

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: Training Needs Analysis Questionnaire—New—The Centers for Disease Control and Prevention (CDC), National Center for Environmental Health (NCEH), is funding an effort to develop a national asthma curriculum for the public health workforce. Asthma is a growing concern within the public health community. Its*

prevalence and mortality/morbidity are on the rise, particularly among poor urban inner city populations.

A key first step in the development of any training curriculum is the conduct of a needs analysis to determine the content and delivery mechanism for the material. The target audience for the asthma curriculum includes state and local health department personnel, health care providers, university and school health personnel, members of national non-profit asthma organizations, managed care groups, and Federal health agencies.

Given the wide diversity of the target audience, the National Center for Environmental Health determined that the most efficient and effective means of gathering training needs information is through the use of a short questionnaire which can be placed on an Internet web

site. Through various advertising methods, people can be directed to the web site to complete the on-line questionnaire.

Information to be gathered will include general (but not individual) demographic information, asthma-related job duties and functions, a determination of which job duties and functions have the highest priority need for training, and what delivery mechanism (i.e., distance learning via the Internet, satellite broadcast, formal classroom training, etc.) would be the most acceptable and accessible for the audience. The questionnaire will be short (approximately 15 questions) to minimize the burden upon respondents. This request is for a one-time approval to use an on-line questionnaire. The costs to respondents are \$15,700.

Respondents	No. of respondents	No. of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
State and local health departments .....	240	1	20/60	80
Physicians .....	200	1	20/60	67
Nurses/other health care providers .....	400	1	20/60	133
Federal agencies .....	25	1	20/60	8
Non-profit asthma organizations .....	200	1	20/60	67
MCOs, insurance companies .....	50	1	20/60	17
Universities/schools .....	50	1	20/60	17
Asthma coalitions .....	100	1	20/60	33
Total .....	1265	.....	.....	422

Dated: August 16, 2001.

**Nancy Cheal,**

*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**

[30DAY-45-01]

**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: Sentinel Surveillance for Chronic Liver Disease (0920-0427)—Revision—National Center for Infectious Diseases (NCID), Centers for Disease Control and Prevention (CDC). A questionnaire has been designed to collect information for the Sentinel Surveillance for Chronic Liver Disease project. The purpose of this project is to determine the incidence and period prevalence of physician-diagnosed chronic liver disease in a defined geographic area, the contribution of chronic viral hepatitis to*

the burden of disease, the influence of etiologic agents(s) and other factors on mortality, and to monitor the incidence of and mortality from chronic liver disease over time. The information gathered will be analyzed in conjunction with data collected from other sources to address these questions. The results of the project will assist the Hepatitis Branch, Division of Viral and Rickettsial Diseases, National Center for Infectious Diseases in accomplishing the part of its mission related to preparing recommendations for the prevention and control of all types of viral hepatitis and their sequella. In order to focus on prevention efforts and resource allocation, a representative view of the overall burden of chronic liver disease, its natural history, and the relative contribution of viral hepatitis is needed. The estimated annualized burden is 500 hours.

Respondents	No. of respondent	No. of responses per respondent	Average burden per responses in hours
All consenting adults with physician-diagnosed chronic liver disease living in catchment areas	500	1	1

Date: August 16, 2001.

**Nancy E. Cheal,**

*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

#### [Program Announcement 02005]

#### Sexually Transmitted Disease Faculty Expansion Program; Notice of Availability of Funds

##### A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 2002 funds for cooperative agreements for a Sexually Transmitted Disease (STD) Faculty Expansion Program (FEP). This program will provide resources to medical schools in the United States to support faculty positions specializing in training related to STD prevention and control. This program addresses the "Healthy People 2010" focus area of Sexually Transmitted Diseases.

The purposes of this program are:

1. To enable the awardee institutions to provide STD training and education by developing faculty positions dedicated to the area of STD clinical care, prevention, and control, in medical schools where such clinical and research expertise does not currently exist.

2. To support the development of linkages between health departments and medical schools in the area of STD prevention through jointly appointed staff who strengthen health department STD programmatic activities by undertaking clinical care, research, and teaching responsibilities.

##### B. Eligible Applicants

Applications may be submitted by public or private medical schools or health science centers in the United States, including the District of Columbia, the Commonwealth of Puerto Rico, any territory or possession of the United States, and all federally recognized Indian tribal governments.

Competition for these funds is limited to those institutions where CDC has not previously funded a Faculty Expansion Program or is not currently funding an STD/HIV Prevention Training Center (PTC). The rationale for this limited competition is that the areas where CDC has previously funded an FEP or is currently funding a PTC already have expertise in STDs and have established training and health department collaborations similar to those described as goals of this announcement.

##### C. Availability of Funds

Funding for this program is variable throughout the project period. Approximately \$340,000 is expected to be available in FY 2002 to fund approximately four awards. It is expected that the average award for the first year will range between \$65,000 and \$85,000 which is less than the amount expected for year 02. The amount of the award is less in the first year because it is expected that the first 6 months will be devoted to faculty recruitment activities so that the full faculty salary expense will not be incurred until the latter half of year 01.

The initial award is expected to begin on or about February 1, 2002 for a 12-month budget period. Thereafter, four additional noncompetitive continuation awards will be made annually within a program period of up to five years depending upon funding availability. Continuation awards within the program period will depend on satisfactory progress as evidenced by required reports and the availability of funds. It is anticipated that each award for the second year will range from approximately \$130,000 to \$150,000, a commitment level of 100 percent support from CDC. For project years 03 to 05, CDC funding for each award is expected to decrease as the university and/or health department assumes more fiscal responsibility for the faculty member's salary. In year 03, each award is expected to range between \$97,500 and \$112,500, a commitment level of 75 percent support from CDC. In year 04, each award is expected to range between \$65,000 and \$75,000, a commitment level of 50 percent support from CDC. In year 05, each award is expected to range between \$32,500 and \$37,500, representing a CDC level of support of 25 percent. Funding

estimates may change. It is expected that the faculty member's salary in years 03 to 05 will not decrease as CDC funding decreases. The faculty member's annual salary in years 03 to 05 should sum to at least the same level as that established in year 02 when the annual salary is solely funded by CDC. CDC's intent is that the funding of faculty member's salary in years 03 to 05 will be shared by the institution, the collaborating health department, and CDC and provided at a minimum of the year 02 salary level.

Computation of the salary should include cost-of-living and merit increases, if applicable.

In project years 02, 03, or 04, applicants will have the option to apply for supplemental funds (up to \$25,000 per year) for research pilot projects of 1 to 3 years duration.

If the faculty member's career trajectory and academic track includes research as well as teaching, the research experience gained through the pilot projects may increase his/her ability to successfully compete for future research grants. These funds will be awarded on the basis of the merit of the research proposal/protocol submitted and the availability of funds. Criteria for evaluation of proposals will be identified in the guidance for continuation applications for years 02, 03, and 04.

CDC is under no obligation to reimburse such costs if for any reason the application does not receive an award or if the award to the recipient is less than anticipated and inadequate to cover costs. For the purpose of determining contributions, total program costs consist of the items listed under the Use of Funds section.

##### 1. Use of Funds

Funds are awarded for a specifically defined purpose and may not be used for any other purpose or program. It is expected that funds for the 12 month budget period may be used to support:

- a. The salary and benefits of a faculty member,
- b. The salary and benefits of a part-time support person,
- c. Travel to project-related and professional meetings,
- d. Supplies necessary for professional training activities,
- e. Indirect costs, and