shortfall and the anticipated or taken actions to bring the obligations in line with the authorized funding level, or request supplemental funds.

(c) New Budget Period Program Proposed Activity Objectives:

List new proposed objectives for the upcoming budget period. These proposed objectives must support the intent of the original program announcement. Each objective shall be time-phased, measurable, and have a performance or outcome measure by which the success of the objectives can be assessed. For each objective, list proposed activities that will be implemented to accomplish the objective. Provide a timeline for objective accomplishment. If there is a redirection of activities, the grantee shall identify, justify and explain the methodology for the implementation of the redirection. The detailed line-item budget to support this proposed new budget period program activity, as requested in the Solicitation of Non-Competing Continuation Notification letter, shall be attached to the interim progress report.

(3) Final Financial Status Report and Final Progress Report due no more than 90 days after the end of the project period.

These reports must be mailed to the Grants Management or Contract Specialist listed in the ''Agency Contacts'' section of this announcement.

B. Regional TB Training and Medical Consultation Centers

(1) Additional supporting documentation: As part of the annual TB Cooperative Agreement progress report (in a separate section), the grantee will be required to provide additional RTMCC supporting documentation in the following areas:

(a) List of regional training courses and medical consultation provided during the year.

(b) Evaluation data—Reports should include measuring appropriate process indicators (*e.g.*, trainee demographics, quality of training, distribution of products, Web use), immediate training outcomes (*e.g.*, changes in knowledge, attitudes, and skills) and where possible, long-range impact (*e.g.*, changes in provider practice behavior, changes in service delivery).

(c) Resource allocation—amount of human resource time (percent) and dollar expenditure for training, education, and medical and technical consultation activity should be provided. In addition, resource allocation for printing, travel, consultation services, and supplies should be provided. Breakdown of each RTMCC employee's percent effort on varied RTMCC activities.

(d) Summary of product distribution (including Web trends for Web-based products) and other evaluation data.

(e) Status of stated objectives.

(f) Strategies for marketing training, educational materials, and medical consultation services.

(g) Status of regional needs assessment for training and education and medical consultation including timelines for implementation of plans.

(h) Results of evaluations conducted on center activities.

(i) Listing of RTMCC activities not funded by CDC, and RTMCC employee efforts on such activities.

(2) Annual Progress Report: Refer to the Annual Progress Report section above, for reporting requirements.

(3) Interim Progress Report/Non-Competing Continuation Application: Refer to the Interim Progress Report/ Non-Competing Continuation Application section above, for reporting requirements.

C. TB Public Health Laboratory

(1) Annual Progress Report: Refer to the Annual Progress Report section above, for reporting requirements.

(2) Interim Progress Report/Non-Competing Continuation Application: Refer to the Interim Progress Report/ Non-Competing Continuation Application section above, for reporting requirements.

**VII. Agency Contacts**

For general questions about this announcement, contact:

Technical Information Management Section, CDC Procurement and Grants Office, 2920 Brandywine Road, Atlanta, GA 30341. Telephone: 770–488–2700.

For program technical assistance, contact: Zachary Taylor, MD, MS, Project Officer, Division of Tuberculosis Elimination, Centers for Disease Control and Prevention, 1600 Clifton Rd., NE., Atlanta, GA 30333. Telephone: 404–639–8126, e-mail: *ZTaylor@cdc.gov.*

For financial, grants management, or budget assistance, contact: Jesse Robertson, Grants Management Specialist, CDC Procurement and Grants Office, 2920 Brandywine Road, Atlanta, GA 30341. Telephone: 770–488–2747, e-mail: *JRobertson@cdc.gov.*

Dated: May 21, 2004.

**William P. Nichols,**

*Acting Director, Procurement and Grants Office, Centers for Disease Control and Prevention.*

[FR Doc. 04–11999 Filed 5–26–04; 8:45 am]

**BILLING CODE 4163–18–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

### Guide to Community Preventive Services (GCPS) Task Force

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:

**NAME:** Task Force on Community Preventive Services.

**TIMES AND DATES:** 8 a.m.–6:15 p.m., June 9, 2004. 8 a.m.–12:30 p.m., June 10, 2004.

**PLACE:** The Crowne Plaza Ravinia, 4355 Ashford Dunwoody Road, Atlanta, Georgia 30346–1521, telephone (770) 395–7700.

**STATUS:** Open to the public, limited only by the space available.

**PURPOSE:** The mission of the Task Force is to develop and publish a Guide to Community Preventive Services, which is based on the best available scientific evidence and current expertise regarding essential public health services and what works in the delivery of those services.

**MATTERS TO BE DISCUSSED:** Agenda items include: briefings on administrative information, options for handling insufficient evidence, and dissemination of Community Guide findings. The Task Force will also consider reviews of evidence and possible recommendations on school-based interventions for violence prevention, reducing structural barriers to cancer screening, folic acid fortification and supplementation, partner counseling and referral services for HIV prevention, and environmental and policy approaches to promoting physical activity.

Agenda items are subject to change as priorities dictate.

**CONTACT PERSON OR ADDITIONAL INFORMATION:** Peter Briss, M.D., M.P.H., Chief, Community Guide Branch, Division of Prevention Research and Analytic Methods, Epidemiology Program Office, CDC, 1600 Clifton Road, M/S E–90, Atlanta, Georgia, telephone (404) 498–6180.

Persons interested in reserving a space for this meeting should call (770) 498–6180 by close of business on June 7, 2004.

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: May 21, 2004.

**Joseph E. Salter,**

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

[FR Doc. 04–12000 Filed 5–26–04; 8:45 am]

**BILLING CODE 4163–18–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Food and Drug Administration

**[Docket No. 2003N–0575]**

### Agency Information Collection Activities; Submission for Office of Management and Budget Review; Comment Request; 2004 National Tracking Survey of Prescription Drug Information

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

**ACTION:** Notice.

**SUMMARY:** The Food and Drug Administration (FDA) is announcing that a proposed collection of information has been submitted to the Office of Management and Budget (OMB) for review and clearance under the Paperwork Reduction Act of 1995.

**DATES:** Fax written comments on the collection of information by June 28, 2004.

**ADDRESSES:** OMB is still experiencing significant delays in the regular mail, including first class and express mail, and messenger deliveries are not being accepted. To ensure that comments on the information collection are received, OMB recommends that written comments be faxed to the Office of Information and Regulatory Affairs, OMB, Attn: Fumie Yokota, Desk Officer for FDA, FAX: 202–395–6974.

**FOR FURTHER INFORMATION CONTACT:** Karen Nelson, Office of Management Programs (HFA–250), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301–827–1482.

**SUPPLEMENTARY INFORMATION:** In compliance with 44 U.S.C. 3507, FDA has submitted the following proposed collection of information to OMB for review and clearance.

**2004 National Tracking Survey of Prescription Drug Information—(OMB Control Number 0910–0279)—Extension**

*2004 National Tracking Survey of Prescription Drug Information Provided to Patients*

FDA implements the provisions of the Federal Food, Drug, and Cosmetic Act (the act) designed to assure the adequate labeling of prescription (Rx) drugs. Under section 502(a) of the act (21 U.S.C. 352(a)), a drug product is misbranded if its labeling is false or misleading in any particular, and under section 201(n) of the act (21 U.S.C. 321(n)), a drug's labeling is misleading if its labeling or advertising fails to reveal material facts. FDA also has the authority to collect this information under Title VI of Public Law 104–180 (Related Agencies and Food and Drug Administration) section 601 (Effective Medication Guides), which directs the development of ''a mechanism to assess periodically * * * the frequency with which the [oral and written prescription] information is provided to consumers.''

To assure that Rx drugs are not misbranded, FDA has historically asserted that adequate labeling requires certain information be provided to patients. In 1982, when FDA revoked a planned initiative to require mandatory patient package inserts for all Rx drugs in favor of private sector initiatives, the agency indicated that it will periodically conduct surveys to evaluate the availability of adequate patient information on a nationwide basis. In addition, FDA has been responsible for setting and tracking Healthy People 2010 goals for the receipt of medication information by patients.

Surveys of consumers about their receipt of Rx drug information were carried out in 1992, 1994, 1996, 1998, and 2001. This notice is in regard to conducting the survey in 2004.

The survey is conducted by telephone on a national random sample of adults who received a new prescription for themselves or a household member within the past 4 weeks. The interview assesses the extent to which information was received from the doctor, the pharmacist, and other sources. Survey respondents are also asked attitudinal questions, and demographic and other background characteristics are obtained. The survey enables FDA to determine the frequency with which such information is provided to consumers. Without this information, the agency would be unable to assess the degree to which adequate oral patient information about Rx drugs is provided.

Respondents to this collection of information are adults (18 years or older) in the continental United States who have obtained a new (non-refill) prescription at a pharmacy for themselves or a member of their household in the last 4 weeks.

FDA estimates the burden of this collection of information as follows:

TABLE 1.—ESTIMATED ANNUAL REPORTING BURDEN[1]

| Year | No. of Respondents | Annual Frequency per Response | Total Annual Responses | Hours per Response | Total Hours |
|---|---|---|---|---|---|
| Screener | | | | | |
| 2004 | 15,319 | 1 | 15,319 | .02 | 306 |
| Survey | | | | | |
| 2004 | 1,000 | 1 | 1,000 | .32 | 320 |

[1] There are no capital costs or operating and maintenance costs associated with this collection of information.

This total estimate of 626 total annual burden hours is based on the 2001 survey administration, in which 15,319 potential respondents were contacted to obtain 1,000 interviews.

In the **Federal Register** of January 27, 2004 (69 FR 3921), FDA published a 60-day notice requesting public comment on the information collection provisions. One comment was received.

The comment was received from the National Council on Patient Information and Education, which is a consortium of organizations, public agencies, and consumer groups seeking to promote