and will attempt to secure voluntary compliance through informal means. If the matter cannot be resolved informally, the procedure for effecting compliance as described at 41 CFR 101–6.211–2, et. seq. will be followed.

15. *Technical Assistance.* A program of language assistance should provide for effective communication between the recipient and the person with LEP so as to facilitate participation in, and meaningful access to the services and/or benefits provided by the recipient. The key to ensuring meaningful access for LEP persons is effective communication.

OCR is available to provide assistance to recipients seeking to ensure that they operate an effective language assistance program. In addition, during its investigative process, OCR is available to provide technical assistance to enable recipients to come into voluntary compliance. OCR may be reached at 202–501-0767 or toll free 1–800–662–6376, or by mail at General Services Administration, Office of Civil Rights, Title VI, 1800 F Street NW, Suite 5127, Washington, DC, 20405, for further assistance. Arrangements to receive this policy guidance in alternative format may be made by contacting OCR.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30DAY–01–01]

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

Evaluating CDC Funded Health Department HIV Prevention Programs—New—The Centers for Disease Control and Prevention (CDC), National Center for HIV, STD, and TB Prevention (NCHSTP), proposes a collection of standardized HIV evaluation data from health department grantees to ensure delivery of the best possible HIV prevention services. The CDC needs standardized evaluation data from health department grantees for the following reasons: (1) To determine the extent to which HIV prevention efforts have contributed to a reduction in HIV transmission, (2) to improve programs to better meet that goal, (3) to help focus technical assistance and support and (4) to be accountable to stakeholders by informing them of progress made in HIV prevention nationwide.

CDC and its prevention partners have specifically identified the types of standardized evaluation data they need to be accountable for the use of federal funds and to conduct systematic analysis of HIV prevention to improve policies and programs. Generally, evaluation data that are needed (but not yet available at the national level) include the types and quality of HIV prevention interventions provided by CDC health department grantees and their grantees, the characteristics of clients targeted and reached by the interventions, and the effects of interventions on client behavior and HIV transmission.

The annual burden hours are estimated to be 1248.

Respondents	No. of respondents	No. of forms per jurisdiction	No. of responses per respondent (per yr.)	Average burden per response (in hrs.)
Health Department Grantees	65	16	1	1.2

Dated: January 10, 2001.

Nancy E. Cheal,

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

[FR Doc. 01–1297 Filed 1–16–01; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30DAY–06–01]

Agency Forms Undergoing Paperwork Reduction Act Review; Correction

A notice announcing Jail STD Prevalence Monitoring System was published in the **Federal Register** on November 6, 2000, (65 FR 66546). This notice is a correction.

On page 66546, in the third column of the notice, the last line of the last paragraph, the burden hours should be changed from 1248 to 3296.

On page 66546, at the end of the notice, the burden table should be replaced with the following table:

Respondents	No. of respondents	Avg. No. of forms/respondent	No. of responses/respondent	Avg. burden/response (in hrs.)
State/local health departments ...	.....	4 datasets/year	.....	
A. With access to electronic data	A. 8 health departments	.....	A. 3/dataset	A. 96
B. Without access to electronic data.	B. 8 health departments	.....	B. 100/dataset	B. 3,200