

**CONTACT PERSON FOR MORE INFORMATION:**  
Thomas J. Trabucco, Director, Office of  
External Affairs, (202) 942-1640.

Dated: July 2, 2002.

**Elizabeth S. Woodruff,**

*Secretary to the Board, Federal Retirement  
Thrift Investment Board.*

[FR Doc. 02-17013 Filed 7-2-02; 2:14 pm]

BILLING CODE 6760-01-M

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[Program Announcement 02175]

#### **Applied Research on Antimicrobial Resistance (AR): Validation of National Committee for Clinical Laboratory Standards (NCCLS) Breakpoints for Bacterial Pathogens of Public Health Importance; Notice of Availability of Funds; Amendment**

A notice announcing the availability of Fiscal Year 2002 funds to fund grants for Applied Research on Antimicrobial Resistance (AR): Validation of National Committee for Clinical Laboratory Standards (NCCLS) Breakpoints for Bacterial Pathogens of Public Health Importance was published in the **Federal Register** on June 4, 2002, Vol. 67, No. 107, pages 38501-38503. The notice is amended as follows: On page 38502, first column, Section E. Program Requirements, Paragraph 3, should be revised to read:

“2. For organisms for which NCCLS has yet to establish and publish a standardized susceptibility testing method, a method in line with other NCCLS methods would have to be elucidated (including the appropriate quality control organisms and the ranges of MICs or zone diameters that constituted a test that was in control). Thus, potential projects include validating existing interpretive criteria for pathogens of public health importance, developing new interpretive criteria for pathogens of public health importance using existing NCCLS methods and quality control, or developing new interpretive criteria and new antimicrobial susceptibility testing methods for pathogens of public health importance using existing NCCLS methods and quality control as a starting point for novel test development.”

Dated: June 21, 2002.

**Sandra R. Manning,**

*CGFM, Director, Procurement and Grants  
Office, Centers for Disease Control and  
Prevention.*

[FR Doc. 02-16232 Filed 7-3-02; 8:45 am]

BILLING CODE 4163-18-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[Program Announcement 02199]

#### **Centers of Excellence for Autism and Other Developmental Disabilities Epidemiology; 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 Centers of Excellence for Autism and Other Developmental Disabilities Epidemiology. This program addresses the “Healthy People 2010” focus areas for Maternal, Infant, and Child Health.

The purpose of the program is to collect and analyze epidemiologic data on the prevalence, correlates, and causes of autism and other developmental disabilities. The new Center(s) will be part of an existing collaborative network (which consist of four Centers presently) investigating autism spectrum disorder (ASD) and other developmental disabilities. The Centers will conduct active population-based surveillance; multi-Center analytic case-control studies; and Center-initiated special studies. 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 and developmental disabilities in order to develop prevention strategies.

##### **B. Authority and Catalog of Federal Domestic Assistance Number**

This program is authorized under sections 301(a), 311 and 317(C) of the Public Health Service Act, (42 U.S.C. Sections 241, 243, and 247b-4), as amended, and Section 102 of the Children’s Health Act of 2000, (Pub. L. 106-310). The Catalog of Federal Domestic Assistance number is 93.283.

##### **C. 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. Only one application from each State or Territory may be submitted.

To be eligible, applicants must document a study population of at least 30,000 live births per year (in order to be able to detect sufficient numbers of cases) within a State, a contiguous area of a State (such as the catchment of a local health agency), or a contiguous area comprised of a combination of States, based on United States Census Data (based on 2000 census data). This information should be placed directly behind the face page of the application. Applications that fail to submit the evidence requested above will be considered non-responsive and returned without review.

**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.

##### **D. Availability of Funds**

Approximately \$400,000 to \$700,000 will be available in FY 2002 to fund approximately one award. The average award will be approximately \$500,000. It is expected that the award will begin on or about September 30, 2002, and will be made for a 12-month budget period within a project period of up to four years. Funding estimates may change.

It is anticipated that in FY 2003, additional approved but not funded awards may be made from this announcement, if funds become available.

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. Matching funds are not required for this program.

##### **E. 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. Surveillance System.