

parties over the 20-year analysis period. If the development occurs sporadically over this period, the opportunities to systematically address grading, runoff control, tree retention and landscaping, etc. are significantly reduced.

Short-term and highly localized air quality impacts would occur primarily during the construction periods for private development of the 17.6 acre site, and during highly congested AM and PM peak traffic hours. Air quality impacts would be partially mitigated through CDC's continued use of TDM strategies designed to increase use of transportation alternatives to single-occupant vehicle commuting. CDC would continue to work closely with MARTA, with other large employers in the Clifton Road Corridor, and with concerned citizens to improve TDM measures.

Minor ambient noise impacts to adjacent residential areas of the 17.6 acre site would occur from private development of the 17.6 acre site over the 20-year analysis period.

Minor adverse housing impacts could occur under the No Action Alternative because private development of the 17.6 acre site could take place over the 20-year analysis period in a piecemeal fashion, leaving some residential properties "as-is" while others are developed. This type of development pattern can create noise, traffic, and other nuisances for residents while the area is in transition.

The No Action Alternative would result in adverse traffic impacts to several important intersections in the form of increased delay time, expressed as LOS degradation, because of "background development" that would occur in the area regardless of CDC's development activities. Intersections where at least one future year LOS component will be worse under the No Action Alternative versus current conditions are: Clifton Road and Briarcliff Road (2005); Clifton Road and Haygood Drive (2005); Clifton Road and North Decatur Road (2005); Shepherds Lane and La Vista Road (2005); Briarcliff Road and La Vista Road (2005); North Decatur Road and Haygood Drive (2005); and, Clifton Road and Clifton Way (2005). CDC could partially mitigate the Clifton Road/Clifton Way intersection LOS degradation through redesign and possible resignalization of the intersection, in consultation with Dekalb County and surrounding property owners. Neither GSA nor CDC is authorized to spend Government funds for off-site road improvements, but will attempt to partially mitigate LOS degradation at other key

intersections through the use of TDM measures.

The No Action Alternative is expected to have minor negative impacts to planning and zoning because it does not allow for the comprehensive development of the 17.6 acre site in a manner consistent with future intended land use patterns.

Rationale for Decision

The Proposed Action, which is also the Technically Preferred Alternative, will enable GSA and CDC to plan for and accommodate CDC's long-term housing needs at the Clifton Road Campus in the most economical and efficient manner. The Proposed Action maximizes design options and development potential for both the existing campus and the proposed CDC expansion, and, most importantly, will greatly enhance the security of the Headquarters Complex. This alternative poses the least adverse environmental impacts compared with other feasible alternatives, and is, therefore, the Environmentally Preferred Alternative.

The Limited Expansion Alternatives are feasible, but would not allow the Government the maximum flexibility to plan for and configure site security, site infrastructure, or the placement of future laboratory, parking and support facilities in the most efficient and cost-effective ways over the 20-year development horizon. The environmental impacts of the Limited Expansion Alternatives are very similar to those resulting from the Proposed Action; therefore, implementing a Limited Expansion Alternative versus the Proposed Action would not result in additional mitigation of adverse environmental impacts, but would pose additional constraints and costs on the Government to implement CDC's long-range facility plans.

Implementing the No Action Alternative neither results in additional mitigation of environmental impacts, nor allows the Government to address the purpose and need for the Proposed Action: to provide an efficient, cost-effective means to accommodate CDC's future space needs in its Clifton Road location through the year 2015. The Proposed Action is needed to adequately address CDC's current program needs at Clifton Road through renovation and reconfiguration of existing space, as well as to provide new space to accommodate anticipated future research and operational activities.

Therefore, having given consideration to all of the factors discovered during the 19 month environmental review process, it is GSA's decision to proceed

with the Proposed Action: Government acquisition and development of 17.6 acres of existing residential, commercial and institutional property immediately to the west of the existing CDC Clifton Road Campus, as described in this ROD, and in the Draft and Final EIS documents incorporated by reference in this ROD.

Dated: February 10, 1997.

Phil Youngberg,

Regional Environmental Officer.

[FR Doc. 97-4026 Filed 2-20-97; 8:45 am]

BILLING CODE 6820-23-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of Public Health and Science; Notice of a Cooperative Agreement With the Children's Hospital of Philadelphia

The Office of Minority Health (OMH), Office of Public Health and Science, announces that it will enter into a cooperative agreement with Children's Hospital of Philadelphia to establish a model program for asthma attack avoidance education.

The purpose of this cooperative agreement is to establish a community-based, parent-child focused program designed to increase identification of potential asthma attack-triggering factors among minority, specifically African-American, urban children, and to ensure appropriate referral for medical care. The OMH will provide technical assistance and oversight as necessary for the implementation, conduct, and assessment of the project activities. On an as-needed basis, OMH will assist in arranging consultation from other Government agencies and non-government agencies.

Authorizing Legislation

This cooperative agreement is authorized under Title XVII, Section 1707(d)(1) of the Public Health Service Act, as amended by Public Law 101-527.

Background

Assistance will be provided only to Children's Hospital of Philadelphia. No other applications are being solicited under this announcement. The Children's Hospital of Philadelphia is uniquely qualified to accomplish the objectives of this cooperative agreement because it has the following combination of factors:

- A service area consisting primarily of an economically disadvantaged minority population.

- Pediatric services focusing on predominately African-American children from economically disadvantaged neighborhoods.
- Primary care programs which include a full range of medical care and educational programs promoting good health practices. These education programs are designed to meet the health care prevention needs of critical and chronically ill children.
- An established Center for Asthma Treatment that provides services primarily to African American children.
- An urban area with a predominant minority population which has a high rate of asthma among children and youth of African American descent, as evidenced by the 1,873 asthma related visits the hospital reported in 1995, with 1,540 of them being children of African-American descent.
- Commitment of neighborhood partners to provide sites for asthma related educational and prevention programs.
- Experience in conducting parent and teen focused programs.

This cooperative agreement will be awarded for a 3-year project period with funding at \$250,000 (including indirect cost) per 12-month budget period. Continuation awards within the project period will be made on the basis of satisfactory progress and the availability of funds.

Where To Obtain Additional Information

If you are interest in obtaining information regarding this project, contact Ms. Cynthia Amis, Office of Minority Health, 5515 Security Lane, Suite 1000, Rockville, Maryland 20852 or telephone (301) 594-0769.

Dated: January 23, 1997.

Clay E. Simpson, Jr.,
Deputy Assistant Secretary for Minority Health.

[FR Doc. 97-4287 Filed 2-20-97; 8:45 am]

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Centers for Disease Control and Prevention

[INFO-97-03]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call the CDC Reports Clearance Officer on (404) 639-7090.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques for other forms of information technology. Send comments to Wilma Johnson, CDC Reports Clearance Officer, 1600 Clifton Road, MS-D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

Proposed Projects

1. Technical Assistance to Enhance the Statistical and Analytic capacity of State and Local Public Health Professionals For Year 2000 Applications—(0920-0290)—Extension—Responsibility for identifying and providing data for monitoring the Year 2000 objectives is shared by agencies throughout the government, in State and local

governments and in the private sector. Each of the 22 health priority areas outlined in the Year 2000 Objectives provides an assessment of the availability of data for establishing baseline measures and potential data sources for tracking progress. A key set of provisions of the Year 2000 Health Objectives Planning Act of 1990 (Pub. L. 101-582) provided for grants to states for the development of plans to implement the Year 2000 Health Objectives within each state, including the assessment of health within each of the states. The Act further mandated the development of uniform health status indicators for use by federal, state and local health agencies and model methods of collecting and reporting data. In order to enhance state capacity to use data, the National Center for Health Statistics (NCHS/CDC) has provided training in the use of data for public health purposes through the Applied Statistics Training Institute (ASTI). ASTI presents a series of short focused courses on data collection, analysis and utilization. These courses are offered to professionals in state and local health departments. The attendees gain knowledge of practical applications and techniques for evaluating the Year 2000 health objectives. Also, by sponsoring these courses, CDC can expect certain standards of data analysis on the local level. An upgrading of methodological skills for those persons at the local level primarily responsible for analysis is vitally important in understanding the health status of a population and in planning effective prevention programs. Each year ASTI mails a Bulletin of Courses to state and local public health agencies informing them, of the curriculum of courses available. An application for training form is included in the Bulletin of Courses for use by individuals interested in attending a course. This collection of information consists solely of those application forms. The total cost to respondents is estimated at \$2,000.

Respondents	Number of respondents	Number of responses/ respondent	Average burden/ response (in hrs.)	Total burden (in hrs.)
Agencies and Individuals	600	1	0.167	100
Total	100