comments should be received with 60 days of this notice.

Proposed Project

1. Evaluation of Provider Adherence to CDC STD Treatment Guidelines in Two Managed Care Plans—New

The National Center for HIV, STD, and TB Prevention (NCHSTP) is proposing a pilot survey of 1,000 practitioners in two managed care plans to evaluate how CDC's most recent edition (1998) of the Sexually Transmitted Disease (STD) Treatment Guidelines influence practice. The pilot survey will be conducted in two large, mixed model managed care plans which are located in two different geographic regions of the U.S. The survey is expected to last from 3–6 months. The CDC periodically publishes national guidelines on the diagnosis and treatment of sexually transmitted diseases; however, little is known about the impact of the guidelines on clinical practice and treatment choices, the practical use of the guidelines, or utility to providers. Data gathered from this study will provide preliminary information about the extent to which providers are aware of the guidelines, their access to the guidelines, their use of the guidelines, and factors that enable or preclude use of the guidelines. The information will assist CDC in determining ways to improve practitioners' understanding and promote utilization of the guidelines; determine ways to make them more available for medical practitioners; and increase the use of the guidelines in appropriate medical practices. The total annual cost to respondents is estimated to be $21,146, assuming an average salary of $ 63.31 per hour.

Respondents	Number of respondents	Number of responses/respondent	Avg. burden/response (in hrs.)
Family core (adult family member)	42,000	1	.35
Adult Core (sample adult)	42,000	1	.35
Child Core (adult family member)	18,000	1	.25
Cancer Module (sample adult)	42,000	1	.333

Dated: May 20, 1999.

Charles Gollmar,

Acting Associate Director for Policy, Planning and Evaluation, Centers for Disease Control and Prevention (CDC).

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30DAY–12–99]

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) 639–7090. Send written comments to CDC, Desk Officer; Human Resources and Housing Branch, New Executive Office Building, Room 10235; Washington, DC 20503. Written comments should be received within 30 days of this notice.

Proposed Project

1. 2000 National Health Interview Survey, Basic Module (0920–0214)—Revision—The National Center for Health Statistics (NCHS). The annual National Health Interview Survey (NHIS) is a basic source of general statistics on the health of the U.S. population. Due to the integration of health surveys in the Department of Health and Human Services, the NHIS also has become the sampling frame and first stage of data collection for other major surveys, including the Medical Expenditure Panel Survey, the National Survey of Family Growth, and the National Health and Nutrition Examination Survey. By linking to the NHIS, the analysis potential of these surveys increases. The NHIS has long been used by government, university, and private researchers to evaluate both general health and specific issues, such as cancer, AIDS, and childhood immunizations. Journalists use its data to inform the general public. It will continue to be a leading source of data for the Congressionally-mandated ''Health US'' and related publications, as well as the single most important source of statistics to track progress toward the National Health Promotion and Disease Prevention Objectives, ''Healthy People 2000.''

Because of survey integration and changes in the health and health care of the U.S. population, demands on the NHIS have changed and increased, leading to a major redesign of the annual core questionnaire, or Basic Module, and a redesign of the data collection system from paper questionnaires to computer assisted personal interviews (CAPI). Those redesigned elements were implemented in 1997 and are expected to be in the field until 2006. Ad hoc Topical Modules on various health issues are provided for in the redesigned NHIS. This clearance is for the fourth full year of data collection, planned for January-December 2000. The Basic Module on CAPI will result in publication of new national estimates of health statistics, release of public use micro data files, and a sampling frame for other integrated surveys. It will also include a ''Topical Module'' (or supplement) on Cancer. The cancer module will repeat similar surveys conducted in 1987 and 1992, and will help track many of the Healthy People 2000 Objectives for cancer. The total annual burden hours are 47,900.

Respondents	Numbers of Respondents	Numbers of Responses/Respondent	Avg. Burden/Response (in hrs.)
Family Core (adult family member)	42,000	1	.35
Adult Core (sample adult)	42,000	1	.35
Child Core (adult family member)	18,000	1	.25
Cancer Module (sample adult)	42,000	1	.333

Dated: May 20, 1999.

Charles Golmar,

Acting Associate Director for Policy, Planning and Evaluation Centers for Disease Control and Prevention (CDC)

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 99133]

Cooperative Agreement for a Coordinated Community Response To Prevent Intimate Partner Violence; Availability of Funds

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1999 funds for a cooperative agreement program for a Coordinated Community Response (CCR) to Prevent Intimate Partner Violence. This program addresses the ''Healthy People 2000'' priority area of Violent and Abusive Behavior.

The purposes of this program are to:

1. Enhance community coalitions and coordinated community responses for addressing intimate partner violence;

2. Establish or enhance community programs directed at the primary prevention of intimate partner violence and their families;

3. Enhance services for victims of intimate partner violence and their families; and

4. Evaluate the process and impact of the coordinated community response on addressing, and potentially reducing, intimate partner violence.

B. Eligible Applicants

Assistance will be provided only to non-profit community-based organizations focusing on the prevention of intimate partner violence in towns, cities, and rural America.

Competition is limited to non-profit community-based organizations because of the Legislative Authority (See Section I). Furthermore, the Congressional and Family and Intimate Violence Prevention Subcommittee intent is to support funding for non-profit community-based organizations.

Note: Public Law 104–65 states that an organization described in section 501(c)(4) of the Internal Revenue Code of 1986 that engages in lobbying activities is not eligible to receive Federal funds constituting an award, grant, cooperative agreement, contract, loan, or any other form.

C. Availability of Funds

Approximately $2.7 million is available in FY 1999 to fund approximately 6 awards. It is expected that the average award will be $450,000, ranging from $400,000 to $600,000. It is expected that the awards will begin on or about September 30, 1999, and will be made for a 12-month budget period within a project period of up to three years. Funding estimates may change.

Continuation awards within an approved project period will be made on the basis of satisfactory progress as evidenced by required reports and the availability of funds.

Use of Funds

1. *Allowable Use of Funds.* Funds may be used for planning, developing, implementing, and evaluating projects. Accordingly, funds can be used to support personnel, purchase hardware and software required to implement the project. Applicants may enter into contractual agreements to purchase goods and services, or to support collaborative activities, but the applicant must retain proper stewardship over funds and responsibility for tasks associated with the project.

2. *Prohibited Uses of Funds.* Cooperative agreement funds for this project cannot be used for construction, renovation, the lease of passenger vehicles, the development of major software applications, or supplanting current applicant expenditures.

3. *Budget.* The budget should include cost for travel for the project manager and evaluator or lead evaluator (if part of an evaluation team) to attend at least 2 meetings in Atlanta with CDC staff in the first year of the program.

D. Program Requirements

In conducting activities to achieve the purpose of this program, the recipient will be responsible for the activities under 1. (Recipient Activities), and CDC will be responsible for the activities listed under 2. (CDC Activities).

1. Recipient Activities

a. Enhance existing coordinated efforts through an established coalition to prevent intimate partner violence (IPV) with integrated prevention, and intervention programs and services.

b. Identify and select a comparison community without an established community coalition that meets demographic requirements.

c. Develop and implement an evaluation plan for cross site analyses that includes a comparison of pre- and post-intervention activities such as incidence and prevalence of IPV, increase in programs and services, increased knowledge among coalition members, agency members, community members, etc. in the applicant community and the comparison community.

d. Participate with other funded cooperative agreement recipients in revising and utilizing previously developed cross-site instruments to be administered at approved intervals.

e. Analyze data and interpret findings.

f. Compile and disseminate project results.

g. Collaborate with and participate in workgroups that include all funded projects.

h. Distribute data for analysis and joint evaluation.

2. CDC Activities

a. Provide technical assistance and consultation.

b. Collaborate in the design of all phases of the evaluation.

c. Facilitate collaborative efforts to compile and disseminate program results through presentations and publications.

d. Assist in the transfer of information and methods developed in these projects to other comparable intimate partner violence prevention and intervention programs.

e. Assist in the development of research protocol for Institutional Review Board (IRB) review by all cooperating institutions participating in the research project. The CDC IRB will review and approve the protocol initially and on at least an annual basis until the research project is completed.

E. Application Content

Use the information in the Program Requirements, Other Requirements, and Evaluation Criteria sections to develop the application content. Your application will be evaluated on the criteria listed, so it is important to follow them in laying out your program plan. The narrative should be no more than 40 pages, excluding the abstract, budget, justification, and attachments (i.e., letters of support, data collection forms, resume, etc.) All materials must be typewritten, double-spaced with type NO SMALLER THAN 12 CPI, on 8.5″ × 11″ paper, with at least 1'' margins, headings and footers, unbound, and printed on one side only. Do not include any pamphlets, spiral or bound materials.

1. Abstract

A one page double-spaced abstract and summary of the proposed efforts to enhance and evaluate a coordinated community response to prevent intimate