

which were packaged, labeled, and released for shipment prior to the effective date of the cancellation action. The cancellation order issued in this notice includes the following existing stocks provisions.

This notice announces EPA's order to cancel the final sulfluramid MUP registration, which is identified in Table 1 of this notice. Since DuPont (the only seller) has no existing stocks, EPA is not allowing any further sale or distribution of the MUP. However, this request does not cancel the remaining end-use sulfluramid products (the remaining registered use is for termite control) currently registered in the U.S. End-use registrants may continue to reformulate any existing stocks of the MUP currently in their possession until December 31, 2012.

List of Subjects

Environmental protection, Pesticides and pests.

Dated: May 7, 2008.

Steven Bradbury,

Director, Special Review and Reregistration Division, Office of Pesticide Programs.

[FR Doc. E8-10919 Filed 5-15-08; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier: OS-0990-New; 30-day notice]

Agency Information Collection Request. 30-Day Public Comment Request

AGENCY: Office of the Secretary, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed collection for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, e-mail your request, including your address, phone number, OMB number, and OS document identifier, to

Sherette.funncoleman@hhs.gov, or call the Reports Clearance Office on (202) 690-5683. Written comments and recommendations for the proposed information collections must be received within 30 days of this notice directly to the OS OMB Desk Officer all comments must be faxed to OMB at 202-395-6974.

Proposed Project: Evaluation of Healthy People 2010 Users—New—Office of the Assistant Secretary for Planning and Evaluation (ASPE)).

Abstract: Office of the Assistant Secretary for Planning and Evaluation

(ASPE), Office of Disease Prevention and Health Promotion (ODPHP) is seeking OMB approval to conduct a short survey using a self-administered questionnaire of state, local, and tribal health organizations. The survey will be administered through mail and respondents will have the option to complete the survey as a web-based electronic survey. *Healthy People 2010 (HP2010)* is an important Federal initiative that establishes national health promotion and disease prevention goals. *HP2010* represents the third of a series of publications by HHS that specifies ten-year health objectives for the nation. Its overarching goals are to increase the quality and years of healthy life and eliminate health disparities.

HP2010 consists of 28 primary focus areas and 467 measurable health objectives designed to identify the most significant preventable threats to health and to establish public health priorities. The central theme of *HP2010* focuses on the role of communities and community partnerships in promoting healthy living in the U.S. *HP2010* is a powerful force in the effort to promote health and prevent disease in the U.S. The agenda reflects extensive consultation with over 350 national organizations, 250 state agencies, health experts, and the public.

HHS is eager to document the utilization of *HP2010*, and to seek input from key users on how the next iteration of the initiative, *Healthy People 2020*, could be improved to encourage greater involvement. This study will identify examples of effective strategies and approaches to using *HP2010*, and, where possible, the short-term results of those efforts.

ESTIMATED ANNUALIZED BURDEN TABLE

Type of respondent	Number of respondents	Number of responses per respondent	Average burden per response (in hrs)	Total burden hours
State Healthy People Coordinators (Frame A)	51	1	15/60	13
State Chronic Disease Program Directors (Frame A)	51	1	15/60	13
Local Health Organizations (Frame B)	300	1	15/60	75
Tribal Health Organizations (Frame C)	100	1	15/60	25
Total				126

Terry Nicolosi,

Office of the Secretary, Paperwork Reduction Act Reports Clearance Officer.

[FR Doc. E8-11031 Filed 5-15-08; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier: OS-0990-0281]

Agency Information Collection Request; 60-Day Public Comment Request

AGENCY: Office of the Secretary, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed information collection request for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect

of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, e-mail your request, including your address, phone number,

OMB number, and OS document identifier, to Sherette.funncoleman@hhs.gov, or call the Reports Clearance Office on (202) 690-6162. Written comments and recommendations for the proposed information collections must be directed to the OS Paperwork Clearance Officer at the above e-mail address within 60 days.

Proposed Project: Prevention Communication Formative Research—Revision—OMB No. 0990-0281—Office of Disease Prevention and Health Promotion.

Abstract: The information collected will be used as formative research to develop messages and materials, in support of development of disease

prevention and health promotion information, including the Physical Activity and Dietary Guidelines for Americans. It is necessary to obtain consumer input to better understand the informative needs, attitudes, and beliefs of the audience in order to tailor messages, as well as to assist with clarity, understandability, and acceptance of prototyped messages, materials, and online tools. This generic clearance request describes data collection activities involving a limited set of consumer interviews, focus groups, Web concept testing, message testing, and usability testing. Frequency, reporting and on occasion. The program is requesting a three year clearance.

ESTIMATED ANNUALIZED BURDEN TABLE

Data collection task	Instrument/form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total response burden
In depth interviews (Limited Literacy Consumers).	Screenener	133	1	10/60	22
	Interview	33	1	1.5	50
	Confidentiality Agreement	33	1	5/60	3
In depth Interviews (Health Intermediaries).	Screenener	75	1	10/60	13
	Interview	25	1	1.5	38
	Confidentiality Agreement	25	1	5/60	2
In depth Interviews (Public Health Professionals).	Screenener	50	1	10/60	8
	Interview	25	1	1.5	38
	Confidentiality Agreement	25	1	5/60	2
In person Focus Groups (35)—Limited Literacy Consumers.	Screenener	372	1	10/60	62
	Focus Group	93	1	2	186
	Confidentiality Agreement	93	1	5/60	8
In Person Focus Groups (20)—Health Intermediaries.	Screenener	159	1	10/60	27
	Focus Group	53	1	2	106
	Confidentiality Agreement	53	1	5/60	4
In person Focus Groups (15)—Public Health Professionals.	Screenener	80	1	10/60	13
	Focus Group	40	1	2	80
	Confidentiality Agreement	40	1	5/60	3
Usability and other testing of prototype materials (print and Web).	Screenener	400	1	10/60	68
	Usability Test	100	1	1.5	150
	Confidentiality Agreement	100	1	5/60	8
Web-based concept and prototype testing.	Screenener	0	1	0	0
	Web-test	167	1	1	167
	Confidentiality Agreement	167	1	5/60	14
In person message testing	Screenener	200	1	10/60	33
	Message Test	50	1	1	50
	Confidentiality Agreement	50	1	5/60	4
Telephone-based message testing ...	Screenener	268	1	10/60	45
	Telephone Test	67	1	1	67
	Confidentiality Agreement	67	1	5/60	6
Web-based message testing	Screenener	0	1	10/60	0
	Web-test	115	1	1	115
	Confidentiality Agreement	115	1	5/60	10
TOTAL .....	.....	.....	.....	.....	1,402

Terry Nicolosi,
Office of the Secretary, Paperwork Reduction
Act Reports Clearance Officer.
 [FR Doc. E8-11032 Filed 5-15-08; 8:45 am]
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier: OS-0990-New; 30-day notice]

Agency Information Collection Request. 30-Day Public Comment Request

AGENCY: Office of the Secretary, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed collection for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated

burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, e-mail your request, including your address, phone number, OMB number, and OS document identifier, to Sherrette.funncoleman@hhs.gov, or call the Reports Clearance Office on (202) 690-5683. Written comments and recommendations for the proposed information collections must be received within 30 days of this notice directly to the OS OMB Desk Officer all comments must be faxed to OMB at 202-395-6974.

Proposed Project: Evaluation of the "I Can Do It, You Can Do It" Health Promotion Program for Children and Youth with Disabilities—New—Office on Disability (OD).

Abstract: The Department of Health and Human Services' Office on Disability (OD) oversees the implementation and coordination of disability programs, policies, and

special initiatives pertaining to the over 54 million persons with disabilities in the United States. As part of these efforts, the OD encourages youth with physical and cognitive disabilities to adopt a healthier life style that includes good nutrition and increased physical activity. "I Can Do it, You Can Do It" is a health promotion intervention program for children and youth between the ages of 10 and 21 with disabilities that employs a one-on-one mentoring approach to change health behaviors. The program is implemented by sponsoring organizations who work with children and youth with disabilities. The OD will evaluate the effectiveness of the program.

The evaluation will be completed over a two-year period. Respondents will be children and youth with disabilities who are participating in the program. Mentors who work with the participants/mentees will complete a post-program survey. Coordinators from the sponsoring organizations will complete a process evaluation survey. Results will be used to determine if the program has been successful, to report progress, and to make revisions for future administration of the program. There are no costs to respondents except their time to participate in the surveys.

ESTIMATED ANNUALIZED BURDEN TABLE

Forms	Type of respondent	Number of respondents	Number of responses per respondent	Average burden hours per response (in hours)	Total burden hours
Registration Form	Program Participant/Mentee	660	1	8/60	88
Goal Setting Worksheet	Program Participant/Mentee	610	1	7/60	71
Mentor Registration Form	Mentor	450	1	10/60	75
Pre-Test Survey	Program Participant/Mentee	560	1	19/60	177
Weekly Check-In Form	Program Participant/Mentee	560	8	7/60	522
First Post-Test Survey	Program Participant/Mentee	510	1	18/60	153
Second Post-Test Survey	Program Participant/Mentee	460	1	18/60	138
Mentor Post Assessment	Mentor	450	1	15/60	112
Agency Coordinator Survey	Agency Coordinators	6	1	45/60	4.5
Total .....	.....	.....	.....	.....	1340.5

Terry Nicolosi,
Office of the Secretary, Director, Office of
Resources Management .
 [FR Doc. E8-11045 Filed 5-15-08; 8:45 am]
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Hospital Preparedness Program (HPP)

AGENCY: Office of the Assistant Secretary for Preparedness and Response, ASPR (HHS).

ACTION: Notice.

SUMMARY: This notice sets forth the Secretary's proposal to require Hospital Preparedness Program (HPP) cooperative agreement recipients to contribute non-federal matching funds starting with the FY 2009 funding cycle and each year thereafter. The amount of the cost sharing requirement in FY 2009 will be five percent of the award amount and in FY 2010 and each year thereafter the amount of match will be ten percent of the award amount.

DATES: To be considered, comments on this notice must be submitted by June 16, 2008. Subject to consideration of the comments submitted, the Department

intends to publish a final notice of any cost sharing requirement.

ADDRESSES: See Supplementary Information, Request for Comments section for addresses for submitting all comments concerning this proposal.

FOR FURTHER INFORMATION CONTACT: CDR Melissa Sanders, Team Leader, Healthcare Systems Preparedness Program, 202-245-0763

SUPPLEMENTARY INFORMATION:

Authorized by section 319C-2 of the Public Health Service (PHS) Act, as amended by the Pandemic and All-Hazards Preparedness Act (PAHPA)