

guidance (“Guidance for Industry: Revised Preventive Measures to Reduce the Possible Risk of Transmission of Creutzfeldt-Jakob Disease (CJD) and Variant Creutzfeldt-Jakob Disease (vCJD) by Blood and Blood Products”); this guidance can be accessed at <http://www.fda.gov/cber/guidelines.htm> and its affect on blood supply, and an update on bovine spongiform encephalopathy epidemiology and food chain controls. The committee will then discuss consideration of labeling claims for transmissible spongiform encephalopathy (TSE) agent clearance in plasma derivatives.

Procedure: Interested persons may present data, information, or views, orally or in writing, on issues pending before the committee. Written submissions may be made to the contact person by February 13, 2003. Oral presentations from the public will be scheduled between approximately 10:10 a.m. to 10:30 a.m. and between approximately 3 p.m. to 3:40 p.m. on February 20, 2003. Time allotted for each presentation may be limited. Those desiring to make formal oral presentations should notify the contact person before February 13, 2003, and submit a brief statement of the general nature of the evidence or arguments they wish to present, the names and addresses of proposed participants, and an indication of the approximate time requested to make their presentation.

Persons attending FDA’s advisory committee meetings are advised that the agency is not responsible for providing access to electrical outlets.

FDA welcomes the attendance of the public at its advisory committee meetings and will make every effort to accommodate persons with physical disabilities or special needs. If you require special accommodations due to a disability, please contact William Freas or Sheila D. Langford at least 7 days in advance of the meeting.

Notice of this meeting is given under the Federal Advisory Committee Act (5 U.S.C. app. 2).

Dated: January 14, 2003.
Linda Arey Skladany,
Associate Commissioner for External Relations.
 [FR Doc. 03–1566 Filed 1–23–03; 8:45 am]
BILLING CODE 4160–01–S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Comment Request

In compliance with the requirement for opportunity for public comment on proposed data collection projects (section 3506(c)(2)(A) of title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Public Law 104–13), the Health Resources and Services Administration (HRSA) publishes periodic summaries of proposed projects being developed for submission to OMB under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, call the HRSA Reports Clearance Officer on (301) 443–1129.

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 should 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 the use of automated collection techniques or other forms of information technology.

Proposed Project: The National Sample Survey of Registered Nurses 2004 (OMB No. 0915–0192)—Revision

The National Sample Survey of Registered Nurses (NSSRN) is carried

out to assist in fulfilling two Congressional mandates. Section 792 of the Public Health Service Act (42 U.S.C. 295k), calls for the collection and analysis of data on health professions. Section 806 (f) of the Public Health Service Act (42 U.S.C. 296e) requires that discipline specific workforce information and analytical activities are carried out as part of the advanced nursing education, workforce diversity, and basic nursing education and practice programs.

Government agencies, legislative bodies and health professionals used data from previous national sample surveys of registered nurses to inform workforce policies. The information from this survey will continue to serve policy makers, and other consumers. Furthermore data collected in this survey will assist in determining the impact that changes in the health care system is having on employment status of registered nurses (RNs), the setting in which they are employed and the proportion of RNs who are employed full time and part time in nursing. The data will also indicate the number of RNs who are employed in jobs unrelated to nursing.

The proposed survey design for the 2004 NSSRN follows that of the previous seven surveys. A probability sample is selected from a sampling frame compiled from files provided by the State Boards of Nursing in the 50 States and the District of Columbia. These files constitute a multiple sampling frame of all RNs licensed in the 50 States and the District of Columbia. Sampling rates are set for each State based on considerations of statistical precision of the estimates and the costs involved in obtaining reliable national and State level estimates.

Each sampled nurse will be asked to complete a self-administered questionnaire, which includes items on educational background, duties, employment status and setting, geographic mobility, and income.

Estimated burden is as follows:

	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
Questionnaires	39,360	1	39,360	.33	12,989

Send comments to Susan Queen, Ph.D., HRSA Reports Clearance Officer, Room 16C-17, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: January 17, 2003.

Jane M. Harrison,

Director, Division of Policy Review and Coordination.

[FR Doc. 03-1568 Filed 1-23-03; 8:45 am]

BILLING CODE 4165-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Supporting Networks of HIV Care; National Training and Technical Assistance Cooperative Agreements Announcement of Sole Source Awards

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Announcement of Sole Source Awards.

SUMMARY: The Health Resources and Services Administration (HRSA) announces the funding of two sole source cooperative agreements of fiscal year (FY) 2002 Health and Human Services Minority AIDS Initiative (MAI) funds. The two organizations funded will implement the Supporting Networks of HIV Care, National Training and Technical Assistance Cooperative Agreements. These cooperative agreements are an essential part of the HRSA HIV/AIDS Bureau's (HRSA/HAB) response to the severe and ongoing HIV/AIDS crisis within racial and ethnic minority communities.

Recipients of these two awards are Communities Advocating for Emergency Assistance and Relief (CAEAR) Coalition Foundation in the amount of \$2,200,000 and the National Minority AIDS Council (NMAC) in the amount of \$600,000. Funds are awarded for a 1-year project period starting September 30, 2002, and ending September 29, 2003.

In partnership with HRSA/HAB, these two cooperative agreements will provide training, education, technical assistance, and related informational resources to non-profit, minority community- and faith-based organizations (C/FBOs) serving people of color living with and affected by HIV/AIDS. Select minority C/FBOs will receive assistance in response to their specific needs. The assistance will be designed to improve staff capabilities and organizational capacity for the

provision of high quality, comprehensive HIV primary health care, and support services. C/FBOs that receive Ryan White Comprehensive AIDS Response Emergency (CARE) Act funds directly from HRSA/HAB for service delivery are not eligible for assistance. The long-term goal of these cooperative agreements is to increase and improve HIV primary care infrastructure in communities of color. A related goal is to equip organizations serving communities of color to become new members of the CARE Act community.

Assistance will be provided in the following areas: staff and board development and management, needs assessment, strategic planning, linkages and referrals, clinical and support service delivery and management, financial management, resource development, management information systems, quality management, program evaluation, and the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act. Services will be available through these cooperative agreements by early January 2003. The HRSA/HAB will have direct involvement in all planning, implementation, and evaluation related activities to ensure timely execution of work plans and quality in the delivery of services and the development of materials.

Background: The CAEAR Coalition Foundation and NMAC were found uniquely qualified to administer this cooperative agreement given their organizational characteristics, strengths and experience working directly with HRSA/HAB. Both organizations have significant experience developing successful activities and programs to support HIV/AIDS service providers nationally.

The CAEAR Coalition Foundation was formed by communities affected by the HIV/AIDS epidemic during the initial authorization of the Ryan White CARE Act. For a little over a decade, CAEAR Coalition Foundation has been a leading voice in HIV/AIDS service delivery and planning. The CAEAR Coalition Foundation represents over 250 governmental and CBOs, including Titles I and III grantees, and the communities they serve. Their membership is significant given its inclusion of organizations serving large metropolitan areas (500,000+ residents) most severely impacted by HIV/AIDS. It also includes CBOs in rural, underserved, and racial/ethnic minority communities facing existing and emerging HIV epidemics. The CAEAR Coalition Foundation's close relationship with relevant CARE Act

grantees and other organizations nationally will allow for extensive outreach and identification of organizations in most need of this type of assistance. The CAEAR Coalition Foundation conducts a variety of research projects and educational activities to increase provider and patient knowledge about care, treatment, and support services and strategies to fight the HIV epidemic. The CAEAR Coalition Foundation works to stay abreast of the current needs of providers and address those needs. There is no other national AIDS organization with CAEAR Coalition Foundation membership and CARE Act expertise. CAEAR Coalition Foundation has experience managing HRSA funds and related initiatives.

Since 1987, NMAC has worked to develop leadership and capacity within communities of color to address HIV infection. NMAC is the only national organization founded specifically to support minority CBOs to foster new leadership and address the unique challenges HIV/AIDS presents for racial/ethnic minorities. Over 3,000 minority CBOs have joined. NMAC is the only national minority AIDS organization providing on-line training, technical assistance, and "chat room" opportunities for minority CBOs. NMAC's Web site receives approximately 36,000 hits per day. NMAC's LifeLine provides e-mail announcements to over 8,000 governmental and non-governmental organizations and individuals regarding the availability of grants for HIV service delivery, opportunities for training and TA, national conferences, and other important updates. NMAC has experience managing MAI funds and implementing related activities in the areas of HIV/AIDS treatment, fiscal management, board development, effective utilization of technology, and community planning.

FOR FURTHER INFORMATION CONTACT:

Additional information may be obtained from Ms. Rene Sterling, HIV/AIDS Bureau, 5600 Fishers Lane, Room 7-47, Rockville, MD 20857; telephone (301) 443-7778, fax (301) 594-2835, e-mail RSterling@hrsa.gov.

Paperwork Reduction Act

If there is a data collection associated with this application OMB approval will be sought.

Dated: January 15, 2003.

Elizabeth M. Duke,
Administrator.

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