

Dated: September 27, 2005.

Betsey Dunaway,

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

[FR Doc. 05-19681 Filed 9-30-05; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Funding Opportunity Number AA113; Rural HIV/AIDS Prevention Project; Notice of Intent To Fund Single Eligibility Award

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 2005 funds for a cooperative agreement to assist rural HIV prevention program providers in developing and delivering HIV prevention programs by (1) identifying effective HIV prevention programs and innovative materials and (2) disseminating this information to rural HIV prevention providers. The Catalog of Federal Domestic Assistance number for this program is 93.939.

B. Eligible Applicant

Assistance will be provided only to the Rural Center for AIDS/STD Prevention/Indiana University (IU). No other applicants are solicited. The Rural Center for AIDS/STD Prevention (IU) is the appropriate and only qualified agency to provide the services specified under this cooperative agreement because:

- The Rural Center is the only such organization that solely focuses on HIV/STD prevention for all rural communities in the country. The Rural Center has been emphasizing HIV/STD prevention in rural communities for over ten years. The Rural Center has developed relationships with HIV prevention providers in rural communities, earning their trust and willingness to share information about their activities.

- An extensive internet search of organizations providing HIV prevention services to rural communities throughout the U.S., as described in this program announcement, did not identify any other comparable organizations.

- The Rural Center is widely recognized as a valuable resource for rural HIV/STD prevention specialists; its Web site receives over 30,000 "hits" per month. The Rural Center disseminates HIV/STD prevention

information and research findings through various professional trainings and prevention guidelines development.

- The Rural Center has established the National Network of Rural HIV/STD Prevention Specialists. This network of over 800 members provides a forum (e.g. e-mail listserv) for rural HIV/STD prevention specialists to discuss prevention-related issues for rural communities, to exchange information, and to offer support. This network forms the basis for communication with rural HIV prevention programs. Other organizations serving rural communities are state or regionally based.

- The Rural Center distributes monthly STD/HIV prevention updates via e-mail and fax to several hundred rural HIV/STD prevention specialists throughout the country.

- The Rural Center has a collaborative working relationship with the National Rural Health Association (NRHA) and conducts national conferences every two years for rural HIV/STD prevention specialists. The goal of the conferences is to present model rural HIV/STD prevention programs and emphasize information exchange and lessons learned. The Rural Center complements the activities of NRHA because NRHA does not provide specific HIV/AIDS-related services.

C. Funding

Approximately \$245,471 is available in FY 2005 to fund this award February 1, 2006 and will be made for a 12-month budget period within a project period of up to five years. Funding estimates may change.

D. Where To Obtain Additional Information

For general comments or questions about this announcement, contact: Technical Information Management Section, CDC Procurement and Grants Office, 2920 Brandywine Road, Atlanta, GA 30341-4146. Telephone: 770-488-2700.

For technical questions about this program, contact: Bob Kohmescher, Project Officer, Centers for Disease Control and Prevention, 1600 Clifton Rd (MS E35), Atlanta, GA 30333. Telephone: 404-639-1914. E-mail: rnk1@cdc.gov.

Dated: September 26, 2005.

William P. Nichols,

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

[FR Doc. 05-19692 Filed 9-30-05; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Request for Application (RFA) AA211]

Support for Programs Designed To Reduce the Impact of HIV in Southern Sudan, Under the President's Emergency Plan for AIDS Relief; Notice of Availability of Funds—Amendment

A notice announcing the availability of Fiscal Year (FY) 2006 funds for a cooperative agreement for Support for Programs Designed to Reduce the Impact of HIV in Southern Sudan under the President's Emergency Plan for AIDS Relief, was published in the **Federal Register**, September 7, 2005, Volume 70, Number 172, pages 53216-53224. This notice is amended as follows:

- Page 53216, Application deadline: delete September 29, 2005 and replace with October 17, 2005

- Page 53221, Application deadline date: delete September 29, 2005 and replace with October 17, 2005

Dated: September 26, 2005.

William P. Nichols,

Director, Procurement and Grants Office, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Final Effect of Designation of a Class of Employees for Addition to the Special Exposure Cohort

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: The Department of Health and Human Services (HHS) gives notice concerning the final effect of the HHS decision to designate a class of employees at the Iowa Army Ammunition Plant (IAAP), in Burlington, Iowa as an addition to the Special Exposure Cohort (SEC) under the Energy Employees Occupational Illness Compensation Program Act of 2000. On August 25, 2005, as provided for under 42 U.S.C. 7384q(b), the Secretary of HHS designated the

following class of employees as an addition to the SEC:

Department of Energy (DOE) employees or DOE contractor or subcontractor employees who worked as radiographers from May 1948 to March 1949 in support of Line 1 operations at the Iowa Army Ammunition Plant and who were employed for a number of work days aggregating at least 250 work days, occurring under this employment in combination with work days of employment occurring within the parameters (excluding aggregate work day requirements) established for other classes of employees included in the SEC.

This designation became effective on September 24, 2005, as provided for under 42 U.S.C. 7384l(14)(C). Hence, beginning on September 24, 2005, members of this class of employees, defined as reported in this notice, became members of the Special Exposure Cohort.

FOR FURTHER INFORMATION CONTACT:

Larry Elliott, Director, Office of Compensation Analysis and Support, National Institute for Occupational Safety and Health, 4676 Columbia Parkway, MS C-46, Cincinnati, OH 45226, Telephone 513-533-6800 (this is not a toll-free number). Information requests can also be submitted by e-mail to OCAS@CDC.GOV.

Dated: September 26, 2005.

John Howard,

Director, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention.

[FR Doc. 05-19673 Filed 9-30-05; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Final Effect of Designation of a Class of Employees for Addition to the Special Exposure Cohort

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: The Department of Health and Human Services (HHS) gives notice concerning the final effect of the HHS decision to designate a class of employees at the Y-12 facility, in Oak Ridge, Tennessee as an addition to the Special Exposure Cohort (SEC) under the Energy Employees Occupational Illness Compensation Program Act of 2000. On August 25, 2005, as provided for under 42 U.S.C. 7384q(b), the Secretary of HHS designated the

following class of employees as an addition to the SEC:

Department of Energy (DOE) employees or DOE contractor or subcontractor employees who worked in uranium enrichment operations or other radiological activities at the Y-12 facility in Oak Ridge, Tennessee from March 1943 through December 1947 and who were employed for a number of work days aggregating at least 250 work days, either solely under this employment or in combination with work days of employment occurring within the parameters (excluding aggregate work day requirements) established for other classes of employees included in the SEC.

This designation became effective on September 24, 2005, as provided for under 42 U.S.C. 7384l(14)(C). Hence, beginning on September 24, 2005, members of this class of employees, defined as reported in this notice, became members of the Special Exposure Cohort.

FOR FURTHER INFORMATION CONTACT:

Larry Elliott, Director, Office of Compensation Analysis and Support, National Institute for Occupational Safety and Health, 4676 Columbia Parkway, MS C-46, Cincinnati, OH 45226, Telephone 513-533-6800 (this is not a toll-free number). Information requests can also be submitted by e-mail to OCAS@CDC.GOV.

Dated: September 26, 2005.

John Howard,

Director, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

Privacy Act of 1974; Report of a New System of Records

AGENCY: Department of Health and Human Services (HHS), Center for Medicare & Medicaid Services (CMS).

ACTION: Notice of a New System of Records (SOR).

SUMMARY: In accordance with the requirements of the Privacy Act of 1974, we are proposing to create a new system titled, "Cancer Prevention and Treatment Demonstration for Ethnic and Racial Minorities (CPTD) System, System No. 09-70-0560." Section 122 of the Medicare, Medicaid, and State Children's Health Insurance Program (CHIP) Benefits Improvement and Protection Act of 2000 (BIPA) (Public Law (Pub. L.) 106-554) grants CMS the

authority to award at least nine cooperative agreement demonstration projects that will identify methods to reduce disparities in early cancer screening, diagnosis, and treatment for Black, Hispanic, Asian American and Pacific Islander, and American Indian (including Alaskan Native, Eskimo, and Aleut) Medicare beneficiary populations. Demonstration sites will use the best available scientific evidence to identify promising models of cancer screening, diagnosis and treatment interventions to promote health and appropriate utilization of Medicare covered services, eliminate disparities in cancer detection and treatment among ethnic and racial populations of Medicare beneficiaries, and provide information to improve the effectiveness of the Medicare program.

The purpose of this system is to collect and maintain demographic and cancer health-related data on Medicare target population beneficiaries who voluntarily enroll in the CPTD Project for Ethnic and Racial Minorities. This system will enable CMS to enroll eligible participants in the demonstration project; randomize participants into intervention and control groups; reimburse demonstration site service claims; and develop, maintain and analyze/evaluate research information showing the potential impact of providing cancer screening, diagnosis and treatment facilitation services to underserved Medicare beneficiaries. Information retrieved from this system may be disclosed to: (1) Support regulatory, reimbursement, and policy functions performed within the agency or by a contractor, grantee, consultant or other legal agent; (2) assist another Federal or state agency with information to enable such agency to administer a Federal health benefits program, or to enable such agency to fulfill a requirement of Federal statute or regulation that implements a health benefits program funded in whole or in part with Federal funds; (3) assist an individual or organization engaged in the performance activities of the demonstration or in a research project or in support of an evaluation project related to the prevention of disease or disability, the restoration or maintenance of health, or payment related projects; (4) support constituent requests made to a congressional representative; (5) support litigation involving the agency; and (6) combat fraud and abuse in certain health benefits programs. We have provided background information about the new system in the **SUPPLEMENTARY**