

been program sites, those agencies or organizations that have carried out Family Friends/VSA projects are not eligible for this competition. No applicant eligibility restrictions, other than public or nonprofit status, apply to the training/technical assistance competition.

Application kits are available by writing to the Department of Health and Human Services, Administration on Aging, Office of Program Development, 330 Independence Avenue, SW., Room 4261, Washington, DC 20201, or by calling 202-619-2050.

Jeanette C. Takamura,

Assistant Secretary for Aging.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30DAY-49-00]

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

Evaluative Research for the National Bone Health Education Campaign—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC), in cooperation with the Office on Women’s Health, is developing a national osteoporosis prevention campaign targeting girls ages 9–18—the National Bone Health Campaign (NBHC). The 5-year campaign will begin by targeting girls ages 9–12 and their parents and then expand to girls 13–18 and their parents. Funding for the campaign has been approved for the first two years of the program, so the research presented here is only that to be conducted in the those two years.

The research will consist of: (1) Message tests with representative samples of 200 girls ages 9–12, 200 girls ages 13–18 and 200 parents of girls ages 9–12; (2) Baseline telephone surveys of representative samples of 1000 girls 9–12 and 1000 girls 13–18; (3) Follow-up survey of representative sample of 1000

girls ages 9–12; and (4) Annual surveys of 400 girls 9–12 and annual surveys of 200 parents of girls 9–12 in five “sentinel” sites.

Specifically, the purpose of the research is to (1) Pre-test campaign messages to ensure that they are attention-getting, understandable, personally relevant, and credible for the target audiences; (2) Provide ongoing assessment of campaign events and their effects in five “sentinel” sites; and (3) Provide an overall measure of the campaign’s effectiveness over time.

The results of the proposed research will be used to identify and develop effective campaign messages and strategies to promote bone healthy attitudes, knowledge and behaviors among the primary and secondary audiences, and to assist program planners in assessing and refining program tactics. The research will also provide a measure of the success of the program in increasing awareness of bone healthy activities and improving knowledge and attitudes related to those activities among the primary target audience (girls 9–18). The research will also be shared with NBHEC partners (various public and private agencies or organizations) for use in designing and implementing collaborative programs and messages at the national and local levels.

The total annualized burden is estimated to be 2,000 hours.

	No. of respondents	Responses per respondent	Hours per response
National baseline survey of girls ages 9–18	1,000 (9–12)	1	20/60
	1,000 (13–18)	1	20/60
National follow-up survey of girls ages 9–12	1,000	1	20/60
3 sentinel site surveys of girls ages 9–12	2,000	1	20/60
3 sentinel site surveys of parents of girls ages 9–12	1,000	1	20/60

Dated: June 30, 2000.

Kathy Cahill,

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-48-00]

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

Evaluating National Dissemination Strategies for Effective HIV Prevention Programs for Youth—NEW—The National Center for Chronic Disease Prevention and Health Promotion

(NCCDPHP), Centers for Disease Control and Prevention (CDC) seeks OMB approval for an evaluation of the dissemination of CDC identified effective education programs from national training to the community level to be conducted from 2000 to 2002. The project aims to enhance the adoption and implementation of effective HIV prevention programs. As such, it is directly related to the CDC FY 2000 performance plan to reduce the incidence of HIV/AIDS through the dissemination of HIV prevention education programs. CDC will study the diffusion of two prevention programs. Half of the participants attending the training will be randomly selected, by state, to receive additional technical assistance and diffusion action

planning. This evaluation will follow two cohorts of respondents: *Cohort A* (Master Trainers and Coalition Leaders) includes education and public health agency administrators, health education trainers, and community organization and community media leaders who attended the national training and who will disseminate the program in their states and communities; Cohort B (Local

Health Educators and Coalition Members) includes local administrators, teachers, and health educators in local health departments, schools, media groups, and community organizations, who attended a training provided by a Master Trainer/Coalition Leader. Cohort A will complete a 30-minute survey at 6 months and 12 months post-training and also participate in one 90-minute

focus group conducted by phone. Cohort B will receive one 45-minute survey six months after they have received training.

We assume that each Cohort A participant will, in turn, train 30 local health educators or coalition members (Cohort B). The total annualized burden is estimated to be 1339.5 hours.

Respondents	Number of respondents	Number of responses per respondent	Burden per response
Cohort A: HIV	57	2	0.50
Cohort B: HIV	1710	1	0.75

Dated: June 30, 2000.

Kathy Cahill,

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 00142]

Human Immunodeficiency Virus (HIV) Related Applied Research; 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 human immunodeficiency virus (HIV) related applied research for the control and prevention of HIV. The purpose of this program is to encourage new and innovative methods to further the prevention of HIV infection. This program addresses the "Healthy People 2010" priority area of HIV Infection. For the conference copy of "Healthy People 2010" visit the internet site: <<http://www.health.gov/healthypeople>>.

Projects that will be considered for funding are applied research for the control and prevention of HIV that address only the following Program Priority Areas:

1. Prevent development of opportunistic infections and prevent or delay progression to AIDS and death among HIV-infected persons receiving medical care.
2. Develop, pilot, evaluate, and/or transfer technology of HIV rapid testing and counseling strategies.

3. Identify and characterize recently HIV-infected persons in specific populations or geographic areas; or assess HIV incidence in selected high-risk populations or social networks in geographically-defined communities where HIV incidence is known or expected to be high; or use of HIV incidence data to evaluate prevention interventions.

4. Develop and implement methods to improve access to care of HIV-infected person and to reduce HIV associated morbidity and mortality among persons in medical care.

5. Describe the prevalence and identify demographic and drug use correlates of antibody to HIV, HCV (Hepatitis C Virus), HBV (Hepatitis B Virus) and other bloodborne pathogens among entrants to a correctional facility (CF) and estimate the incidence of transmission of such bloodborne pathogens among recidivists reentering the correctional facility.

B. Eligible Applicants

Applications may be submitted by universities, colleges, research institutions, hospitals, public and private non-profit organizations, community-based, national, and regional organizations, State and local governments or their bona fide agents or instrumentalities, federally recognized Indian Tribal governments, Indian tribes or 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 \$500,000 is available in FY 2000 to fund approximately four new and/or competing continuation

awards. It is expected that the average award will be \$125,000, ranging from \$100,000—\$300,000. Funding estimates are subject to change. It is expected that awards will begin September 30, 2000, and will be made for a 12 month budget period within a project period of up to four years. Funding estimates are subject to change.

Continued support in future years will be based on the availability of funds and success in demonstrating progress toward achievement of objectives.

Funding Preference

Preference will be given to competing continuation applications to ensure continuity of support for currently funded projects.

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 under 2. (CDC Activities). Recipient activities to achieve the purposes of this program will vary by project.

1. Recipient Activities

- a. Complete the development of the research protocol.
- b. Carry out the activities according to the approved protocol.
- c. Ensure that appropriate approvals are secured for the protection of human subjects, Office of Management and Budget and Paperwork Reduction Act, privacy, confidentiality, and data security.
- d. Compile and disseminate findings.

2. CDC Activities

- a. Monitor and evaluate scientific and operational accomplishments of the project through periodic site visits, frequent telephone calls, and review of technical reports and interim data analysis.