

birds and mosquitoes, this virus has now spread to a 12-state region of the eastern United States, extending from New Hampshire to North Carolina, and from the Atlantic coast to western Pennsylvania. It is likely that West Nile virus will continue to expand its geographic range within the United States, mainly through distribution by infected birds. Thus, many cities in the United States are at risk for West Nile virus epidemics, especially those

without mosquito control programs that target *Culex* mosquitoes. No systematically collected information on such programs is currently available. Currently in the United States, mosquito control is largely a local issue funded by state and local tax dollars.

In the proposed survey, mosquito control program managers will be identified and interviewed by telephone to estimate the number of U. S. cities of at least 100,000 population that have

functional programs for controlling urban *Culex* mosquitoes, by geographic region. The survey will be conducted twice, once at baseline and again two years later, to assess national and regional trends in establishing such control programs. This information will serve as a resource for the Centers for Disease Control and Prevention, state and local health departments, policymakers, and funding agencies. The total cost to the respondents is \$0.

Respondents	Number of respondents	Number of responses/respondent	Average Burden/response (in hours)	Total burden in hours
Initial Telephone interview	175	1	10/60	29
Follow-up Telephone Interview with Initial Respondents	175	1	10/60	29
Total				58

Dated: May 21, 2001.

Nancy Cheal,

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

[FR Doc. 01-13464 Filed 5-29-01; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-01-44]

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) 639-7090.

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 Seleda Perryman, 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

Hazardous Substances Emergency Events Surveillance—Revision—OMB No. 0923-0008 The Agency for Toxic Substances and Disease Registry (ATSDR) is mandated pursuant to the 1980 Comprehensive Environmental Response Compensation and Liability Act (CERCLA) and its 1986 Amendments, The Superfund Amendments and Reauthorization Act (SARA), to prevent or mitigate adverse human health effects and diminished quality of life resulting from the exposure to hazardous substances into the environment. The primary purpose of this activity, which ATSDR has supported since 1992, is to develop, implement, and maintain a state-based surveillance system for hazardous substances emergency events which can be used to (1) describe the distribution of the hazardous substances releases; (2) describe the public health consequences

(morbidity, mortality, and evacuations) associated with the events; (3) identify risk factors associated with the public health consequences; and (4) develop strategies to reduce future public health consequences. The study population will consist of all hazardous substance non-permitted acute releases within the 16 states (Alabama, Colorado, Iowa, Louisiana, Minnesota, Mississippi, Missouri, New Jersey, New York, North Carolina, Oregon, Rhode Island, Texas, Utah, Washington, and Wisconsin) participating in the surveillance system.

Until this system was developed and implemented, there was no national public health-based surveillance system to coordinate the collation, analysis, and distribution of hazardous substances emergency release data to public health practitioners. It was necessary to establish this national surveillance system which describes the public health impact of hazardous substances emergencies on the health of the population of the United States. The data collection form will be completed by the state health department Hazardous Substances Emergency Events Surveillance (HSEES) coordinator using a variety of sources including written and oral reports from environmental protection agencies, police, firefighters, emergency response personnel; or researched by the HSEES coordinator using census data, material safety data sheets, and chemical handbooks. There are no costs to respondents.

Respondents	Number of respondents	Number of responses/respondent	Average burden/response (in hours)	Total annual burden (in hours)
State Health Departments	16	613	1	9,808

Dated: May 21, 2001.

Nancy Cheal,

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

[FR Doc. 01-13465 Filed 5-29-01; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 01038]

Cooperative Agreement for 2001 National Breast and Cervical Cancer Early Detection Program; Notice of Availability of Funds; Amendment

A notice announcing the availability of Fiscal Year 2001 funds to fund a cooperative agreement program for a National Breast and Cervical Cancer Early Detection Program was published in the **Federal Register** on May 17, 2001, [Vol 66, Number 96, Pages 27505-27511]. The notice is amended as follows:

On page 27505, second column, under section B. Eligible Applicants, the first paragraph, second line, insert “and territories (including the Federated States of Micronesia and the Republic of the Marshall Islands) between the words “States” and “or”.

On page 27505, second column, under section B. Eligible Applicants, the first paragraph, third line, insert “or instrumentalities” between the words “agents,” and “including”.

On page 27505, second column, under section B. Eligible Applicants, the first paragraph, line nine, insert “(including Indian Tribes, Tribal organizations, Alaska Natives and Urban Indian organizations and inter-tribal consortia, hereafter referred to as Tribes). An inter-tribal consortium or American Indian/Alaskan Native (AI/AN) organization is only eligible for funding if its primary purpose for incorporation is to improve AI/AN health, and it is representative of the Tribes, Alaska Native villages, or Urban Indian communities in which it is located. Tribes are encouraged to collaborate with other Tribes to expand the potential screening population.” after the words “Tribal government”

On page 27507, third column, under section F. Program Requirements, Recipient Activities, delete item 1.c.

Dated: May 22, 2001.

Henry S. Cassell III,

Acting Director, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC).

[FR Doc. 01-13497 Filed 5-29-01; 8:45 am]

BILLING CODE 4163-18-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 01038]

Cooperative Agreement for 2001 National Breast and Cervical Cancer Early Detection Program; Notice of Availability of Funds

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 2001 funds for a cooperative agreement program for the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). This program addresses the “Healthy People 2010” priority area related to cancer.

The purpose of the NBCCEDP is to apply a State, territorial, or tribal public health approach to increase access to and use of screening services. The NBCCEDP was established through the Breast and Cervical Cancer Mortality Prevention Act of 1990 (Public Law 101-354) and provides screening services for low income women. Funded programs will establish a comprehensive breast and cervical cancer early detection screening program that includes the following program components: Breast and cervical cancer screening, tracking, follow-up and case management; public education and outreach; professional education; quality assurance and improvement; surveillance and evaluation; coalitions and partnerships; and management, hereafter referred to as the NBCCEDP program components.

The President has committed the nation to an ambitious goal: By the year 2010, to eliminate the disparities in health status experienced by racial and ethnic minority populations. The NBCCEDP has been established to move closer to this goal by addressing the deficits in breast and cervical cancer screening and management among these women.

B. Eligible Applicants

Assistance will be provided only to the official health departments of States and territories (including the Federated States of Micronesia and the Republic of

the Marshall Islands) or their bona fide agents or instrumentalities, including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, the Republic of Palau, and federally recognized Indian Tribal governments (including Indian Tribes, Tribal organizations, Alaska Natives and Urban Indian organizations and inter-tribal consortia, hereafter referred to as Tribes).

An inter-tribal consortium or American Indian/Alaskan Native (AI/AN) organization is only eligible for funding if its primary purpose for incorporation is to improve AI/AN health, and it is representative of the Tribes, Alaska Native villages, or Urban Indian communities in which it is located. Tribes are encouraged to collaborate with other Tribes to expand the potential screening population.

States and Tribes currently receiving CDC funds under Program Announcement 96023, entitled 1996 National Breast and Cervical Cancer Early Detection Program, are eligible to apply for funding under this announcement.

1. The following States and Territories are not eligible to apply:

a. American Samoa, California, Colorado, Maryland, Michigan, Minnesota, Missouri, Nebraska, New Mexico, North Carolina, South Carolina, Texas, and West Virginia, which are funded under Program Announcement 718 entitled National Breast and Cervical Cancer Early Detection Program.

b. Alaska, Arizona, Arkansas, Connecticut, Florida, Georgia, Illinois, Iowa, Kansas, Louisiana, Maine, Massachusetts, New Jersey, New York, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, Utah, Vermont, Washington, Wisconsin, Puerto Rico, and Guam, which are funded under Program Announcement 99052 entitled National Breast and Cervical Cancer Early Detection Program.

2. The following Tribes are not eligible to apply:

a. Consolidated Tribal Health Project, Inc. (CA) and Southeast Regional Health Consortium (AK), which are funded under Program Announcement 718 entitled National Breast and Cervical Cancer Early Detection Program.

b. Arctic Slope Native Association (AK), Cherokee Nation (OK), Cheyenne River Sioux Tribe (OK), Poarch Band of Creek Indians (AL), South Central Foundation (AK), and South Puget Intertribal Planning Agency (WA), which are funded under Program announcement 99052 entitled National