

the NTP BSC (see **FOR FURTHER INFORMATION CONTACT** above) by November 17, 2006, to enable review by the NTP BSC and NIEHS/NTP staff prior to the meeting. Written statements can supplement and may expand the oral presentation. If registering on-site and reading from written text, please bring 40 copies of the statement for distribution to the NTP BSC and NIEHS/NTP staff and to supplement the record.

Written comments received in response to this notice will be posted on the NTP Web site. Persons submitting written comments should include their name, affiliation, mailing address, phone, fax, e-mail, and sponsoring organization (if any) with the document.

#### **Background Information on the NTP Board of Scientific Counselors**

The NTP BSC is a technical advisory body comprised of scientists from the public and private sectors who provide primary scientific oversight to the overall program and its centers. Specifically, the NTP BSC advises the NTP on matters of scientific program content, both present and future, and conducts periodic review of the program for the purposes of determining and advising on the scientific merit of its activities and their overall scientific quality. Its members are selected from recognized authorities knowledgeable in fields such as toxicology, pharmacology, pathology, biochemistry, epidemiology, risk assessment, carcinogenesis, mutagenesis, molecular biology, behavioral toxicology and neurotoxicology, immunotoxicology, reproductive toxicology or teratology, and biostatistics. Members serve overlapping terms of up to four years. NTP BSC meetings are held annually or biannually.

Dated: October 13, 2006.

**Samuel A. Wilson,**

*Deputy Director, National Institute of Environmental Health Sciences and National Toxicology Program.*

[FR Doc. E6-17711 Filed 10-20-06; 8:45 am]

**BILLING CODE 4140-01-P**

#### **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

##### **Centers for Disease Control and Prevention**

##### **Healthcare Infection Control Practices Advisory Committee (HICPAC): 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.

*Name:* Healthcare Infection Control Practices Advisory Committee (HICPAC).

*Times And Dates:* 8:30 a.m.–5 p.m., November 13, 2006; 8:30 a.m.–4 p.m., November 14, 2006.

*Place:* CDC Roybal Campus, Bldg 19, Auditorium B3, 1600 Clifton Road, Atlanta, GA 30333.

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

*Purpose:* The Committee is charged with providing advice and guidance to the Secretary, the Assistant Secretary for Health, the Director, CDC, and the Director, National Center for Infectious Diseases (NCID), regarding (1) the practice of hospital infection control; (2) strategies for surveillance, prevention, and control of infections (e.g., nosocomial infections), antimicrobial resistance, and related events in settings where healthcare is provided; and (3) periodic updating of guidelines and other policy statements regarding prevention of healthcare-associated infections and healthcare-related conditions.

*Matters To Be Discussed:* Agenda items will include: Issues related to public reporting of healthcare-associated infection rates; Infection control for multi-drug resistant organisms; and, topics related to future guidelines.

Agenda items are subject to change as priorities dictate.

*Contact Person For More Information:* Harriette Lynch, Committee Management Specialist, HICPAC, Division of Healthcare Quality Promotion, NCID, CDC, 1600 Clifton Road, NE., M/S A-07, Atlanta, Georgia 30333, telephone 404/639-4035.

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 Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Dated: October 16, 2006.

**Alvin Hall,**

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

[FR Doc. E6-17660 Filed 10-20-06; 8:45 am]

**BILLING CODE 4163-18-P**

#### **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

##### **Centers for Disease Control and Prevention**

##### **Advisory Council for the Elimination of Tuberculosis**

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 council meeting:

*Name:* Advisory Council for the Elimination of Tuberculosis (ACET).

*Times and Dates:* 8:30 a.m.–5 p.m., December 5, 2006; 8:30 a.m.–12 p.m., December 6, 2006.

*Place:* Corporate Square, Building 8, 1st Floor Conference Room, Atlanta, Georgia 30333.

*Status:* Open to the public, limited only by the space available. The meeting room accommodates approximately 100 people.

*Purpose:* This council advises and makes recommendations to the Secretary of Health and Human Services, the Assistant Secretary for Health, and the Director, CDC, regarding the elimination of tuberculosis (TB). Specifically, the Council makes recommendations regarding policies, strategies, objectives, and priorities; addresses the development and application of new technologies; and reviews the extent to which progress has been made toward eliminating TB.

*Matters to be Discussed:* Agenda items include issues pertaining to Emerging Global issues in TB Surveillance and Control; XDR-TB: Implications for TB control in the U.S.; TB among Foreign-born and other related tuberculosis issues.

Agenda items are subject to change as priorities dictate.

*Contact Person for More Information:* Loretta Coleman-Johnson, National Center for HIV, STD, and TB Prevention, 1600 Clifton Road, NE., M/S E-10, Atlanta, Georgia 30333, Telephone 404/639-8120.

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: October 16, 2006.

**Alvin Hall,**

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

[FR Doc. E6-17652 Filed 10-20-06; 8:45 am]

**BILLING CODE 4163-18-P**

#### **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

##### **Health Resources and Services Administration**

##### **Agency Information Collection Activities: Submission for OMB Review; Comment Request**

Periodically, the Health Resources and Services Administration (HRSA)

publishes abstracts of information collection requests under review by the Office of Management and Budget (OMB), in compliance with the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35). To request a copy of the clearance requests submitted to OMB for review, call the HRSA Reports Clearance Office on (301)–443–1129.

The following request has been submitted to the Office of Management and Budget for review under the Paperwork Reduction Act of 1995:

**Proposed Project: Ryan White CARE Act Title I Minority AIDS Initiative (MAI) Report: NEW (Title I MAI Report)**

The HRSA HIV/AIDS Bureau (HAB) administers the Title I CARE Act Program (codified under Title XXVI of the Public Health Service Act). The Title I Minority AIDS Initiative (MAI) supplement is a component of the CARE Act Title I Program to “address substantial need for care and support services for minority populations in eligible metropolitan areas (EMA).” The overall goal of the MAI is to improve HIV/AIDS-related health outcomes for communities of color by allowing

communities to: (1) Expand local service capacity primarily through community-based organizations serving racial and ethnic minorities; (2) improve service delivery; and (3) support the development of new and innovative programs designed to reduce HIV/AIDS-related health disparities.

The Title I MAI Report is designed to collect performance data from Title I MAI grantees, and has the following two components: (1) The Title I MAI Plan (Plan) and (2) the Title I MAI Year-End Annual Report (Report). The Plan and Report components will be linked to minimize the reporting burden, and designed to include check box responses, fields for reporting budget, expenditure and client data, and open-ended text boxes for describing client or service-level outcomes. Together, they will collect information from grantees on MAI-funded services, the number and demographics of clients served, and client-level outcomes. This information is needed to monitor and assess: (1) Increases and changes in the type and amount of HIV/AIDS health care and related services being provided to each disproportionately impacted community

of color; (2) increases in the number of persons receiving HIV/AIDS services within each racial and ethnic community; and (3) the impact of Title I MAI-funded services in terms of client-level and service-level health outcomes. This information also will be used to plan new technical assistance and capacity development activities, and inform the HRSA HIV/AIDS Bureau (HAB) policy and program management functions.

The Title I MAI Report form and instructions will be available for all grantees to download from the HRSA/HAB Web site. All grantees will submit completed data forms through a link on the HRSA/HAB Web site. Grantees may submit a hard copy form to the HRSA Call Center. The Title I MAI Report will be designed to include check box responses, numeric responses, and open-ended questions. All Title I grantees receiving MAI funds from HAB will be required to submit their service providers' data in an aggregate form by service category utilizing one Title I MAI Report.

The estimated response burden for grantees is as follows:

Form	Estimated number of respondents	Responses per respondent	Hours per response	Total burden hours
Title I MAI Report .....	51	2	6	612

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to: John Kraemer, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: October 16, 2006.

**Cheryl R. Dammons,**

*Director, Division of Policy Review and Coordination.*

[FR Doc. E6–17667 Filed 10–20–06; 8:45 am]

**BILLING CODE 4165–15–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

[CFDA Number 93.224]

#### Amendment to a Notice of Availability of Funds for the Service Area Competition Funding for the Consolidated Health Center Program

**AGENCY:** Health Resources and Services Administration, HHS.

**ACTION:** Amendment to a notice of availability of funds.

**SUMMARY:** Funding opportunities for the Service Area Competition (SAC) funding for the Consolidated Health Center Program were published on grants.gov on August 10, 2006 (HRSA Announcement Numbers 07–008, 07–111, and 07–112). Appendix D of the SAC program guidance (HRSA–07–008) is amended to remove the opportunity in Pierre, South Dakota, with a project period end date of February 28, 2007. Prior to the end of the project period and subsequent projected competition

for that service area, the grant was relinquished to another neighboring organization. This is now part of the service area for another grantee in Pierre, South Dakota. The competitive application for that opportunity will now be due December 15, 2006, under HRSA 07–112.

**FOR FURTHER INFORMATION CONTACT:** Judy Rodgers, Bureau of Primary Health Care, Health Resources and Services Administration; [jrodders@hrsa.gov](mailto:jrodders@hrsa.gov).

**SUPPLEMENTARY INFORMATION:** The fiscal year 2007 application instructions and application guidance for Service Area Competition Funding for the Health Center Program is available on the HRSA Web site: <http://www.bphc.hrsa.gov/pinspals/>, <http://www.hrsa.gov/grants> or on Grants.gov.

Dated: October 15, 2006.

**Elizabeth M. Duke,**  
*Administrator.*

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