

Dated: May 21, 2003.

Thomas A. Bartenfeld,

Acting Deputy Director for Policy, Planning and Evaluation, Centers for Disease Control and Prevention.

[FR Doc. 03-13374 Filed 5-28-03; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30DAY-43-03]

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) 498-1210. 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

Evaluation of Effectiveness of NIOSH Publications (OMB Control No. 0920-0544)—Reinstatement without change—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC). Through the development, organization, and dissemination of information, NIOSH promotes awareness about occupational hazards and their control, and improves the quality of American working life. Although NIOSH uses a variety of media and delivery mechanisms to communicate with its constituents, one of the primary vehicles is through the distribution of NIOSH-numbered publications. The extent to which these publications successfully meet the information needs of their intended audience is not currently known. In a period of diminishing resources and increasing accountability, it is important that NIOSH be able to demonstrate that communications about its research and service programs are both effective and efficient in influencing workplace change. This requires a social marketing evaluation of NIOSH products to measure the degree of customer satisfaction and their adoption of recommended actions.

The present project proposes to do this by conducting a survey of a primary segment of NIOSH's customer base, the community of occupational safety and

health professionals. In collaboration with the American Association of Occupational Health Nurses (13,000 members), the American Industrial Hygiene Association (12,400 members), the American College of Occupational and Environmental Medicine (6,500 members), and the American Society of Safety Engineers (33,000 members), NIOSH will survey a sample of their memberships to ascertain, among other things: (1) Their perceptions and attitudes toward NIOSH as a general information resource; (2) their perceptions and attitudes about specific types of NIOSH publications (*e.g.*, criteria documents, technical reports, alerts); (3) the frequency and nature of referral to NIOSH in affecting occupational safety and health practices and policies; (4) the extent to which they have implemented NIOSH recommendations; and (5) their recommendations for improving NIOSH products and delivery systems. The results of this survey will provide an empirical assessment of the impact of NIOSH publications on occupational safety and health practice and policy in the United States as well as provide direction for shaping future NIOSH communication efforts. Respondents will have the option of responding by mail or electronically through the NIOSH Web site. The annual burden for this data collection is 200 hours.

Respondents	No. of respondents	No. of responses/respondent	Average burden/response (in hrs.)
Occupational Safety and Health Professionals	600	1	20/60

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Thomas A. Bartenfeld,

Acting Deputy Director for Policy, Planning and Evaluation, Centers for Disease Control and Prevention.

[FR Doc. 03-13375 Filed 5-28-03; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30DAY-45-03]

Agency Forms Undergoing Paperwork Reduction Act Review

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Proposed Project

Performance Evaluation Program for Rapid HIV Testing—New—Public Health Practice Program Office (PHPO), Centers for Disease Control and Prevention (CDC).

To support our mission of improving public health and preventing disease through continuously improving laboratory practices, the Model Performance Evaluation Program (MPEP), Division of Laboratory Systems, Public Health Practice Program Office,

Centers for Disease Control and Prevention intends to provide a new HIV rapid testing performance evaluation program (HIV Rapid Testing MPEP). This program will offer external performance evaluation (PE) for rapid tests such as the OraQuick® Rapid HIV-1 Antibody Test, recently approved as a waived test by the U.S. Food and Drug Administration, and for other licensed tests such as the Abbott-Murex SUDS® HIV-1 Test. Participation in PE programs is expected to lead to improved HIV testing performance because participants have the opportunity to identify areas for improvement in testing practices. This program will help to ensure accurate testing as a basis for development of HIV prevention and intervention strategies.

This external quality assessment program will be made available at *no cost* (for receipt of sample panels) to

sites performing rapid testing for HIV antibodies. This program will offer laboratories/testing sites an opportunity for:

(1) Assuring that the laboratories/testing sites are providing accurate tests through external quality assessment;

(2) Improving testing quality through self-evaluation in a non-regulatory environment;

(3) Testing well characterized samples from a source outside the test kit manufacturer;

(4) Discovering potential testing problems so that laboratories/testing sites can adjust procedures to eliminate them;

(5) Comparing individual laboratory/testing site results to others at a national and international level, and consulting with CDC staff to discuss testing issues.

Participants in the MPEP HIV Rapid Testing program will be required to complete a laboratory practices questionnaire survey annually. In addition, participants will be required to submit results twice/year after testing mailed performance evaluation samples. The annual burden hours are estimated to be 175.

Forms	No. of respondents	Frequency of responses	Average burden/response (in hours)
HIV Rapid Testing Questionnaire	300	1	15/60
HIV Rapid Testing Results Booklet	300	2	10/60

Dated: May 21, 2003.

Thomas A. Bartenfeld,

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

[FR Doc. 03-13376 Filed 5-28-03; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 03053]

Expansion of HIV Voluntary Counseling and Testing, Prevention of Mother-to-Child Transmission Studies, and HIV Surveillance in the Republic of South Africa; Notice of Intent To Fund Single Eligibility Award

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the intent to fund fiscal year (FY) 2003 funds for a cooperative agreement program for the expansion of HIV Voluntary Counseling and Testing (VCT), Prevention of Mother-To-Child Transmission (PMTCT) services and HIV/AIDS surveillance in the Republic of South Africa. The Catalog of Federal Domestic Assistance number for this program is 93.941.

B. Eligible Applicant

Assistance will be provided only to the National Department of Health (NDOH) South Africa. The South Africa NDOH is the only appropriate and qualified organization to conduct a specific set of activities supportive of the CDC GAP's technical assistance to South Africa because:

1. The South Africa NDOH is uniquely positioned, in terms of legal authority, and commitment to the development and implementation of model VCT, PMTCT services and national HIV/AIDS surveillance in South Africa.

2. The NDOH already has established mechanisms to develop and implement VCT, PMTCT services and HIV/AIDS surveillance throughout all nine provinces enabling it to become engaged immediately in the activities listed in this announcement.

3. Guidelines and standards for VCT, PMTCT testing, counseling, training, referral services and HIV/AIDS surveillance have been developed and disseminated.

4. The purpose of the announcement is to build upon the existing framework of HIV prevention activities that the NDOH itself has developed or initiated.

5. The NDOH is mandated by the South African government to coordinate and implement HIV Prevention activities. This includes increased access to VCT, PMTCT and HIV/AIDS surveillance within South Africa.

6. No other institution has the capacity, legal mandate or expertise to accomplish these tasks.

C. Funding

Approximately \$700,000 is available in FY 2003 to fund this award. It is expected that the award will begin on or before September 1, 2003 and will be made for a 12-month budget period within a project period of up to five years. Funding estimates may change.

D. Where To Obtain Additional Information

For general comments or questions about this announcement, contact: Technical Information Management, CDC Procurement and Grants Office,

2920 Brandywine Road, Atlanta, GA 30341-4146, Telephone: 770-488-2700.

For technical questions about this program, contact: Jamie W. Legier, Grants Management Specialist, Procurement and Grants Office, Centers for Disease Control and Prevention, 2920 Brandywine Road, Atlanta, GA 30341-4146, Telephone: (770) 488-2635, E-mail address: bz13@cdc.gov.

Dated: May 22, 2003.

Sandra R. Manning,

Director, Procurement and Grants Office, Centers for Disease Control and Prevention.

[FR Doc. 03-13379 Filed 5-28-03; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: Refugee Unaccompanied Minor Placement Report (ORR-3), Refugee Unaccompanied Minor Progress Report (ORR-4)

OMB No.: 0970-0034

Description: The two reports collect information necessary to administer the Refugee Unaccompanied Minor Program. The ORR-3 (Placement Report) is submitted to the Office of Refugee Resettlement (ORR) by the service provider agency at initial placement and whenever there is a change in the child's status, including termination from the program. The ORR-4 (Progress Report) is submitted annually and records the child's progress toward the goals listed in the child's case plan.

Respondents: State governments.