

**GENERAL SERVICES
ADMINISTRATION****Office of Management Services****Paper Requirement for Office of
Personnel Management (OPM)
Standard Forms**

AGENCY: Office of Management Services, GSA.

ACTION: Notice.

SUMMARY: Currently the Office of Personnel Management (OPM) requires that certain OPM promulgated Standard Forms, when electronically generated, be reproduced on specified color paper. Although OPM prefers to receive the forms on colored paper, they are waiving this requirement on electronically generated forms. The following statement however, must appear on these forms: "This is the electronic version of the form."

For duplicated forms, individuals should try to reproduce on the specified colored paper. This will increase processing time, but forms duplicated on white paper will still be accepted.

FOR FURTHER INFORMATION CONTACT: Ms. Barbara Williams, General Services Administration, (202) 501-0581.

DATES: Effective February 5, 2003.

Dated: January 27, 2003.

Barbara M. Williams,

*Deputy Standard and Optional Forms
Management Officer, General Services
Administration.*

[FR Doc. 03-2809 Filed 2-4-03; 8:45 am]

BILLING CODE 6820-34-M

**DEPARTMENT OF HEALTH AND
HUMAN SERVICES****Centers for Disease Control and
Prevention**

[60 Day-03-41]

**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: Development of an Assistive Technology and Environmental Assessment Instrument for National Surveys—New—National Center for Health Statistics (NCHS),

Centers for Disease Control and Prevention (CDC). Recent Federal policy initiatives have targeted the removal of environmental barriers and increased access to assistive and universally designed technologies in order to increase participation in major life activities by persons of all ages with disabilities. Yet, few statistics are available to quantify the potential demand for assistive technologies and no criteria exist to evaluate the potential impact of broadened access.

CDC is seeking OMB approval to cognitively test and pilot a survey instrument that collects information on disabled persons' access to, and use of, assistive technologies and environmental modifications that can be implemented in national health surveys. This information will help policy makers and scientists understand the interface among disability, assistive devices, and environmental modifications. Through a cooperative agreement with the National Institute on Aging, the Office of the Assistant Secretary for Planning and Evaluation has funded researchers at the Polisher Research Institute and Johns Hopkins University to develop the new measures to be tested. The testing will be conducted by the National Center for Health Statistics with funding from the Office of the Assistant Secretary for Planning and Evaluation, DHHS.

Approximately 300 interviews will be conducted with adults with disabilities living in the community. These interviews will be 45 minutes in length. To the extent possible, different modes of administration will be utilized (e.g., in-person, telephone, or mixed) and racially diverse samples of persons with disabilities in both rural and urban settings will be selected to maximize the sensitivity of the instrument across diverse populations. There is no cost to the respondents other than their time.

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Adult with Disabilities	300	1	45/60	225
Total	225

Dated: January 30, 2003.

Thomas Bartenfeld,

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

[FR Doc. 03-2781 Filed 2-4-03; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-03-40]

Proposed Data Collections Submitted for Public Comment and Recommendations

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Proposed Project: Examining the Effectiveness of HIV Prevention

Messages—New—National Center for HIV, STD, and TB Prevention (NCHSTP), Centers for Disease Control and Prevention (CDC). This project involves the development and cognitive testing of HIV prevention messages in the format of computerized brochures. The efficacy of various types of prevention messages will be evaluated in three experimental studies with populations at risk of acquiring or transmitting HIV. The studies will test different ways of communicating, framing and presenting HIV prevention messages. Outcomes to be examined include the extent to which the message is considered acceptable, comprehensible, and credible by the intended audience, as well as the extent to which the message influences knowledge, attitudes, and readiness or intentions to reduce or eliminate risk behaviors. Data will be collected using audio-computer assisted self-interviews. The results will be used by CDC, and other organizations and researchers to inform prevention activities. There is no cost to the respondents.

Form	No. of respondents	No. of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Eligibility Screener	1600	1	15/60	400
Message Complexity Study Questionnaire	200	1	1	200
Message Framing Study Questionnaire	600	1	1	600
Message Presentation Study Questionnaire	450	1	1	450
Total	1650

Dated: January 30, 2003.

Thomas Bartenfeld,

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

[FR Doc. 03-2782 Filed 2-4-03; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

National Advisory Committee on Children and Terrorism, Department of Health and Human Services, Centers for Disease Control and Prevention: Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Centers for Disease Control and Prevention (CDC) announces the following Advisory Committee meeting.

Name: National Advisory Committee on Children and Terrorism, HHS, CDC.

Time and Date: 9 a.m.–5 p.m., March 6, 2003.

Place: Centers for Disease Control and Prevention, Roybal Campus; 1600 Clifton Road, NE., Building 2, Auditorium A, Atlanta, Georgia 30333.

Status: Open to the public, limited only by the space available. The meeting room accommodates approximately 50 people.

Purpose: The committee will make recommendations to the Secretary of HHS on matters related to bioterrorism and its impact on children.

Matters to be Discussed: Agenda items will include an introduction of committee members and discussion of the Secretary's priorities, with discussions of recommendations regarding: (a) The preparedness of the health care system to respond to bioterrorism as it relates to children; (b) needed changes to the health care and emergency medical service systems and emergency medical services protocols to meet the special needs of children; and (c) changes, if necessary, to the National Strategic Stockpile under section 121 of the Public Health Security and Bioterrorism Preparedness and Response Act of 2002 to meet the emergency health security of children.

Agenda items are subject to change as priorities dictate.

For Further Information Contact: Joseph M. Henderson, Executive Secretary, National Advisory Committee on Children and Terrorism, DHHS, CDC, 1600 Clifton Road, NE. M/S D-44, Atlanta, Georgia 30333. Telephone 404/639-7405.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Dated: January 30, 2003.

Joseph E. Salter,

Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 03-2651 Filed 2-4-03; 8:45 am]

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