relative to project goals and the grantee's compliance with the terms and conditions of the grant. The federal share of the costs of any of the projects will not exceed 75 percent. The purpose of these projects is to demonstrate new or improved approaches to sustaining the efforts of families and other informal caregivers.

The deadline date for the submission of applications is August 10, 2001. Eligibility for grant awards is limited to public and/or nonprofit agencies, organizations, and institutions with demonstrated expertise in aging and caregiving.

Application kits are available by writing to the Department of Health and Human Services, Administration on Aging, Office of Program Operations and Development, 330 Independence Ave., SW., Wilbur J. Cohen Building, Room 4733, Washington, DC 20201, by calling 202/619–0011, or on the web at *http://www.aoa.gov/t4/fy2001.*

Dated: June 13, 2001.

Norman L. Thompson,

Acting Principal Deputy Assistant Secretary for Aging.

[FR Doc. 01–15286 Filed 6–15–01; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration on Aging

[Program Announcement AoA–01–07]

Fiscal Year 2001 Program Announcement: Availability of Funds and Notice Regarding Applications

AGENCY: Administration on Aging, HHS.

ACTION: Request for applications for Pension Counseling and Information Projects to create new, or continue or expand a sufficient number of pension counseling and information programs to provide outreach, information, counseling, referral, and other assistance regarding pension and other retirement benefits, and rights related to such benefits.

SUMMARY: The Administration on Aging (AoA) announces that under this program announcement it will hold a competition for grant awards for two (2) to three (3) projects at a federal share of approximately $100,000 to $150,000 per year for a period of three years. Since 1993, the AoA has supported 10 model pension counseling and information projects throughout the country. This program announcement is designed to build on that effort in order to begin to expand the program into a national program of pension counseling services, as prescribed in title II, section 215 of the Older Americans Act (42 U.S.C. 3001 *et seq.*), as amended in 2000, Pub. L. 106–501.

The deadline date for submission of applications is August 3, 2001. Eligibility for grant awards is limited to State or area agencies on aging, nonprofit organizations, including faith-based organizations, with a proven record of providing services related to retirement of older individuals, services to Native Americans, or specific pension counseling.

Application kits are available by writing to the Administration on Aging, Office of Program Development, Department of Health and Human Services, 330 Independence Avenue, SW., Room 4266, Washington, DC 20201, or by calling Nancy Wartow at (202) 619–058 or on the web at http://www.aoa.gov/t4/fy2001.

Dated: June 13, 2001.

Norman L. Thompson,

Acting Principal Deputy Assistant Secretary for Aging.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration on Aging

[Program Announcement No. AoA–01–06]

Fiscal Year 2001 Program Announcement: Availability of Funds and Notice Regarding Applications

AGENCY: Administration on Aging, HHS.

ACTION: Announcement of availability of funds and request for applications to establish, or expand and improve, Statewide Senior Legal Hotlines whose purpose is to advance the quality and accessibility of the legal assistance provided to older people.

SUMMARY: The Administration on Aging announces that under this program announcement it will hold a competition for grant awards for four (4) to (5) projects that establish, or expand and improve, Statewide Senior Legal Hotlines aimed at advancing the quality and accessibility of the legal assistance provided to older people.

The deadline date for the submission of applications is August 3, 2001. Eligibility for grant awards is limited to public and/or nonprofit agencies, organizations, and institutions experienced in providing legal assistance to older persons.

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 4264, Washington, DC 20201, by calling 202/619–2987, or on the web at *http://www.aoa.gov/t4/fy2001.*

Dated: June 12, 2001.

Norman L. Thompson,

Acting Principal Deputy Assistant Secretary for Aging.

[FR Doc. 01–15203 Filed 6–15–01; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30DAY–38–01]

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: Validation of Self-Reported Arthritis Case Definitions in a Managed Care Setting—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC). It is difficult to estimate the burden of arthritis on the American public because many patients with arthritis do not seek treatment from a health care provider for the condition. The Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing telephone survey that is being used by individual states and the CDC to measure the burden of arthritis. The BRFSS collects a wide variety of self-reported health information, including 6 questions on arthritis. A BRFSS case of arthritis is defined as any person who reports chronic joint symptoms or recalls a diagnosis of arthritis by a health care provider. However, the BRFSS case definition has not been validated, meaning it is unclear if patients who report arthritis symptoms or a diagnosis of arthritis truly have arthritis based on a clinical evaluation by a health care provider. It is also not known if persons who deny chronic joint symptoms and