Mr. Lipski has entered into a Voluntary Exclusion Agreement in which he has voluntarily agreed for a period of three (3) years, beginning on March 20, 2002:

(1) To exclude himself from serving in any advisory capacity to PHS, including but not limited to service on any PHS advisory committee, board, and/or peer review committee, or as a consultant; and

(2) That any institution that submits an application for PHS support for a research project on which Mr. Lipski's participation is proposed or which uses him in any capacity on PHS supported research, or that submits a report of PHS-funded research in which Mr. Lipski is involved, must concurrently submit a plan for supervision of his duties to the funding agency for approval. The supervisory plan must be designed to ensure the scientific integrity of his research contribution. A copy of the supervisory plan must also be submitted to ORI by the institution.

FOR FURTHER INFORMATION CONTACT: Director, Division of Investigative Oversight, Office of Research Integrity, 5515 Security Lane, Suite 700, Rockville, MD 20852, (301) 443–5330.

Chris B. Pascal,

Director, Office of Research Integrity.

[FR Doc. 02–8230 Filed 4–4–02; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–02–37]

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) 498–1210.

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

Bioterrorism Needs Assessment For Hospitals—New—National Center for Infectious Disease (NCID), Centers for Disease Control and Prevention (CDC). In October–November 2001, following the reports of anthrax cases, the infection control community indicated to the Division of Healthcare Quality Promotion that there was a need for more bioterrorism-related information. A needs assessment was created and pilot tested in eight hospitals to assist DHQP in providing guidance to hospitals for preparedness and response. The needs assessment will gather information that will help the Division and other areas of CDC in evaluating CDC strategies for identifying and developing the materials and communication mechanisms that hospitals need most to adequately prepare for and respond to possible bioterrorism events in the future. The Division of Healthcare Quality Promotion has a more than 30-year history of being seen as a reliable source of information to the infection control community. Our objective is to determine the needs of hospitals so they are adequately prepared to recognize and treat bioterrorism-related diseases and prevent further transmission of disease. This will ultimately enable them to do their jobs better, identify bioterrorism events more quickly, and prevent morbidity and mortality.

The needs assessment will assess the bioterrorism planning and preparedness, resources and communication, impact of anthrax events, surveillance for bioterrorism-related diseases, education and training, and information needs in hospitals. The data from responding hospitals will be used to develop improved methods of communication to healthcare providers and facilities, establish the best way for CDC to disseminate materials, assure disaster plans are in place, and determine what information from CDC is of greatest need to healthcare facilities.

The data collection will use web-based technology to gather information in a systematic fashion to better assist hospitals. These topics were chosen for the needs assessment by staff members of the Division of Healthcare Quality Promotion, who provided expertise to healthcare facilities after the September 11th attacks. There are no costs to the respondents. The table below shows the estimated annual burden in hours to complete the needs assessment.

Title	No. of respondents	No. of responses/ respondent	Average burden/ response (in hrs.)	Total burden (in hrs.)
Bioterrorism needs assessment for heathcare facilities	4,000	1	15/60	1,000
Total				1,000

Dated: March 26, 2002.

Nancy Cheal,

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

[FR Doc. 02–8224 Filed 4–4–02; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 02082]

Population-Based Surveillance of Autism Spectrum Disorders and Other Developmental Disabilities; 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 for Population-Based Surveillance of Autism Spectrum Disorders and Other Developmental Disabilities. CDC is committed to achieving the health promotion and disease prevention objectives of ''Healthy People 2010.'' This announcement is related to the focus area of Maternal, Infant and Child Health.

The purpose of the program is to enhance an existing system or develop and implement a new system to undertake a multiple source surveillance methodology, from existing data records, for determining the prevalence of autism and other developmental disabilities, such as mental retardation, cerebral palsy, and vision and hearing impairments, in three through ten-year-old children within a geographically-defined area (combination of States, Statewide, or regions within a State). This program augments CDC's ongoing extramural surveillance program for autism and other developmental disabilities.

Quantifiable and measurable outcomes of the cooperative agreement will be measured against the ''Government Performance Results Act'' performance goal to find causes and risk factors for birth defects in order to develop prevention strategies.

B. Eligible Applicants

Assistance will be provided only to the Health Departments of States or their bona fide agents, including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, federally recognized Indian Tribal Governments, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.

Competition is limited to State Health Departments because they maintain public health responsibility for these health conditions, and their record systems and expertise are essential to program success. State agencies, or their bona fide agents, applying under this announcement, that are other than the official State Health Department must provide written concurrence on the application from the official State Health Department. If an applicant is acting as an agent for their State Health Department, the Health Department will be expected to assign a liaison to participate in major activities of the program.

To be eligible, applicants must document a study population of at least 30,000 live births per year within a State, a contiguous area of a State (such as the catchment of a local health agency), or a contiguous area comprising a combination of States.

Applicants who are unable to document the minimum study population size based on live birth data from their State Health Department or proxy data from the US Census Bureau (based on 2000 census data, or 1999 Postcensal estimates) will be determined ineligible.

The applicant should include this information as part of the abstract. If it is not included, then the application will be determined as nonresponsive and returned without review.

Note: Only one application will be accepted from each State or combination of States, and the latter must specify which State is the lead applicant.

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 $700,000 is available in FY 2002 to fund two to three awards. It is expected that the award will begin on September 30, 2002, and will be made for a 12-month budget period within a project period of up to three 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. Program Requirements

In conducting activities to achieve the purpose of this program, the recipient will be responsible for the activities under 1. (Recipient Activities), and CDC will be responsible for the activities listed under 2. (CDC Activities).

1. Recipient Activities

a. Develop or enhance a population-based epidemiologic surveillance system for autism spectrum disorders and other developmental disabilities to generate timely population-based data. Activities may include, but not be limited to, development or enhancement of surveillance case definitions, multiple source case ascertainment methods (*e.g.,* from educational and medical sources), and data collection instruments.

b. Establish or enhance a multiple-source methodology for case ascertainment by developing collaborative relationships with appropriate professionals and organizations.

c. Develop or enhance a plan for training community service providers to improve case ascertainment.

d. Implement or enhance quality assurance procedures to ensure that study protocols are followed.

e. Develop or enhance an evaluation plan for estimating the validity and completeness of the surveillance system.

f. Develop, implement, and evaluate a plan to use surveillance data to improve community and service provider awareness of Autism Spectrum Disorders (ASD) and other developmental disabilities and/or access of children with ASD and other developmental disabilities to comprehensive, community-based, family-centered care.

g. Collaborate with other State surveillance programs for autism and other developmental disabilities. Participate in scheduled meetings and existing activities.

h. Disseminate findings of the surveillance activities for the professional community and the public to increase public health awareness.

2. CDC Activities

a. Assist recipient in the development and implementation of surveillance activities including the development of a standardized surveillance case definition.

b. Provide current scientific information on surveillance methods, as requested, including the identification of potential sources for surveillance.

c. Assist recipient in the development of quality assurance procedures.