

and recommendations to the Secretary of HHS, Assistant Secretary for Health, the Director, Office for Human Research Protections, and other departmental officials on a broad range of issues and topics pertaining to or associated with the protection of human research subjects.

Information about NHRPAC, and the draft agenda for the Committee's July 2002 meeting, will be posted on the NHRPAC website at: <http://ohrp.osophs.dhhs.gov/nhrpac/nhrpac.htm>.

Dated: June 5, 2002.

**Greg Koski,**

*Executive Secretary, National Human Research Protections Advisory Committee.*

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**BILLING CODE 4150-28-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

[60Day-02-61]

**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 Anne O'Connor, 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**

Youth Media Campaign Awareness and Reaction Tracking Study—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC). CDC's National Center for Chronic Disease Prevention and Health Promotion, Office of the Director, Youth Media Campaign, proposes to conduct ongoing monitoring of the awareness and reaction to the brand and messages of the Youth Media Campaign. In FY 2001, Congress established the Youth Media Campaign at the Centers for Disease Control and Prevention (CDC). Specifically, the House Appropriations Language said: The Committee believes that, if we are to have a positive impact on the future health of the American population, we must change the behaviors of our children and young adults by reaching them with important health messages. CDC, working in collaboration with federal partners, 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, ongoing monitoring of the campaign's penetration with the target audiences is essential. Campaign planners must have mechanisms to determine the targets' awareness of, and reaction to, the campaign brand and messages as the campaign evolves. Campaign planners also need to identify which messages are likely to have the greatest impact on attitudes and desired behaviors. The purpose of this monitoring strategy is to continually assess and improve the effectiveness of the targeted communication and other marketing variables throughout the evolution of the campaign. Another important objective is to determine which media channels are most effective to optimize communication variables such as weight levels, frequency and reach components, programming formats, etc. that will have the greatest effect upon communicating the desired message to the target audiences. As the marketing efforts are implemented in selected cities, the Campaign planners also want to evaluate which strategies are most effective in which locales.

The Youth Media Campaign will use a tracking methodology using age-targeted samples. Tracking methods may include, but are not limited to telephone surveys, telephone or in-person focus groups, web-based surveys, or intercept interviews with tweens, parents, other teen influencers and adult influencers nationally and in cities with +YMC-hosted events. Continuous tracking of awareness of the brand and the advertising messages are standard tools in advertising and marketing. The commitment of resources to YMC's marketing efforts mandates that campaign planners be able to respond quickly to changes needed in message execution or delivery as is standard practice in the advertising industry. There is no cost to respondents.

Respondents	Number of respondents	Number of responses/respondent	Avg. burden/response	Total burden (in hours)
Tweens (ages 9-13) .....	20,000	1	15/60	5,000
Parents .....	10,000	1	15/60	2,500
Adult influencers .....	7,500	1	15/60	1,875
Older teen influencers .....	4,000	1	15/60	1,000
<b>Total .....</b>				<b>10,375</b>

Dated: June 4, 2002.

Julie Fishman,

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

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Substance Abuse and Mental Health Services Administration**

**Fiscal Year (FY) 2002 Funding Opportunities**

**AGENCY:** Substance Abuse and Mental Health Services Administration, HHS.

**ACTION:** Notice of funding availability.

**SUMMARY:** The Substance Abuse and Mental Health Services Administration

(SAMHSA) Center for Substance Abuse Treatment (CSAT) announces the availability of FY 2002 funds for grants for the following activity. This notice is not a complete description of the activity; potential applicants *must* obtain a copy of the Guidance for Applicants (GFA), including Part I, *Cooperative Agreements for State Data Infrastructure (SDI) TI 02-010*, before preparing and submitting an application.

Activity	Application Deadline	Est. Funds FY 2002	Est. Number of Awards	Project Period
Cooperative Agreements for State Data Infrastructure Program ...	July 24, 2002 .....	\$5.0 million	50	3 years.

The actual amount available for the award may vary, depending on unanticipated program requirements and the number and quality of applications received. FY 2002 funds for the activity discussed in this announcement were appropriated by the Congress under Public Law No. 106-310. SAMHSA's policies and procedures for peer review and Advisory Council review of grant and cooperative agreement applications were published in the **Federal Register** (Vol. 58, No. 126) on July 2, 1993.

**General Instructions**

Applicants must use application form PHS 5161-1 (Rev. 7/00). The application kit contains the two-part application materials (complete programmatic guidance and instructions for preparing and submitting applications), the PHS 5161-1 which includes Standard Form 424 (Face Page), and other documentation and forms. Complete application kits for this GFA will be mailed directly from SAMHSA/CSAT by the Government Project Officer (GPO) to SSAs for the States. For additional copies please contact:

Richard Thoreson, GPO, Center for Substance Abuse Treatment, SAMHSA, Rockwall II, Suite 840, 5600 Fishers Lane, Rockville, MD 20857. Phone: (301) 443-5325. E-mail: [rthoreso@samhsa.gov](mailto:rthoreso@samhsa.gov).

The PHS 5161-1 application form and the full text of the activity are also available electronically via SAMHSA's World Wide Web home page: <http://www.samhsa.gov>.

When requesting an application kit, the applicant must specify the particular activity for which detailed information is desired. All information necessary to apply, including where to submit applications and application deadline

instructions, are included in the application kit.

*Purpose:* The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) announces the availability of fiscal year FY 2002 funds for cooperative agreements with States to upgrade State Data Infrastructure (SDI). The primary goal of this program is to help Single State Authorities (SSAs) report performance measures for planned Substance Abuse Prevention and Treatment Block Grant Performance Partnerships (PPG). Funds will assist States, in collaboration with each other and with CSAT, to develop administrative data infrastructure for collecting and reporting PPG and related information. Funds can also be used to upgrade State staff needed to collect and analyze performance data.

*Eligibility:* The statutory authority for this program limits eligibility to the States. Applicants are limited to the Single State Authorities (SSAs) because of their responsibility to submit performance data for the planned Performance Partnership Grants (PPGs). For the purpose of this GFA, the term "State(s)" includes SSAs for all 50 States, the District of Columbia, Puerto Rico, Guam, the Northern Mariana Islands, the Virgin Islands, American Samoa, and the Trust Territory of the Pacific Islands.

*Availability of Funds:* In FY 2002, approximately \$5,000,000 will be available. Annual awards available to the 50 States, the District of Columbia and Puerto Rico will be approximately \$100,000 in total costs (direct and indirect). Annual awards available to U.S. territories will be approximately \$50,000 in total costs (direct or indirect). Actual funding levels will depend upon the number or scored

applications and the availability of funds.

In accordance with section 1971(d) of the PHS Act, awardees must agree to make available (directly or through donations from public or private entities) non-Federal contributions of at least 50 percent of total project costs. For example, if the award is \$100,000, then the non-Federal contribution must also be \$100,000, which is 50 percent of total project costs (\$200,000). A non-Federal contribution may be in cash or in kind, fairly evaluated, including plant, equipment or services. Amounts provided by the Federal Government, or services assisted or subsidized to any significant extent by the Federal Government, may not be included in determining the amount of such contributions.

*Period of Support:* An award may be requested for a project period of up to 3 years.

*Criteria for Review and Funding:* General Review Criteria: Competing applications requesting funding under this activity will be reviewed for technical merit in accordance with established PHS/SAMHSA peer review procedures. Review criteria that will be used by the peer review groups are specified in the application guidance material.

*Award Criteria for Scored Applications:* Applications will be considered for funding on the basis of their overall technical merit as determined through the peer review group and the appropriate National Advisory Council review process. Availability of funds will also be an award criteria. Additional award criteria specific to the programmatic activity may be included in the application guidance materials.

*Catalog of Federal Domestic Assistance Number:* 93.238.