

limited by the number of registrants. Priority may be given to participants who have not yet addressed the Commission at previous meetings. All requests to register should include the name, address, telephone number, and business or professional affiliation of the interested party, and should indicate the area of interest or issue to be addressed:

Any person attending the meeting who has not registered to speak in advance of the meeting will be allowed to make a brief oral statement during the time set aside for public comment if time permits, and at the Chairperson's discretion. Individuals unable to attend the meeting, or any interested parties, may send written comments by mail, fax, or electronically to the staff office of the Commission for inclusion in the public record.

When mailing or faxing written comments, please provide your comments, if possible, as an electronic version or on a diskette. Persons needing special assistance, such as sign language interpretation or other special accommodations, should contact the Commission staff at the address or telephone number listed above no later than February 12, 2002.

Dated: January 18, 2002.

**LaVerne Y. Stringfield,**

*Director, Office of Federal Advisory Committee Policy.*

[FR Doc. 02-2028 Filed 1-25-02; 8:45 am]

**BILLING CODE 4140-01-M**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[30DAY-16-02]

**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:* Outcome Evaluation of CDC's Youth Media Campaign—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC). CDC, working in collaboration with the Health Resources and Services Administration (HRSA), the National Center for Child Health and Human Development (NICHD), and the Substance Abuse and Mental Health Services Administration (SAMHSA), is coordinating an effort to plan, implement, and evaluate a campaign designed to clearly communicate messages that will help kids develop habits that foster good health over a lifetime. The Campaign will be based on

principles that have been shown to enhance success, including: designing messages based on research; testing messages with the intended audiences; involving young people in all aspects of Campaign planning and implementation; enlisting the involvement and support of parents and other influencers; tracking the Campaign's effectiveness and revising Campaign messages and strategies as needed.

For the Campaign to be successful, a thorough understanding of tweens (youth ages 9-13), the health behaviors promoted, and the barriers and motivations for adopting and sustaining them is essential. Additionally, a thorough understanding of those who can influence the health behaviors of tweens is important. This understanding will facilitate the development of messages, strategies, and tactics that resonate with tweens, parents and other influencers.

Research for the national and minority audience components of the Youth Media Campaign will identify the target audience(s) using standard market research techniques and will address geographic and demographic diversity to the extent necessary to assure appropriate audience representation.

The intent of this audience research is to solicit input and feedback from audiences on a national level and from audiences within targeted populations. Information gathered from both audiences will be used to modify/refine and/or revise Campaign messages and strategies and evaluate Campaign effectiveness. The annual burden for this data collection is 3,584 hours.

Respondents	Number of respondents	Number of responses/respondent	Average burden per response (in hours)
Screening .....	73,885	1	1/60
Child Youth Media Survey .....	5,939	1	10/60
Parent Youth Media Survey .....	6,293	1	13/60

Dated: January 18, 2002.

**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**

[30DAY-15-02]

**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:* Pilot Study of the U.S. Action Plan for Laboratory Containment of Wild Polioviruses—New—National Vaccine Program Office (NVPO), Centers for Disease Control and

Prevention (CDC). Global polio eradication is anticipated within the next few years. The only sources of wild polio virus will be in biomedical laboratories. Prevention of inadvertent transmission of polio viruses from the laboratory to the community is crucial.

The first step toward prevention is a national survey of all biomedical laboratories. The survey will alert laboratories to the impending eradication of polio, encourage the disposition of all unneeded wild polio virus infectious and potentially infectious materials, and establish a national inventory of laboratories retaining such materials. Laboratories on the inventory will be kept informed

of polio eradication progress and notified, when necessary, to implement bio-safety requirements appropriate for the risk of working with such materials.

An estimated 15,000 biomedical laboratories, in six categories of institutions: Academic, federal government, hospital, industry, private, and state and local government facilities, will be included in the final survey. We propose conducting pilot studies in 525 biomedical laboratories representing the above six categories. Specific survey strategies for each category will be refined through these pilot surveys. Three types of biomedical laboratories within each institutional category will be targeted by the pilot

survey: Those most likely to possess wild polio virus materials; those least likely to possess wild polio virus materials; and those that may possess wild polio virus materials.

The survey instruments will ask laboratories to indicate whether or not they possess wild polio virus infectious and/or potentially infectious materials. If such materials are present, respondents are asked to indicate the types of materials and estimated numbers retained. Survey instruments will be available on the NVPO web page, and institutions will be encouraged to submit completed survey forms electronically. The total burden for this data collection is 350 hours.

Respondents	Number of respondents	Responses/respondent	Average burden/response (in hours)
Labs most likely to possess .....	175	1	30/60
Labs least likely to possess .....	175	1	30/60
Labs that may possess .....	175	1	60/60

Dated: January 18, 2002.

**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 02027]

**Cooperative Agreement for the American Academy of Pediatrics; 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 a cooperative agreement program with the American Academy of Pediatrics (AAP). This program addresses the "Healthy People 2010" focus areas of Maternal, Infant and Child Health and Disability and Secondary Conditions.

The purpose of the program is to enhance public health practices related to birth defects and developmental disabilities by (1) promoting the professional development of pediatricians; (2) providing expert guidance on special topics on pediatric research and services; and (3) disseminating to practicing pediatricians information on birth

defects, developmental disabilities, and health promotion for children with disabilities.

Research involving human participants will not be supported under this cooperative agreement.

**B. Eligible Applicants**

Assistance will be provided only to the American Academy of Pediatrics (AAP). No other applications are solicited.

The AAP is regarded as the most influential and prestigious professional association for pediatricians in the United States, and is the only national professional association for general pediatricians in the United States. The recommendations produced by the AAP are considered among the most reliable and up-to-date information available to the pediatric community. Because of their strong reputation and large pediatric provider audience, the AAP can rapidly and efficiently disseminate information about birth defects and developmental disabilities issues to pediatricians across the country. The AAP's unparalleled ability to convey information to a large number of American pediatricians would make them an extremely useful asset in enhancing communications among practicing pediatricians. Because of their relationships with pediatricians and the mission of the organization, the AAP is a unique position to carry-out the work being proposed and is the only national organization that has the capacity and established provider network to conduct this project.

The AAP has a long-standing position as a trusted leader in the birth defects, developmental disabilities, and childhood disabilities fields.

AAP has a chapter in each state and territory that facilitates grass-roots interventions. In addition to its preeminence as a national organization of pediatricians, AAP is represented in all U.S. regions. This regional presence makes AAP the natural leader when local action is needed.

**Note:** Title 2 of the United States Code, section 1611 states that an organization described in section 501(c)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive Federal funds constituting an award, grant, or loan.

**C. Availability of Funds**

Approximately \$200,000 is available in FY 2002 to fund this award. It is expected that the award will begin on or about June 1, 2002, and will be made for a 12-month budget period within a project period of up to five years. Funding estimates may change.

Continuation awards within an approved project period will be made on the basis of satisfactory progress as evidenced by required reports and the availability of funds.

**D. Where to Obtain Additional Information**

This and other CDC announcements can be found on the CDC home page Internet address—<http://www.cdc.gov>. Click on "Funding" then "Grants and Cooperative Agreements."

To obtain business management technical assistance, contact: Sheryl