Space in Public Buildings and Grounds. This notice indicates GSA's intent to request an extension by 3 years of OMB's emergency reinstatement of this collection and to request public review and comment on the collection.

Public comments are particularly invited on: Whether this collection of information is necessary for the proper performance of GSA use of applications/permits for use of space in a GSA building, and whether it will have practical utility; whether our estimate of the public burden of this collection of information is accurate, and based on valid assumptions and methodology; ways to enhance the quality, utility, and clarity of the information to be collected; and ways in which we can minimize the burden of the collection of information on those who are to respond, through the use of appropriate technological collection techniques or other forms of information technology.

DATES: Comments may be submitted on or before July 8, 2002.

FOR FURTHER INFORMATION CONTACT: Charlene Heeter, Public Buildings Service, GSA (202) 208–0214.

ADDRESSES: Comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, should be submitted to Stephanie Morris, General Services Administration, Regulatory Secretariat, 1800 F Street, NW, Room 4035, Washington, DC 20405.

SUPPLEMENTARY INFORMATION:

A. Purpose

GSA will be requesting the Office of Management and Budget (OMB) to review and approve information collection, 3090–0044, Application/Permit for Use of Space in Public Buildings and Grounds. The general public uses this GSA Form to request the use of public space in Federal buildings for cultural, educational, or recreational activities. A copy, sample, or description of any material or item proposed for distribution or display must also accompany this request.

B. Annual Reporting Burden

Respondents: 8,000.
Responses Per Respondent: 1.
Hours Per Response: 0.05.
Total Burden Hours: 400.
Obtaining Copies of Proposals: Requester may obtain a copy of the proposal from the General Services Administration, Acquisition Policy Division (MVP), 1800 F Street, NW, Room 4035, Washington, DC 20405, telephone (202) 501–4744. Please cite OMB Control No. 3090–0044, GSA Form 3453, Application/Permit for Use of Space in Public Buildings and Grounds, in all correspondence.

Dated: April 29, 2002.

Michael W. Carlton,

Chief Information Officer (I).

[FR Doc. 02–11223 Filed 5–6–02; 8:45 am]

BILLING CODE 6820–EP–M

GENERAL SERVICES ADMINISTRATION

[OMB Control No. 3090–0259]

Submission for OMB Review; Comment Request Entitled Market Research Questionnaire

AGENCY: Federal Supply Service, GSA.

ACTION: Notice of a request for an extension to an existing OMB clearance (3090–0259), Market Research Questionnaire.

SUMMARY: Under the provisions of the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35), the General Services Administration (GSA) has submitted to the Office of Management and Budget (OMB) a request to review and approve an extension of a currently approved information collection requirement concerning Market Research Questionnaire. A request for public comments was published at 67 FR 7377, February 19, 2002. No comments were received.

Public comments are particularly invited on: Whether this collection of market research information is necessary for the proper performance of GSA procurement, and whether it will have practical utility; whether our estimate of the public burden of this collection of information is accurate, and based on valid assumptions and methodology; ways to enhance the quality, utility, and clarity of the information to be collected; and ways in which we can minimize the burden of the collection of information on those who are to respond, through the use of appropriate technological collection techniques or other forms of information technology.

DATES: *Comment Due Date:* July 7, 2002.

ADDRESSES: Comments regarding this collection of information should be submitted to Jeanette Thornton, GSA Desk Officer, OMB, Room 10236, NEOB, Washington, DC 20503, and a copy to Stephanie Morris, General Service Administration, Acquisition Policy Division, 1800 F Street, NW., Room 4035, Washington, DC 20405 or fax to (202) 501–4067. Please cite OMB Control Number 3090–0259.

FOR FURTHER INFORMATION CONTACT: Charles P. Gallagher, Federal Supply Service, GSA (703) 305–6930.

SUPPLEMENTARY INFORMATION:

A. Purpose

The General Services Administration is requesting that the Office of Management and Budget (OMB) review and approve information collection, 3090–0259, concerning the Market Research Questionnaire. The Market Research Questionnaire is used to gather information that is necessary to develop and/or revise Federal specifications and other purchase descriptions.

B. Annual Reporting Burden

Respondents: 25.
Annual Responses: 25.
Average hours per response: 0.5.
Burden Hours: 12.5.
Obtaining Copies of Proposal: Requester may obtain a copy of the proposal from the General Services Administration, Acquisition Policy Division (MVP), 1800 F Street, NW., Room 4035, Washington, DC 20405, telephone (202) 501–4744. Please cite OMB Control No. 3090–0259, Market Research Questionnaire.

Dated: April 29, 2002.

Michael W. Carleton,

Chief Information Officer (I).

[FR Doc. 02–11224 Filed 5–6–02; 8:45 am]

BILLING CODE 6820–61–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Meeting of the Secretary's Advisory Committee on Regulatory Reform

AGENCY: Office of the Assistant Secretary for Planning and Evaluation, HHS.

ACTION: Notice of meeting.

SUMMARY: Notice is hereby given of a public meeting of the Department of Health and Human Services (HHS) Secretary's Advisory Committee on Regulatory Reform. As governed by the Federal Advisory Committee Act in accordance with section 10(a)(2), the Secretary's Advisory Committee on Regulatory Reform is seeking guidance for the Department's efforts to streamline regulatory requirements. The Advisory Committee will advise and make recommendations for changes that would be beneficial in four broad areas: health care delivery, health systems operations, biomedical and health research, and the development of pharmaceuticals and other products. The Committee will review changes

identified through regional public hearings, written comments from the public, and consultation with HHS staff.

All meetings and hearings of the Committee are open to the general public. During each meeting, invited witnesses will address how regulations affect health-related issues. Meeting agendas will also allow some time for public comment. Additional information on each meeting's agenda and list of participating witnesses will be posted on the Committee's Web site prior to the meetings (*http://www.regreform.hhs.gov*).

DATES: The second full meeting of the Secretary's Advisory Committee on Regulatory Reform will be held on Wednesday, May 15, 2002, from 8:00 a.m. to 5:00 p.m. and on Wednesday, May 16, from 8:00 a.m. to 3:00 p.m.

ADDRESSES: The hearing will be held in Ballroom ''E'' at the Marriott Denver City Center, 1701 California Street, Denver, Colorado, 80202.

FOR FURTHER INFORMATION CONTACT: Christy Schmidt, Executive Coordinator, Secretary's Advisory Committee on Regulatory Reform, Office of the Assistant Secretary for Planning and Evaluation, 200 Independence Avenue, SW., Room 344G, Washington, DC, 20201, (202) 401–5182.

SUPPLEMENTARY INFORMATION: The Marriott Denver City Center is in compliance with the Americans with Disabilities Act. Anyone planning to attend the meeting who requires special disability-related arrangements such as sign-language interpretation should provide notice of their need by Monday, May 14, 2002. Please make any request to Michael Starkweather—phone: 301–628–3141; fax: 301–628–3101; e-mail: *mstarkweather@s-3.com.*

On June 8, 2001, HHS Secretary Thompson announced a Department-wide initiative to reduce regulatory burdens in health care, to improve patient care, and to respond to the concerns of health care providers and industry, State and local Governments, and individual Americans who are affected by HHS rules. Common sense approaches and careful balancing of needs can help improve patient care. As part of this initiative, the Department is establishing the Secretary's Advisory Committee on Regulatory Reform to provide findings and recommendations regarding potential regulatory changes. These changes would enable HHS programs to reduce burdens and costs associated with departmental regulations and paperwork, while at the same time maintaining or enhancing the effectiveness, efficiency, impact, and access of HHS programs.

Dated: April 29, 2002.

William Raub,

Deputy Assistant Secretary for Planning and Evaluation.

[FR Doc. 02–11221 Filed 5–6–02; 8:45 am]

BILLING CODE 4151–05–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 02148]

Building Regional Coalitions to Promote Patient Safety; 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 building regional coalitions to promote patient safety. This program addresses the ''Healthy People 2010'' focus areas of Access to Quality Health Services and Immunization and Infectious Diseases.

The purpose of the program is to support and develop a regional coalition that combines the efforts of major healthcare stakeholders to promote patient safety by preventing adverse events associated with healthcare, including evaluation of prevention effectiveness and cost effectiveness. Adverse events associated with healthcare to be targeted for preventions include, but are not limited to, healthcare associated infections, including those caused by antimicrobial resistant organisms. The goals of this program are to: (1) Support further development of an existing regional infrastructure to address issues of patient safety in a geographic area encompassing a major metropolitan area; (2) support implementation of interventions on a regional level designed to prevent adverse events associated with healthcare; (3) support interventions that address problems with current systems of healthcare delivery and their role in contributing to adverse events; (4) support the development of an existing region-wide system of surveillance for adverse events associated with healthcare; (5) support the development of a common information platform which can be used to collect electronic information on a regional level; and(6) evaluate the prevention effectiveness and cost effectiveness of regional interventions.

B. Eligible Applicants

Applications may be submitted by public and private nonprofit organizations and by governments and their agencies; that is, universities, colleges, research institutions, hospitals, other public and private nonprofit organizations, State and local governments or their bona fide agents, and federally recognized Indian tribal governments, Indian tribes, or Indian tribal organizations. Faith-based organizations are eligible to submit an application.

Applicants will need to have access to a coalition that actively engages a broad spectrum of healthcare quality stakeholders, including, but not limited to, healthcare facilities, major insurers, healthcare purchasers, physicians, corporate and civic leaders, organized labor, and State government.

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.

A. Availability of Funds

Approximately $100,000 is available in FY 2002 to fund one award. It is expected that the award will begin on or about September 1, 2002 and will be made for a 12 month budget period within a project period of up to three years. The funding estimate 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.

Funding Preferences

1. Funding preference will be given to applicants who demonstrate the presence of an existing regional healthcare coalition with documented active engagement of a broad spectrum of healthcare quality stakeholders, including, but not limited to, healthcare facilities, major insurers, healthcare purchasers, physicians, corporate and civic leaders, organized labor, and State government. Applicants should have existing community charters signed by senior executive officers of at least 25 regional healthcare facilities, insurance companies representing at least 50 percent of the privately insured lives in the region, and at least 15 of the 30 largest employers in the region. These charters should specifically outline participatory actions to which the chief executive officers commit.

2. Funding preference will be given to applicants who can demonstrate the existence of a region-wide system of