representative survey of consumers' knowledge, attitudes, and beliefs about food safety. Previous versions of the survey were collected in 1988, 1993, 1998, 2001, and 2006. Data from the previous surveys are being used to evaluate two Healthy People 2010 objectives: (1) Increase the proportion of consumers who follow key food safety practices (Objective 10–5), and (2) reduce severe allergic reactions to food among adults (Objective 10–4b). Additionally, data are used to measure trends in consumer food safety habits including hand and cutting board washing, cooking practices, and use of food thermometers. Finally, data are used to evaluate educational messages and to inform policymakers about consumer attitudes about novel technologies such as food irradiation and biotechnology.

Since 2006, there have been several high profile recalls of FDA-regulated food due to contamination. Information about food recalls does not always reach the intended audience (Refs. 1, 2, and 3). The Food Safety Survey planned for 2009 will look specifically at reasons why consumers do not always heed food recall alerts. A new food recall module will be added that contains new questions to learn about how recent food recalls have affected consumer confidence in the food supply and what effect, if any, they have on consumers' home food safety behaviors. This information will help FDA develop strategies to more effectively communicate food recall information to the public.

The methods for the 2009 version of the Food Safety Survey will be the same as for the previous Food Safety Surveys. A nationally representative sample of 4,000 adults in households with telephones will be selected at random and interviewed by telephone. This survey will include an oversample of Hispanics with a minimum of 500 Hispanics sampled. Additionally, 200 initial non-respondents will be asked to participate in a short version of the survey to conduct a non-response analysis. Participation will be voluntary. Cognitive interviews and a pre-test will be conducted prior to fielding the survey.

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

TABLE 1—ESTIMATED ANNUAL REPORTING BURDEN[1]

Activity	No. of Respondents	Annual Frequency per Response	Total Annual Responses	Hours per Response	Total Hours
Cognitive Interviews	20	1	20	1	20
Pretest	27	1	27	0.5	14
Screener	10,000	1	10,000	.0167	167
Survey	4,000	1	4,000	.30	1,200
Non-response	200	1	200	.10	20
Total					1,421

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

FDA's burden estimate is based on the agency's prior experience with the Food Safety Survey.

Please note that on January 15, 2008, the FDA Division of Dockets Management Web site transitioned to the Federal Dockets Management System (FDMS). FDMS is a Government-wide, electronic docket management system. Electronic comments or submissions will be accepted by FDA only through FDMS at *http://www.regulations.gov*.

II. References

1. Cuite, C.L., S.C. Condry, M.L. Nucci, W.K. Hallman. ''Public Response to the Contaminated Spinach Recall of 2006.'' (Publication number RR–0107–013), 2007. New Brunswick, NJ: Rutgers, the State University of New Jersey, Food Policy Institute.

2. Mahon, B.E., L. Slutsker, L. Hutwagner, C. Drenzek, K. Maloney, K. Toomey, P.M. Griffin. ''Consequences in Georgia of a Nationwide Outbreak of *Salmonella* Infections: What You Don't Know Might Hurt You.'' *American Journal of Public Health*. 89(1):31–35, 1999.

3. Patrick, M.E., P.M. Griffin, A.C. Voetsch, P.S. Mead, ''Effectiveness of Recall Notification: Community Response to a Nationwide Recall of Hot Dogs and Deli Meats.'' *Journal of Food Protection*. 70(10):2373–2376, 2007.

Dated: September 10, 2008.

Jeffrey Shuren,

Associate Commissioner for Policy and Planning.

[FR Doc. E8–21624 Filed 9–16–08; 8:45 am]

BILLING CODE 4160–01–S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Part C Early Intervention Services Grant

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice of Non-competitive Program Expansion Supplemental Award.

SUMMARY: The Health Resources and Services Administration (HRSA) will be providing temporary critical HIV medical care and treatment services through GLH Magnolia Medical Clinic to avoid a disruption of HIV clinical care to clients in Bolivar, Sunflower and Washington counties in Mississippi.

SUPPLEMENTARY INFORMATION:

Intended recipient of the award: GLH Magnolia Medical Clinic, Greenwood, Mississippi.

Amount of the award: $97,500 to ensure ongoing clinical services to the target population.

Authority: Section 2651 of the Public Health Service Act, 42 U.S.C. 300ff–51.

CFDA Number: 93.918.

Project period: The period of supplemental support is from September 1, 2008, to December 31, 2008.

Justification for the Exception to Competition: Critical funding for HIV medical care and treatment services to clients in Bolivar, Sunflower and Washington Counties in Mississippi will be continued through a noncompetitive program expansion supplement to an existing grant award to GLH Magnolia Medical Clinic in Greenwood, Mississippi. This is a

temporary award because the previous grant recipient serving this population notified HRSA that it would not continue in the program after the fiscal year (FY) 2008 award was made. GLH Magnolia Medical clinic is the best qualified grantee for this supplement, since it serves many of the former grantee's patients and is the closest Part C Program to the former grantee. Further funding beyond December 31, 2008, for this service area will be competitively awarded during the next Part C HIV Early Intervention Service (EIS) competing application process for FY 2009.

FOR FURTHER INFORMATION CONTACT: Kathleen Treat, via e-mail *ktreat@hrsa.gov*, or via telephone, 301–443–0493.

Dated: September 10, 2008.

Elizabeth M. Duke,

Administrator.

[FR Doc. E8–21754 Filed 9–16–08; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Maternal and Child Health Services; Universal Newborn Hearing Screening and Intervention Program

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice of noncompetitive program expansion supplemental award.

SUMMARY: The National Center for Hearing Assessment and Management (NCHAM) at Utah State University is the national resource center for the Universal Newborn Hearing Screening and Intervention Program. Funds will be used to provide technical assistance and training for physiologic hearing screening services in Early Head Start and Head Start programs in 17 States with plans to expand to 3 additional States.

SUPPLEMENTARY INFORMATION: *Intended Recipient of the Award:* The National Center for Hearing Assessment and Management (NCHAM) at Utah State University.

Amount of Supplemental Award(s): The amount of the supplemental award is $400,000. Based on satisfactory performance, continued need, and availability of funds, a second and final non-competitive supplemental award for this activity may be awarded for 12 additional months.

Authority: Section 349 of the Public Health Service Act.

CFDA Number: 93.251.

Project Period: The project period for this cooperative agreement is April 1, 2005, through March 31, 2010. The period of supplemental support for this award is from September 1, 2008, through March 31, 2009.

FOR FURTHER INFORMATION CONTACT: Irene Forsman, via e-mail: *iforsman@hrsa.gov* or via telephone 301–443–2370.

Justification for the Exception to Competition: The National Center for Hearing Assessment and Management (NCHAM) at Utah State University is the national resource center for the Universal Newborn Hearing Screening and Intervention program. They successfully applied for funds to support a program of national technical assistance in 2000 and again in 2004. There were no other applicants for this cooperative agreement in either competition. There is no other organization providing technical assistance to State-based Early Hearing Detection and Intervention (EHDI) programs.

In 2001, the Health Services and Resources Administration's (HRSA) Maternal and Child Health Bureau (MCHB) entered into a 3-year Intra-Agency Agreement with the Administration on Children and Families (ACF) Office of Head Start (OHS) to provide physiologic hearing screening services to Migrant and Native American Early Head Start sites in 3 States. NCHAM was awarded a supplemental grant to develop training materials for the staff and provided technical assistance and support. Since 2005, ACF/OHS has supported NCHAM through a one-time award which cannot be renewed. In that time period, NCHAM successfully expanded the screening program to 17 States. ACF/OHS has submitted an Intra-Agency Agreement to HRSA/MCHB to continue the work in 17 States and to expand to 3 additional States.

NCHAM is unique in its technical assistance capacity to provide the type of services for the training. Since it is the national center that supports the EHDI program, it is well positioned to catalyze significant relationships between community-based Head Start programs and State-wide EHDI programs. The resource center has a regionalized system of audiologists, each of whom has responsibility for several States. NCHAM has developed multiple training mechanisms including manuals, CDs and a Web site (*infanthearing.org*) rich in resources to assist health providers, educators of the deaf, families, policymakers and others involved in providing timely and appropriate screening, diagnosis and intervention services for infants and children with hearing loss and their families. There is no other entity providing these services, nor has any other entity expressed interest in doing so. For the reasons identified above, the HRSA is awarding the supplemental funds non-competitively.

Dated: September 10, 2008.

Elizabeth M. Duke,

Administrator.

[FR Doc. E8–21753 Filed 9–16–08; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Center for Scientific Review; Notice of Closed Meetings Pursuant to Section 10(d) of the Federal Advisory Committee Act, as Amended (5 U.S.C. Appendix 2), Notice Is Hereby Given of the Following Meetings

The meetings will be closed to the public in accordance with the provisions set forth in sections 552b(cX4) and 552b(cX6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: Renal and Urological Studies Integrated Review Group, Pathobiology of Kidney Disease Study Section.

Date: October 2, 2008.

Time: 8:30 a.m. to 6 p.m.

Agenda: To review and evaluate grant applications.

Place: Hotel Rouge, 1315 16th Street, NW., Washington, DC 20036.

Contact Person: Krystyna E. Rys-Sikora, PhD, Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 4016J, MSC 7814, Bethesda, MD 20892, 301–451–1325, *ryssokok@csr.nih.gov.*

This notice is being published less than 15 days prior to the meeting due to the timing limitations imposed by the review and funding cycle.

Name of Committee: Health of the Population Integrated Review Group, Epidemiology of Cancer Study Section.

Date: October 2–3, 2008.

Time: 8:30 a.m. to 5 p.m.

Agenda: To review and evaluate grant applications