medical and health services managers, pharmacists, physicians, physician assistants, registered nurses, and respiratory therapists. The wage estimates are derived from the National Occupational Employment and Wage Estimates, Bureau of Labor Statistics, May 2006.

Estimated Annual Costs to the Federal Government

This data collection effort is one aspect of a larger effort focused on reducing healthcare associated infections, The cost of developing the data collection instruments by a one-time statistical support task order is $25,000. The costs of implementing the data collection instruments and analyzing and publishing the results are $108,650 annually. Finally, the estimated costs for federal staff time for supporting the common data collection efforts are $24,000 annually. Thus, the estimated annual cost to the federal government is $145,150.

Request for Comments

In accordance with the above-cited Paperwork Reduction Act legislation, comments on AHRQ's information collection are requested with regard to any of the following: (a) Whether the proposed collection of information is necessary for the proper performance of AHRQ health care research, quality improvement and information dissemination functions, including whether the information will have practical utility; (b) the accuracy of AHRQ's estimate of burden (including hours and costs) of the proposed collection(s) 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 upon the respondents, including the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and included in the Agency's subsequent request for OMB approval of the proposed information collection. All comments will become a matter of public record.

Dated: May 30, 2008.

Carolyn M. Clancy,

Director.

[FR Doc. E8–12768 Filed 6–9–08; 8:45 am]

BILLING CODE 4160–90–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Disease, Disability, and Injury Prevention and Control Special Emphasis Panel: Establishment of a Community-Clinical Project 2008–R–09

Correction: This notice was published in the **Federal Register** on April 21, 2008, Volume 73, Number 77, page 21355. The aforementioned meeting has been rescheduled to the following:

Time and Date: 1 p.m.—3 p.m., June 10, 2008 (Closed).

Contact Person for More Information: Linda Shelton, Program Specialist, Coordinating Center for Health and Information Service, Office of the Director, CDC, 1600 Clifton Road NE., Mailstop E21, Atlanta, GA 30333. Telephone (404) 498–1194.

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.

Dated: June 3, 2008.

Elaine L. Baker,

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

[FR Doc. E8–12958 Filed 6–9–08; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Ethics Subcommittee, Advisory Committee to the Director, Centers for Disease Control and Prevention (CDC)

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), CDC, announces the

following meeting for the aforementioned Subcommittee:

Times and Dates: 1 p.m.–6 p.m., June 26, 2008. 8 a.m.–12 p.m., June 27, 2008.

Place: CDC, Thomas R. Harkin Global Communication Center, 1600 Clifton Road, Atlanta, GA 30333.

Status: Open to the public, limited only by the space available. The meeting room accommodates approximately 70 people. To accommodate public participation in the meeting, a conference telephone line will be available. The public is welcome to participate during the public comment periods by calling (866) 919–3560 and entering code 4168828. The public comment periods are tentatively scheduled for 5:30 p.m.–5:45 p.m. on June 26, and from 11:15 a.m.–11:30 a.m. on June 27. For security reasons, members of the public interested in attending the meeting should contact the person below. The deadline for notification of attendance is June 20, 2007.

Purpose: The Ethics Subcommittee will provide counsel to the ACD, CDC, regarding a broad range of public health ethics questions and issues arising from programs, scientists and practitioners.

Matters to Be Discussed: Agenda items will include the following topics: priorities of the Advisory Committee to the Director, ethical guidance for ventilator distribution, ethical guidance for use of traveler restrictions, ethical guidance for public health emergency preparedness and response, and updates on activities relating to CDC partnerships, genomics, and shared responsibility for stockpiling antiviral medications.

Agenda items are subject to change as priorities dictate.

For Further Information Contact: Drue Barrett, PhD, Designated Federal Official, Ethics Subcommittee, CDC, 1600 Clifton Road, NE., M/S D–50, Atlanta, Georgia 30333. Telephone (404)639–4690. E-mail: *dbarrett@cdc.gov*.

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 the CDC and the Agency for Toxic Substances and Disease Registry.

Dated: May 30, 2008.

Elaine L. Baker,

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

[FR Doc. E8–12960 Filed 6–9–08; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

Food Protection Task Force Conference

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing the availability of conference grant funding for meetings of State Food Protection Task Forces. The original announcement of availability of funding for State Food Safety Task Force Meetings, published in the **Federal Register** June 25, 2004 (69 FR 35651) and February 4, 2005 (70 FR 6015) as revised on May 3, 2005 (70 FR 22889). This revised announcement provides for a change in the name of the grant program to align with the FDA Food Protection Plan and new policies that apply to the State Food Protection Task Force Meetings conference Grant Program. FDA anticipates providing approximately $160,000 in direct costs only in support of this program in fiscal year (FY) 2008. It is anticipated that 32 awards will be made for up to $5,000 per award.

FOR FURTHER INFORMATION CONTACT:

Regarding the administrative and financial management aspects of this notice: Gladys M. Bohler, Grants Management Specialist at 301–827–7168 or by e-mail at *gladys.melendez-bohler@fda.hhs.gov*

Regarding the programmatic aspects of this notice: Jennifer Gabb, (DFSR), Office of Regulatory Affairs, FDA at 301–827–2899, e-mail: *jennifer.gabb@fda.hhs.gov* or access the Internet at: *http://www.fda.gov/ora/fedlstate/default.htm*.

Announcement Type: New limited competition Request for Applications (RFA) (R13)

Request for Application Number: RFA-FD–08–06

Catalog of Federal Domestic Assistance Number(s): 93.103

Dates: The application receipt date is July 15, 2008.

Paper Applications will not be accepted. Applications may be submitted on or after the opening date and must be successfully received by *Grants.gov* no later than 5 p.m. local time (of the applicant institution/organization) on the application submission/receipt date(s). If an application is not submitted by the receipt date(s) and time, the application may be delayed in the review process or not reviewed.

The required application, SF 424 (5161) can be completed and submitted online. The package should be labeled, ''Response to RFA FD–08–006.'' If you experience technical difficulties with your online submission you should contact Gladys M. Bohler by telephone at 301–827–7168 or by e-mail at *gladys.melendez-bohler@fda.hhs.gov.*

Please visit *Grants.gov* to view the full version of this Request for Applications. A full version of the RFA can also be found on the Grants.gov Web site along with the application package. FDA urges applicants to read the full version RFA in its entirety prior to submitting application packets. A publishing of this announcement in the **Federal Register** a copy of the full version RFA can also be requested from the ORA and Grants Management contacts listed in the following paragraphs.

Funding Opportunity Description

I. Background

The FDA's Office of Regulatory Affairs (ORA) is the inspection component of the FDA and has 1,000 investigators and inspectors who cover the approximately 95,000 FDA regulated businesses in the United States and inspect more than 15,000 facilities a year. In addition to the standard inspection program, FDA's investigators and inspectors conduct special investigations, food inspection recall audits, and perform consumer complaint inspections and sample collections.

In the past, FDA has relied on the States in assisting with the previous duties through formal contracts, partnership agreements, and other informal arrangements. The inspection demands on both the Agency and the States are expected to increase. Accordingly, procedures need to be reviewed and innovative changes made that will increase effectiveness, efficiency, and conserve resources. Examples of support include providing effective and efficient compliance of regulated products and, providing high quality, science based work that maximizes consumer protection.

II. Research Objectives

FDA views State based Food Protection Task Forces as an important mechanism for providing food safety and food defense program coordination, and information exchange within each State (''Food'' includes human food and animal feed and is defined in section 201 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321 (f))). This grant announcement is intended to encourage the development of a Task Force within each State and to provide funding for Task Force meetings. Conference grant funding is available to States that have an existing Food Safety and Food Defense Task Force, as well as to States that are in the process of developing a new Food Protection Task Force. State Food Protection Task Force meetings should foster communication and cooperation among State, local, and