Seventeenth Set:

Toxicological profile	NTIS order No.	CAS No.
1. Bromoform/	PB2006–100001	000075–25–2
Dibromochloromethane	.....	000124–48–1
2. Carbon Tetrachloride	PB2006–100002	000056–23–5
3. Hexachlorocyclohexane (gamma)	PB2006–100003	000058–89–9
Hexachlorocyclohexane (beta)	.....	000319–85–7
Hexachlorocyclohexane (delta)	.....	000319–86–8
Hexachlorocyclohexane (alpha)	.....	000319–84–6
Hexachlorocyclohexane (technical)	.....	000608–73–1
4. Naphthalene	PB2006–100004	000091–20–3
1-Methyl Naphthalene	.....	000090–12–0
2-Methyl Naphthalene	.....	000091–57–6
5. Nickel	PB2006–100005	007440–02–0
6. Tin	PB2006–100006	007440–31–5
7. Tungsten *	PB2006–100007	007440–33–7
8. Zinc	PB2006–100008	007440–66–6

Note.—* Denotes new profile.

Kevin A. Ryan,

Acting Director, Office of Policy, Planning and Evaluation, National Center for Environmental Health/Agency for Toxic Substances and Disease Registry.

[FR Doc. E6–2577 Filed 2–22–06; 8:45 am]

BILLING CODE 4163–70–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration on Aging

Agency Information Collection Activities; Extension of Existing Collection; Comment Request; Title VI Program Performance Report

AGENCY: Administration on Aging, HHS.

ACTION: Notice.

SUMMARY: The Administration on Aging (AoA) is announcing an opportunity for public comment on the proposed collection of certain information by the agency. Under the Paperwork Reduction Act of 1995 (the PRA), Federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension of an existing collection of information, and to allow 60 days for public comment in response to the notice. This notice solicits comments on the information collection requirements relating to the Title VI Program Performance Report.

DATES: Submit written or electronic comments on the collection of information by April 24, 2006.

ADDRESSES: Submit electronic comments on the collection of information to: *Yvonne.Jackson@aoa.gov*.

Submit written comments on the collection of information to: Dr. Yvonne Jackson, Administration on Aging, Washington, DC 20201.

FOR FURTHER INFORMATION CONTACT: Dr. Yvonne Jackson, Director; Office of American Indian, Alaskan Native and Native Hawaiian Programs, U.S. Department of Health and Human Services, Administration on Aging, Washington, DC 20201; (202) 357–3501.

SUPPLEMENTARY INFORMATION: Under the PRA (44 U.S.C. 3501–3520), Federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. ''Collection of information'' is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency request or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA (44 U.S.C. 3506(c)(2)(A)) requires Federal agencies to provide a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, AoA is publishing notice of the proposed collection of information set forth in this document. With respect to the following collection of information, AoA invites comments on: (1) Whether the proposed collection of information is necessary for the proper performance of AoA's functions, including whether the information will have practical utility; (2) the accuracy of AoA's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques when appropriate, and other forms of information technology.

The Program performance Report provides a data base for AoA to (1) monitor program achievement of performance objectives; (2) establish program policy and direction, and (3) prepare responses to Congress, the Office of Management and Budget, the General Accounting Office, other Federal departments, and public and private agencies as required by the OAA Title II sections 202(a)19 and 208; and prepare data for the Federal Interagency Task Force of Older Indians established pursuant to section 134(d) of the 1987 Amendments to the OAA.

AoA estimates the burden of this collection of information as follows: A total of not more than 729 hours per year will be required to prepare reports.

Dated: February 17, 2006.

Francis A. Burns,

Deputy Assistant Secretary for Wellness and Community Based Services.

[FR Doc. E6–2537 Filed 2–22–06; 8:45 am]

BILLING CODE 4154–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–06–06AR]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639–5960 or send an e-

mail to *omb@cdc.gov.* Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395–6974. Written comments should be received within 30 days of this notice.

Proposed Project

Home Medkit Evaluation Study (HoME Study)—New—Coordinating Office for Terrorism Preparedness and Emergency Response (COTPER), Centers for Disease Control and Prevention (CDC).

The Coordinating Office for Terrorism Preparedness and Emergency Response (COTPER), Centers for Disease Control and Prevention (CDC) proposes to conduct a one-time-only study called the Home Medkit Evaluation Study (HoME Study). This pilot study will be conducted with selected St. Louis, Missouri area households who volunteer. Volunteers would receive in their homes FDA-approved medicines that are to be reserved for emergency use in the event of specific public health emergency conditions resulting from a bioterrorist threat.

The proposed study will provide data on the extent to which people with diverse backgrounds are able to follow instructions concerning appropriate storage and to reserve the medicine for emergency use only.

Approximately, 5,000 volunteer households will be recruited in the St. Louis, Missouri metropolitan area, and divided among three cohorts: (a) Public health emergency responders and their household members, (b) employees of a large corporate operation and their household members, and (c) clients of publicly-funded primary healthcare centers, their households, and surrounding community households.

All will be medically screened for eligibility to receive a home MedKit and, if eligible, they will be recruited and enrolled for study participation with informed consent. After an initial in-person baseline interview, they will receive a MedKit bag with an antibiotic enclosed. The MedKit bag will consist of a transparent mylar, tamper-evident sealed bag with FDA-approved patient instructions affixed to the outside and individual MedKits—cardboard notebook blister packs with doses for each household member and patient instructions, including FDA-approved crushing instructions for administration of emergency pediatric doses.

The information collected from this study will be used to: (1) Assess the ability of volunteers from select populations to store and maintain household MedKits as directed and to refrain from inappropriate use; (2) explore attitudes, perceptions, and other social and psychological factors that influence participant behavior in relation to the MedKit; and (3) inform policy makers and national planners about the acceptability, safety, durability, and usefulness of the household MedKit strategy and supporting documentation.

There are no previous or existing studies to provide the specific information to answer the research questions proposed in the HoME Study. There are no costs to the respondents other than their time. The total annualized burden hours are 7,253.

ESTIMATED ANNUALIZED BURDEN HOURS

Form type/respondent category	Number of Respondents	Frequency of response	Hours per response
BEHAVIORAL STUDY:			
Recruiting HH Contacts	20,000	1	2/60
Prescreening & HH Roster	4,914	1	5/60
Medical Screening:			
PH 1st responder HHs	3,800	1	15/60
Large business partner HHs	3,800	1	15/60
CHC client HHs	3,800	1	15/60
Baseline Questionnaire:			
PH 1st responder HHs	1,227	1	20/60
Large business partner HHs	1,282	1	20/60
PHC client HHs	1,430	1	20/60
Follow-Up Questionnaire:			
PH 1st responder HHs	1,227	1	25/60
Large business partner HHs	1,282	1	25/60
PHC client HHs	1,430	1	25/60
NESTED QUALITATIVE STUDIES: Screening & Recruitment calls:			
Study HHs focus groups	180	1	5/60
Non-English speakers focus groups	40		15/60
In-depth Interview	80	1	5/60
Focus Groups:			
PH 1st responders	40	1	2
Large business partner employees	40	1	2
PHC client	40	1	2
Non-English speakers	20	1	2
In-depth Interviews	60	1	1

Notes for Table A.12.1: HH=Household; PHC=Public Health Clinic.

Dated: February 15, 2006.

Joan F. Karr,

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

[FR Doc. E6–2583 Filed 2–22–06; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–06–04JZ]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639–4794 or send an email to *omb@cdc.gov.* Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395–6974. Written comments should be received within 30 days of this notice.

Proposed Project

Preventive Cardiac Health Care Knowledge, Beliefs, and Behaviors in Female Carriers of Duchenne/Becker Muscular Dystrophy—New—National Center on Birth Defects and Developmental Disabilities (NCBDDD), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Duchenne/Becker Muscular Dystrophy (DBMD) is the most common form of fatal muscular dystrophy in children. It affects about 1 in 3,500 boys. Although almost all cases of DBMD are diagnosed in young males, the genetic condition that causes DBMD is carried by females. Today, there are about 40,000 female DBMD carriers in the United States. Females who carry this genetic condition generally do not have symptoms, but some may experience muscle weakness and fatigue. Sometimes, they may also develop heart problems that are characterized by shortness of breath or an inability to do moderate exercise. The chance that a female carrier will develop heart problems is unknown, but these heart problems are serious and can be life threatening. To learn more about the heart health behaviors of adult female DBMD carriers, National Center on Birth Defects and Developmental Disabilities (NCBDDD), CDC proposes to conduct a national survey.

This one-time survey will be mailed to about 7,000 women who are on mailing lists maintained by DBMD advocacy groups (Group 1) or are known by someone on one of the lists (Group 2). The data will be treated in a confidential manner. Women will be eligible to complete the survey if they are at least 19 years old and have given birth to a son with DBMD or been told that they definitely or probably carry a genetic change for DBMD. To comply with requests from the advocacy community, the questionnaire will be provided to friends, relatives, and acquaintances of women on the above mailing lists who meet all study eligibility criteria and personally initiate contact with the study office about possible participation (Group 2). All study materials, including the questionnaire, will be available in English and Spanish. Respondents will also be able to complete an electronic version of the survey accessed via the World Wide Web. It will take each participant about 5 minutes to read the survey cover letter and about 30 minutes to complete the survey. Group 2 women will also need to complete a 5-minute telephone interview to provide their mailing address to the study office. Prior to receiving the survey, Group 1 women will receive an initial approach letter that will take about 5 minutes to read. We expect that 80% of the women who receive a questionnaire will complete the survey, for a total of 5,600 respondents.

Survey participants will be asked about social and psychological aspects of their genetic carrier status, their sources of social support, their awareness and knowledge of the link between carrier status and heart health, issues about access to specialized cardiac health care, and sources of health information that they find trustworthy, accessible, and understandable. Postage and a return envelope will be provided for participants who choose to complete and return their survey by mail. There are no costs to the respondents other than their time. The total estimated annualized burden hours are 3,968.

ESTIMATED ANNUALIZED BURDEN TABLE

Type of data collection	Number of respondents	Number of responses per respondent	Average burden per respondent (in hours)
Initial approach letter (Primary sample only)	6,000	1	5/60
Telephone screen (Secondary sample only)	1,000	1	5/60
Survey cover letter with survey (Primary & Secondary samples)	7,000	1	5/60
Survey sections 1 through 5	5,600	1	30/60