

**AUTHORITY FOR MAINTENANCE OF THE SYSTEM:**

31 U.S.C. 3501 *et seq.*; 40 U.S.C. 758; 5 U.S.C. 3109.

**PURPOSE(S):**

To assemble in one system disbursement and accounts payable records to GSA employees, and on experts and consultants procured contract or by appointment.

**ROUTINE USES OF RECORDS MAINTAINED IN THE SYSTEM, INCLUDING CATEGORIES OF USERS AND THE PURPOSES OF SUCH USES:**

To the extent necessary, the records are available outside GSA to monitor and document adverse action proceedings and to advise on credit inquiries.

The following routine uses also apply:

a. A record may be disclosed where pertinent in any legal proceeding to which GSA is a party before a court or administrative body.

b. A record may be disclosed to a Federal, State, local, or foreign agency responsible for investigating, prosecuting, enforcing, or carrying out a statute, rule, regulation, or order when GSA becomes aware of a violation or potential violation of civil or criminal law or regulation.

c. A record may be disclosed as needed to duly authorized officials engaged in investigating or settling a grievance, complaint, or appeal filed by an employee or other individual who is the subject of the record.

d. Records may be provided to the Office of Personnel Management (OPM) in accordance with the agency's responsibility for evaluating Federal personnel management.

e. A record may be disclosed to a Member of Congress or his or her staff on behalf of and at the request of the individual who is the subject of the record.

**POLICIES AND PRACTICES FOR STORING, RETRIEVING, ACCESSING, RETAINING, AND DISPOSING OF RECORDS IN THE SYSTEM****STORAGE:**

Paper records are maintained in file folders and card files stored in filing cabinets, or in electronic form in computers.

**RETRIEVABILITY:**

Records are retrieved by name or by identifying number.

**SAFEGUARDS:**

Records are stored in guarded buildings and/or in areas controlled by authorized personnel. Computer files are protected by the use of passwords.

**RETENTION AND DISPOSAL:**

Disposition of records is in accordance with the Handbook, GSA Records Maintenance and Disposition System (OAD P 1820.2).

**SYSTEM MANAGER(S) AND ADDRESS:**

Director, Financial and Accounting Systems Division (BCA), Office of Finance, Office of the Chief Financial Officer, General Services Administration, 1800 F Street, NW, Washington, DC 20405.

**NOTIFICATION PROCEDURE:**

Individuals may obtain information about whether they are part of this system of records from the system manager at the above address.

**RECORD ACCESS PROCEDURES:**

Requests to access records should be directed to the system manager at the above address. Inquiries should provide, as appropriate, full name, Social Security number, vendor number, address, telephone number, and the dates and transactions giving rise to the record. For identification requirements, refer to the agency regulations in 41 CFR part 105-64.

**CONTESTING RECORD PROCEDURES:**

GSA rules for access to records, and for contesting the contents and appealing initial determinations, are provided in 41 CFR part 105-64.

**RECORD SOURCE CATEGORIES:**

The individuals themselves, employees, other agencies, management officials, and non-Federal sources such as private firms.

Dated: May 22, 2000.

**Daniel K. Cooper,**

*Director, Administrative Services Division.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES****Centers for Disease Control and Prevention**

**[30DAY-34-00]**

**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 Projects**

1. Public Health Infrastructure Surveillance and Performance Monitoring Network—New—The Centers for Disease Control and Prevention (CDC) proposes to establish a sentinel network of 320 local health departments to provide ongoing public health system infrastructure and capacity data. As the nation's prevention agency, CDC is working to support the U.S. public health mission of rapidly detecting disease and health risks, rapidly communicating and strengthening the capacity to respond. Towards this goal, CDC proposes to assess and strengthen the nation's public health infrastructure by developing a network of local health departments that will provide ongoing information to public health leaders, policy makers, program managers and others to identify needs, target resources, and assist in overall preparedness. Data gathered by survey from the sentinel network will also lead to improvement of the public health communications systems and reinforced training and credentialing for core workforce skills, and will help in developing standards for improved organizational performance.

The purpose of this Sentinel System is to: (1) Provide data to assist with monitoring and measuring local public health systems; (2) assess the public health infrastructure including data and information systems, public health workforce, and effective public health organizations that enable the performance of the essential public health services in every community; and (3) evaluate the use of these data in developing strategies to strengthen the infrastructure of public health. This data will allow CDC and the public health community to improve infrastructure quality and capacity. Examples of cross-cutting infrastructure issues that may be identified by this data include the extent of under-funding of public health, the need for effective local leadership and for integrated electronic information systems, and the emerging role of measurable standards for local health departments.

The main respondents to the survey will be local health officers. The annual burden hours are estimated to be 1,920.

Respondents	Number of respondents	Number of responses/ respondent	Avg. burden/re-sponse (in hrs.)	Total burden (in hrs.)
Local public health systems .....	320	1	6	1,920
Total .....	.....	.....	.....	1,920

Dated: May 19, 2000.

**Charles W. 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-36-00]

#### 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 Projects

1. Congenital Syphilis (CS) Case Investigation and Report Form (0920-0128)—Extension—The Centers for Disease Control and Prevention (CDC) proposes to continue data collection for congenital syphilis case investigations under the Congenital Syphilis Case Investigation and Report Form (CDC 73.126 REV 11-98), currently approved under OMB No. 0920-0128. This request is for a 3-year extension of clearance. Reducing congenital syphilis is a national objective in the DHHS Report entitled Healthy People 2000: Mid-course Review and 1995 Revisions. Objective 19.4 of this document states

the goal: “reduce congenital syphilis to an incidence of no more than 40 cases per 100,000 live births” by the year 2000. In order to meet this national objective, an effective surveillance system for congenital syphilis must be continued in order to monitor current levels of disease and progress towards the year 2000 objective. This data will also be used to develop intervention strategies and to evaluate ongoing control efforts.

Respondent burden is approximately 15 minutes per reported case. The estimated annual number of cases expected to be reported using the current case definition is 1,000 or less. Therefore, the total number of hours for congenital syphilis reporting required will be approximately 260 hours per year. The annualized cost to the respondents is \$9,100 based on the average hourly wage of \$35.00 per hour for respondents (clerical and nursing staff from 65 project areas).

Respondents	No. of respondents	No. of responses/ respondent	Avg. burden/re-sponse (in hrs.)	Total burden (in hrs.)
State and local health departments .....	65	16	15/60	260
Total .....	.....	.....	.....	260

Dated: May 19, 2000.

**Charles W. 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

[Program Announcement 00091]

#### State Cardiovascular Health Programs; Notice of Availability of Funds

##### A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the

availability of fiscal year (FY) 2000 funds for a cooperative agreement program for State Cardiovascular Health Programs. CDC is committed to achieving the health promotion and disease prevention objectives of “Healthy People 2010,” a national activity to reduce the morbidity and improve the quality of life. This program addresses the “Healthy People 2010” focus area of Heart Disease and Stroke. For the conference copy of “Healthy People 2010”, visit the internet site: <<http://www.health.gov/healthypeople>>.

The purpose of the program is assist States in developing, implementing, and evaluating cardiovascular health promotion, disease prevention, and control programs. Also, to assist States in developing their Core Capacity Programs into Comprehensive Programs.

Core Capacity Programs are the foundation upon which comprehensive cardiovascular health programs can be built.

#### Special Guidelines for Technical Assistance

##### Conference Call

Technical assistance will be available for potential applicants on a conference call to be held from 2:00 EDT to 4:00 EDT on June 6, 2000. Potential applicant are requested to call in using only one telephone line. The conference can be accessed by calling 1-800-311-3437 [Federal call (404) 639-3277] and entering access code 371045. The purpose of the conference call is to help potential applicants to: