

messages, the subject line should include the following reference—"Draft OGE Information Quality Guidelines Comment").

FOR FURTHER INFORMATION CONTACT: Mary T. Donovan at the Office of Government Ethics; telephone: (202) 208-8000, ext. 1185; TDD 202-208-8025; FAX: 202-208-8037. A copy of the draft guidelines may be obtained, without charge, by contacting Ms. Donovan.

SUPPLEMENTARY INFORMATION: Section 515 of the Treasury & General Government Appropriations Act for FY 2001 (Public Law No. 106-554) requires each Federal agency to publish guidelines for ensuring and maximizing the quality, objectivity, utility, and integrity of the information it disseminates to the public. Agency guidelines must be based on government-wide guidelines issued by the Office of Management and Budget (OMB). In compliance with this statutory requirement and OMB instructions, OGE has posted its draft Information Quality Guidelines on the OGE Internet Web site (<http://www.usoge.gov> under "What's New!"). The draft guidelines describe the Agency's proposed procedures for ensuring the quality of information that it disseminates to the public and the proposed procedures by which an affected person could obtain correction of information disseminated by OGE that did not comply with the guidelines. The Office of Government Ethics invites public comments on its draft guidelines and will consider the comments received in developing its proposed final guidelines, which must be submitted to OMB for review.

Persons who cannot access the draft guidelines through the Internet may request a paper or electronic copy by contacting Ms. Donovan at the address, phone number, E-mail address, or FAX number listed above.

Approved: July 25, 2002.

James V. Parle,
Deputy Chief Information Officer, Office of Government Ethics.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30DAY-40-02]

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) 498-1210. 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

National Survey 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 poliovirus will be in biomedical laboratories. Prevention of inadvertent transmission of polioviruses from the laboratory to the community is crucial.

The first step toward laboratory containment 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 poliovirus infectious and potential 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 biosafety requirements appropriate for the risk of working with such materials.

In June 2001, the Secretary for Health and Human Services, Tommy Thompson, declared in a letter to the Regional Director of the Pan American Health Organization that:

The United States is fully committed to PAHO's Executive Committee Resolution CE126.R4 urging Member States "to initiate activities related to the containment of any laboratory material that may harbor specimens of wild poliovirus."

The Department of Health and Human Services proposes a national survey of all biomedical laboratories that may possess wild poliovirus infectious or potential infectious 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 national survey.

The national survey instruments and logistics will be tested during the OMB approved Pilot Survey (OMB Number: 0920-0545), scheduled to begin May 2002. The survey instruments ask laboratories to indicate whether or not they possess wild poliovirus infectious and/or potential 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 annual burden for this data collection is 6,969 hours.

Respondents	Number of respondents	Responses per respondent	Average burden per response (in hours)
Laboratories	9,292	1	45/60

Dated: July 24, 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 02122]

Cooperative Agreement for the Domestic Violence Prevention Enhancement and Leadership Through Alliances (DELTA) Program; 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 Domestic Violence Prevention Enhancement and Leadership Through Alliances (DELTA) Program. This program addresses the "Healthy People 2010" focus area of Injury and Violence Prevention.

The purpose of the program is to stimulate the development and implementation of activities to prevent domestic violence that can be integrated into coordinated community responses (CCRs) or similar community-based collaborations at the state and local level. Specifically, the DELTA program seeks to add a significant prevention focus to the existing CCR model by funding state domestic violence coalitions who will act as intermediary organizations in providing prevention-focused technical assistance, training, and funding to local communities. For the purposes of this announcement, activities to prevent domestic violence are defined as population-based and/or environmental/system level services, policies and actions that prevent domestic violence from initially occurring and require a community level process to identify and implement. These activities to prevent domestic violence will be referred to as 'prevention enhancements' throughout the remainder of this announcement.

Measurable outcomes of the program will be in alignment with the following performance goal for the National Center for Injury Prevention and Control (NCIPC): Reduce violence against women.

B. Authority and Catalog of Federal Domestic Assistance Number

This program is authorized under sections 301(a), 317(k)(2), 318 and 391-394 of the Public Health Service Act, (42 U.S.C. 241(a), 247b(k)(2), and 280b-280b-2), as amended. The Catalog of Federal Domestic Assistance number is 93.136.

C. Eligible Applicants

Assistance will be provided only to state domestic violence coalitions (as designated by the Administration on Children and Families of the U.S. Department of Health and Human Services) that qualify as private nonprofit organizations. Competition is being limited to state domestic violence coalitions that qualify as private nonprofit organizations due to the legislative language. Where appropriate, state domestic violence coalitions are encouraged to partner with other state-level organizations (i.e. state level advisory councils) that also have significant responsibility for the domestic violence prevention and intervention services or policy at the state level. Only one application per state will be awarded.

Public Law 104-65 states that an organization described in section 501(c)(4) of the Internal Revenue Code of 1986 which engages in lobbying activities shall not be eligible for the receipt of Federal funds constituting an award, grant, contract, loan, or any other form.

D. Availability of Funds

Approximately \$2.6 million is available in FY 2002 to fund approximately ten awards. There will be approximately three awards for states with populations of more than ten million as determined by the 2000 Census. These three awards are expected to average \$400,000, ranging from \$350,000 to \$500,000. There will be approximately seven awards for states with populations less than ten million people as determined by the 2000 Census. These seven awards are expected to average \$200,000, ranging from \$150,000 to \$300,000. Applicants can access the web address <http://quickfacts.census.gov>, to determine if their state has a population of more than or less than ten million people. It is expected that the awards 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 three years. Funding estimates may change.

Matching funds are not required for this program.

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.

1. Use of Funds

Throughout the project period (Years one, two, & three), recipients may annually retain up to 25 percent of the DELTA program award for staff and administrative expenses required to support cooperative agreement tasks including the purchase of computer hardware and software. Applicants may enter into contractual agreements to purchase goods and services, or to support cooperative agreement activities, but the applicant must retain proper stewardship over funds and responsibility for tasks associated with the project. DELTA Program cooperative agreement funds may not be used to supplant current applicant expenditures. Budgets for the first year should include travel costs for two cooperative agreement staff to attend one two-day and two three-day planning meetings in Atlanta with CDC staff, other cooperative agreement recipients, and the evaluation contractor. The first planning meeting will take place within 45 days of the award and will focus on the development of core components for the needs assessment, inventory, and sub-award application. The second meeting will take place approximately six months after the award and will focus on reports from state domestic violence coalitions regarding the results of the completed needs assessment, inventory, and sub-award process and development of the cross-site evaluation. Therefore, it will be extremely important that the state domestic violence coalitions who are awarded funding from this cooperative agreement are able to complete these tasks in the allotted time frame. The third planning meeting will take place in the 12th month of the award. Planning meetings will also provide an opportunity for state domestic violence coalitions to share their expertise, for CDC to provide technical support, and for collaboration on the cross-site evaluation of the DELTA Program.

The remaining 75 percent of annual DELTA Program funds should be awarded to private non-profit organizations working to develop or maintain coordinated community responses to domestic violence in local communities. These local community recipients may use DELTA Program funds to establish prevention enhancements to the CCR model in their local communities. In granting sub-awards, strong consideration should be given by cooperative agreement recipients to geographical (rural vs.