contributing to foodborne illness in institutional foodservice establishments, restaurants, and retail food stores: food from unsafe sources; inadequate cooking; improper holding temperature; contaminated equipment; and poor personal hygiene.

DATES: Limited paper copies of the 2004 Report will be available beginning September 30, 2004.

ADDRESSES: Submit written requests for single copies of the 2004 Report to Lakesha Abbey, Center for Food Safety and Applied Nutrition (HFS–625), Food and Drug Administration, 5100 Paint Branch Pkwy., College Park, MD 20740. Send one self-addressed adhesive label to assist that office in processing your request. See the **SUPPLEMENTARY INFORMATION** section for electronic access to the 2004 Report.

FOR FURTHER INFORMATION CONTACT: Lakesha Abbey, Center for Food Safety and Applied Nutrition (HFS–625), Food and Drug Administration, 5100 Paint Branch Pkwy., College Park, MD 20740, 301–436–2440, FAX: 301–436–2672, e-mail: *Labbey@cfsan.fda.gov*.

SUPPLEMENTARY INFORMATION:

I. Background

FDA is announcing the availability of the 2004 Report. The 2004 Report is the subject of a public meeting (via satellite downlink) which will be held on Wednesday, October 13, 2004, from 1 p.m. to 3 p.m., eastern standard time. Elsewhere in this issue of the **Federal Register**, FDA is announcing the satellite downlink public meeting. The 2004 Report summarizes results from a data collection conducted in 2003 on risk factors which have been identified as contributing to foodborne illness in institutional foodservice establishments, restaurants, and retail food stores; food from unsafe sources; inadequate cooking; improper holding temperature; contaminated equipment; and poor personal hygiene. A previous report presented data from a 1998 data collection on the same risk factors in institutional food-service establishments, restaurants, and retail food stores.

The two reports are FDA's response to a 1996 report entitled ''Reinventing Food Regulations'' issued under the National Performance Review, which concluded that foodborne illness caused by harmful bacteria and other pathogenic microorganisms in meat, poultry, seafood, dairy products, and a host of other foods is a significant public health problem in the United States. This 1996 report required Federal agencies to develop performance plans that included measurable goals and performance indicators which resulted in the study being reported.

In order to assess information associated with the occurrence of foodborne outbreaks and improve risk assessment capabilities, the level at which risky practices and behaviors occur had to be identified first. The 1998 data collection established a national baseline on the occurrence of foodborne disease risk factors within the retail segment of the food industry. The risk factors identified by the Centers for Disease Control and Prevention as contributing to foodborne illness that are being tracked are as follows: Food from unsafe sources, inadequate cooking, improper holding temperature, contaminated equipment, and poor personal hygiene.

The purpose of the 2004 Report is to present the second set of data from the 2003 data collection on risk factors in institutional foodservice establishments, restaurants, and retail food stores.

The 2004 Report is most useful when read and the data interpreted, as a separate stand alone report. As such, the 2004 report makes no attempt to draw comparisons between the results of the 1998 and 2003 data collections. Additional data are needed before any meaningful assessments of trends can be made for each of the facility types.

The results contained in the 2004 Report provide insight into the effectiveness of current industry management systems and food safety regulatory programs in controlling foodborne illness risk factors in retail and foodservice operations.

The data from the 1998 study, this project, and future studies planned for 2008 are expected to provide input into the Healthy People 2010's Food Safety Objective 10.6. This objective is designed to improve food preparation practices and food employee behaviors at institutional food-service establishments, restaurants, and retail food stores. Healthy People 2010 is a national health promotion and disease prevention initiative with the objective to improve the health of all Americans.

II. Electronic Access

The 2004 Report is available electronically on FDA's Web site at *http://www.cfsan.fda.gov/~dms/retrsk2.html*.

III. Satellite Downlink to Discuss the Report's Results

A satellite downlink public meeting will be held October 13, 2004, from 1 p.m. to 3 p.m., eastern standard time to discuss results in the report. The satellite broadcast can be received at any place that has access to a steerable C-band satellite dish. Satellite coordinates with instructions on how to downlink will be posted on FDA's Web site at *http://www.fda.gov/cdrh/ocer/dcm/html/program_calendar.html* beginning September 15, 2004.

Dated: September 16, 2004.

Jeffrey Shuren,

Assistant Commissioner for Policy.

[FR Doc. 04–21315 Filed 9–17–04; 4:06 pm]

BILLING CODE 4160–01–S

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: Progress Reports for Continuation Training Grants (OMB No. 0915–0061)—Extension

The HRSA Progress Reports for Continuation Training Grants are used for the preparation and submission of continuation applications for Titles VII and VIII health professions and nursing education and training programs. The Uniform Progress Report measures grantee success in meeting (1) the objectives of the grant project and (2) the cross-cutting outcomes developed for the Bureau's education and training programs. The progress report is designed to collect information to determine whether sufficient progress has been made on the approved project objectives, as grantees must demonstrate satisfactory progress to warrant continuation of funding. Information is also collected on activities specific to a given program as well as data on overall project performance related to the Bureau of Health Profession's strategic goals, objectives, outcomes and indicators. Progress will be measured based on the objectives of the grant project and outcome measures and

indicators developed by the Bureau to meet requirements of the Government Performance and Results Act (GPRA).

Estimates of annualized reporting burden are as follows:

Type of respondent	Number of respondents	Responses per respondent	Total responses	Minutes per response	Total burden hours
Grantees	1,550	1	1,550	21.5	33,325

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

Dated: September 15, 2004.

Tina M. Cheatham,

Director, Division of Policy Review and Coordination.

[FR Doc. 04–21221 Filed 9–21–04; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

[CFDA #93.926]

Maternal and Child Health Federal Set-Aside Program; Healthy Start Initiative, Closing the Health Gap Initiative on Infant Mortality: African American-Focused Risk Reduction

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice of grant award.

SUMMARY: The Maternal and Child Health Bureau (MCHB), Health Resources and Services Administration (HRSA), awarded four cooperative agreements of $562,500 each, (for a total of $2.25 million) in fiscal year (FY) 2004, to four States: Illinois, Michigan, Mississippi, and South Carolina. The grants support the creation of evidence-based interventions and strategies to lower infant mortality among African Americans. The award was made from funds appropriated under Public Law 108–199 (Consolidated Appropriations Act, 2004). As part of HHS's overall appropriation, monies have been designated to support the Closing the Health Gap on Infant Mortality Initiative, under HRSA Guidance HRSA–04–097. The African American Initiative, to reduce low birthweight and SDS, was developed jointly by HRSA and the Acting Assistant Secretary for Health to address health disparities in States experiencing the highest mortality rates for African Americans.

Limited Competition Justification: The HRSA is providing Federal funds to lower infant mortality among African Americans in these four States based on their high rates of African American infant mortality; significant number of births to African Americans; their rank among the top States for highest percentage of African American births that are low birth weight (LBW); and their disproportionately high percentage of Sudden Infant Death Syndrome (SIDS) deaths among African Americans.

The funds are awarded to these four States so that they may work within a community that is committed to bring evidence-based practices to bear on the problem of high African American infant mortality rates caused by preterm birth (PTB), LBW, and SIDS. The cooperative agreements support strategies in each State that are culturally competent, represent a partnership between the State Title V agency and the local community; build on existing HHS or other funded programs; and employ one or more science-based approaches to African American infant mortality risk reduction. These agreements will also support the projects' evaluation of their progress according to specific goals and objectives.

Other Award Information: The Catalog of Federal Domestic assistance number is 93.926; HRSA Activity Code U–19.

FOR FURTHER INFORMATION CONTACT: Maribeth Badura, M.S.N., R.N., Division of Perinatal Systems and Women's Health, Maternal and Child Health Bureau, HRSA, 5600 Fishers Lane, Room 10–C–16, Rockville, MD 20857, (301) 443–0543.

Dated: September 15, 2004.

Elizabeth M. Duke,

Administrator.

[FR Doc. 04–21222 Filed 9–21–04; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

National Vaccine Injury Compensation Program; List of Petitions Received

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice.

SUMMARY: The Health Resources and Services Administration (HRSA) is publishing this notice of petitions received under the National Vaccine Injury Compensation Program (''the Program''), as required by Section 2112(b)(2) of the Public Health Service (PHS) Act, as amended. While the Secretary of Health and Human Services is named as the respondent in all proceedings brought by the filing of petitions for compensation under the Program, the United States Court of Federal Claims is charged by statute with responsibility for considering and acting upon the petitions.

FOR FURTHER INFORMATION CONTACT: For information about requirements for filing petitions, and the Program in general, contact the Clerk, United States Court of Federal Claims, 717 Madison Place, NW., Washington, DC 20005, (202) 219–9657. For information on HRSA's role in the Program, contact Joyce Somsak, Acting Director, Division of Vaccine Injury Compensation Program, Special Programs Bureau, Health Resources and Services Administration, 5600 Fishers Lane, Room 16C–17, Rockville, MD 20857; telephone number (301) 443–6593.

SUPPLEMENTARY INFORMATION: The Program provides a system of no-fault compensation for certain individuals who have been injured by specified childhood vaccines. Subtitle 2 of Title XXI of the PHS Act, 42 U.S.C. 300aa–10 *et seq.,* provides that those seeking compensation are to file a petition with the U.S. Court of Federal Claims and to serve a copy of the petition on the Secretary of Health and Human Services, who is named as the respondent in each proceeding. The Secretary has delegated his