

AOA CONSOLIDATED PROGRAM ANNOUNCEMENT—Continued

Grant opportunity	Application deadline	Who may apply (In addition, note special qualifications required)	Maximum award	Maximum projected period	Estimated number of awards
B. Eldercare Locator Program and the National Aging Information & Referral Support Center (CFDA 93.048).	Aug. 15, 2003 ...	Public and/or nonprofit agencies and organizations, including faith-based and community-based organizations.	\$1,175,000	60 months	1
C. Evidence-Based Prevention Program (CFDA 93.048).	Aug. 15, 2003 ...	Local public and/or nonprofit agencies and organizations, including faith-based and community-based organizations.	\$250,000	36 months	6–8
D. Evidence-Based Prevention Program for the Elderly—National Resource Center (CFDA 93.048).	Aug. 15, 2003 ...	National nonprofit organizations, including faith-based organizations.	\$500,000	36 months	1
E. Family Friends (CFDA 93.048).	Aug. 15, 2003 ...	Public and/or nonprofit agencies and organizations, including faith-based and community-based organizations.	\$980,584	36 months	1
F. Health Disparities among Minority Elderly Individuals—Technical Assistance Centers (CFDA 93.048).	Aug. 15, 2003 ...	Public and/or nonprofit agencies and national organizations, including faith-based organizations.	\$932,598 total; range \$129,000–\$356,000.	36 months	5
G. National Center on Elder Abuse (CFDA 93.048).	Aug. 15, 2003 ...	Public and/or nonprofit agencies, organizations, or institutions, including faith-based organizations.	\$809,703	36 months	1
H. Nutrition, Physical Activity and Aging—National Resource Center (CFDA 93.048).	Aug. 15, 2003 ...	Institutions of Higher Education	\$480,000	36 months	1
I. Older Indians, Alaska Natives and Native Hawaiians—National Resource Centers (CFDA 93.048).	Aug. 15, 2003 ...	Institution of Higher Education	\$345,000	36 months	2
J. Pension Information and Counseling Projects—Regional (CFDA 93.048).	Aug. 15, 2003 ...	State or area agencies on aging, and nonprofit organizations, including community-based and faith-based organizations.	\$150,000	36 months	2
K. Pension Technical Assistance Project—National (CGDA 93.048).	Aug. 15, 2003 ...	State or area agencies on aging, and nonprofit organizations, including community-based and faith-based organizations.	\$400,000	36 months	1
L. Retirement Planning and Assistance for Women (CFDA 93.048).	Aug. 15, 2003 ...	Public and/or nonprofit agencies and organizations, including faith-based and community-based organizations.	\$248,376	36 months	1
M. Senior Legal Services—Enhancement of Access (CFDA 93.048).	Aug. 15, 2003 ...	Public and/or nonprofit agencies and organizations, including faith-based and community-based organizations.	\$100,000 to \$150,000	36 months	4

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DEPARTMENT OF HEALTH AND HUMAN SERVICES**Centers for Disease Control and Prevention****[60Day–03–92]****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) 498–1210.

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 or other forms of information technology. Send comments to Anne O'Connor, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

Proposed Project: List of Ingredients Added to Tobacco in the Manufacture of Cigarette Products (OMB No. 0920-0210)—Extension—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

The Comprehensive Smoking Education Act of 1984 (15 U.S.C. 1336 or Pub. L. 98-474) requires each person who manufactures, packages, or imports cigarettes to provide the Secretary of Health and Human Services (HHS) with a list of ingredients added to tobacco in the manufacture of cigarettes. This legislation also authorizes HHS to

undertake research, and submit an annual report to Congress (as deemed appropriate) discussing the health effects of cigarette ingredients. HHS has delegated responsibility for the implementation of this Act to CDC's Office on Smoking and Health (OSH). OSH has collected ingredient reports on cigarette products since 1986. Cigarette smoking is the leading preventable cause of premature death and disability in our Nation. Each year more than 400,000 premature deaths occur as the result of cigarette smoking related diseases. The costs to respondents is their time to complete the survey.

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)	Total burden (in hrs.)
Cigarette Manufacturers	38	1	37	1418
Total				1418

Dated: July 9, 2003.

Thomas A. Bartenfeld,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-03-93]

Proposed Data Collections Submitted for Public Comment and Recommendations

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the data collection plans and instruments, call the CDC Reports Clearance Officer on (404) 498-1210.

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 or other forms of information technology. Send comments to Anne O'Connor, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

Proposed Project: List of Ingredients Added to Tobacco in the Manufacture of Smokeless Tobacco Products (OMB No. 920-0338)—Extension—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers

for Disease Control and Prevention (CDC).

The Comprehensive Smokeless Tobacco Health Education Act of 1986 (15 U.S.C. 4401 *et seq.*, Pub. L. 99-252) requires each person who manufactures, packages, or imports smokeless tobacco (SLT) products to provide the Secretary of Health and Human Services (HHS) with a list of ingredients added to tobacco in the manufacture of smokeless tobacco products. This legislation also authorizes HHS to undertake research, and submit an annual report to the Congress (as deemed appropriate), discussing the health effects of ingredients in smokeless tobacco products. HHS delegated responsibilities for the implementation of this Act to CDC's Office on Smoking and Health (OSH). The oral use of SLT represents a significant health risk which can cause cancer and a number of non-cancerous oral conditions, and can lead to nicotine addiction and dependence. Furthermore, SLT use is not a safe substitute for cigarette smoking. The total cost to respondents is their time to complete survey.

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)	Total burden (in hrs.)
Smokeless Tobacco Manufacturers	6	1	42	254
Total				254