

Non-Vessel Operating Common Carrier and Ocean Freight Forwarder Transportation Intermediary Applicant

MC Logix, Inc., 1535 W. 139th Street, Gardena, CA 90249, Officer: Se Hwan Park, President (Qualifying Individual).

RCP Logistics, Inc., 300 Elmwood Avenue, Sharon Hill, PA 19079, Officer: Richard C. Powley, President (Qualifying Individual).

Ocean Freight Forwarder—Ocean Transportation Intermediary Applicants

W. P. Mulry & Co., Inc., 348 Jervis Avenue, Copiaque, NY 11726, Officer: William P. Mulry, President (Qualifying Individual).

International Trade Brokers and Forwarders Co., 7252 NW 25th Street, Miami, FL 33122, Officers: Alvaro G. Munoz, President (Qualifying Individual), Isabel Munoz, Vice President.

Amtrade International, Inc., 1700 N. Dixie Hwy., Suite 142, Boca Raton, FL 33432, Officer: Ana Adriaola-Rodriguez, President (Qualifying Individual).

Arimar International SPA, Via VIII Marzo, 35/c, 50010 Scandicci (FI) Italy, Officers: Jennifer M. Carter, Director (Qualifying Individual).

Dated: February 7, 2003.

Bryant L. VanBrakle,

Secretary.

[FR Doc. 03-3500 Filed 2-11-03; 8:45 am]

BILLING CODE 6730-01-P

FEDERAL RETIREMENT THRIFT INVESTMENT BOARD

Sunshine Act; Meetings

TIME AND DATE: 9 a.m. (E.S.T.), February 20, 2003.

PLACE: 4th Floor, Conference Room, 1250 H Street, NW., Washington, DC.

STATUS: Parts will be open to the public and parts closed to the public.

MATTERS TO BE CONSIDERED:

Parts Open to the Public

1. Approval of the minutes of the January 21, 2003, Board member meeting.
2. Executive Director's report, including the following items:
 - (a) Legislative report,
 - (b) Investment report,
 - (c) Participation information; and
 - (d) Future meeting topics.
3. Status of new record keeping system.
4. Participant service presentation.

Parts Closed to the Public

5. Discussion of litigation matters.
6. Discussion of personnel matters.

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

Dated: February 10, 2003.

Elizabeth S. Woodruff,

Secretary to the Board, Federal Retirement Thrift Investment Board.

[FR Doc. 03-3586 Filed 2-10-03; 12:54 pm]

BILLING CODE 6760-01-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Toxic Substances and Disease Registry

[Program Announcement 03041]

World Trade Center Registry; Notice of Intent To Fund Single Eligibility Award

A. Purpose

The Agency for Toxic Substances and Disease Registry (ATSDR) announces the intent to award fiscal year (FY) 2003 funds for a cooperative agreement program to develop a World Trade Center (WTC) Registry which will be a central, unified database to assess short and long term health effects among persons exposed to the WTC disaster.

B. Eligible Applicant

Assistance will be provided only to the New York City Department of Health and Mental Hygiene (NYCDOHMH). NYCDOHMH has designed and implemented the protocol for the initial data collection for this program. They are the point of entry into the public health system for the residents of New York City, and they have strong linkages to all levels of the community required to gain enrollment of identified registry populations.

C. Funding

Approximately \$1,500,000 is available in FY 2003 to fund this award. It is expected that the award will begin on or about February 28, 2003 and will be made for a 12-month budget period within a project period of up to five years. Funding estimates may change.

D. Where To Obtain Additional Information

For general comments or questions about this announcement, contact: Technical Information Management, CDC Procurement and Grants Office, 2920 Brandywine Rd, Room 3000, Atlanta, GA 30341-4146, Telephone: (770) 488-2700.

For technical questions about this program, contact: Sharon Campolucci, Public Health Advisor, Division of Health Studies, Agency for Toxic Substances and Disease Registry, Executive Park, Building 4, Suite 1300, MS E-31, Atlanta, GA 30305, Telephone (404) 498-0105, e-mail address: ssc1@cdc.gov.

Dated: February 6, 2003.

Sandra R. Manning,

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

[FR Doc. 03-3476 Filed 2-11-03; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30DAY-26-03]

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: Testing Stigma Reducing Effects of an HIV Storyline—New—National Center for HIV, STD, and TB Prevention (NCHSTP), Centers for Disease Control and Prevention, (CDC). CDC proposes to re-interview a subsample of adults initially interviewed about HIV stigma in the summer of 2000. The original study relied on a new technology, the Web-enabled television, to collect data from individuals in their homes. This same technique will be used to gather data in the proposed study. The information obtained will contribute to an understanding of stigmatizing attitudes, investigate the effectiveness of a stigma-reduction strategy with the potential to reach broadly into a target audience, and guide future research and intervention efforts in this area.

HIV stigma inhibits HIV testing and positive sero-status disclosure, and thus increases the risk of HIV infection. Although there is evidence that in the general population HIV stigmatizing

attitudes and beliefs may have decreased somewhat over the last 15 years, there is no information about the stability of HIV stigmatizing attitudes and beliefs over time within the same individuals. Understanding patterns of stigma will make it possible to identify effective strategies for stigma reduction, and these could carry a significant public health benefit.

HIV stigma is a pervasive societal problem, and a meaningful decrease in stigma will require interventions that reach large numbers of people. The electronic mass media reach millions of people and nationally televised

broadcasts have been shown to increase knowledge of health issues, promote attitudes and norms that support prevention, and model prevention behaviors. Serialized daytime television dramas may offer some particular advantages for effective dissemination of anti-stigma messages. A large proportion of their audiences, compared with other demographic groups, report getting their health information from television. In addition, the dramatic presentation of health-relevant messages may make them more noticeable and memorable. CDC collaborates with writers of television shows to ensure

that the health-related information they present is accurate and timely. After collaboration with CDC officials, a long-running, televised, daytime soap opera introduced a subplot about HIV. The subplot presented information that has the potential to reduce HIV stigmatizing attitudes in viewers. The proposed study will screen all respondents for exposure to this soap opera broadcast and a similar one without an HIV storyline so that the effects of storyline exposure on HIV stigma can be assessed. The annual burden for this data collection is 334 hours.

Respondents	Number of respondents	Number of responses per respondent	Average burden response (in hours)
Adult non-viewers	3200	1	5/60
Adult viewers	400	1	10/60

Dated: February 6, 2003.

Thomas Bartenfeld,

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

[FR Doc. 03-3475 Filed 2-11-03; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Statement of Organization, Functions, and Delegations of Authority

Part C (Centers for Disease Control and Prevention) of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (45 FR 67772-76, dated October 14, 1980, and corrected at 45 FR 69296, October 20, 1980, as amended most recently at 67 FR 78474, dated 12/24/2002) as amended to reorganize the National Center for HIV, STD & TB Prevention.

Section C-B, Organization and Functions, is hereby amended as follows:

After the *Surveillance Section (CK463)*, insert the following:

Global AIDS Program (CK6). (1) Provides financial and technical assistance to nations heavily affected by the HIV/AIDS epidemic; (2) provides U.S.-based (headquarters) and onsite (in-country) technical assistance and oversight for CDC financial assistance which is designed to (a) develops and implements programs on HIV/AIDS prevention and surveillance as well as

medical care, support, and treatment for people living with HIV/AIDS and (b) strengths infrastructure to support prevention and care program through training, informatics, laboratory support, program evaluation, operational research, and other relevant activities; (3) serves as liaison to other divisions/offices within NCHSTP and other CIOs, USAID and other Federal agencies, UNAIDS, the World Health Organization (WHO), and other agencies of the United Nations involved in HIV/AIDS-related activities and programs; non-governmental agencies working at the international level, and health agencies of other countries; (4) serves as the primary disseminator of information from CDC about the global HIV/AIDS epidemic through health communications materials, scientific publications, and presentations.

Office of the Director (CK61). (1) Directs the activities of the Global AIDS Program (GAP); (2) provides leadership and guidance on policy development and interpretation, budget formulation, and program planning, development, management, operations, and evaluations; (3) provides GAP-wide administrative and management services including personnel, budgets, contracts, grants and cooperative agreements, interagency/reimbursable agreements, travel, facility management, and equipment in inventory and coordinates or ensures coordination with the appropriate NCHSTP or CDC staff offices; (4) develops and implements strategies and increases host government capacity to monitor and evaluate the process, impact, and outcome of GAP and other HIV prevention and care programs; (5)

provides scientific and editorial review and clearance of manuscripts for publication, abstracts for presentation, protocols for Institutional Review Board (IRB) and human subjects review, and other scientific, programmatic, and informational materials; (6) responds to congressional and other official inquiries related to the GAP budget and financial assistance programs.

HIV/AIDS Care and Treatment Branch (CK62). (1) Provides technical assistance in developing comprehensive programs for the prevention, diagnosis, and treatment of HIV/AIDS, tuberculosis, and other opportunistic infections; (2) provides assistance in the development of policy and programs for appropriate use of antiretroviral drugs; (3) designs and assists in implementing home- and community-based models for HIV/AIDS care; (4) develops and assesses operational research protocols to improve the effectiveness and implementation of GAP treatment and care technical strategies; (5) reviews and analyzes findings of GAP-sponsored and other operational research to guide GAP programs and policies; (6) provides technical support to GAP headquarters and country programs in developing laboratory, clinical, and administrative capacities to prevent and treat HIV and AIDS-related conditions; (7) monitors the quality and impact of care programs for persons living with HIV/AIDS and their families; (8) assists in monitoring the training of health care workers to provide care, support, and treatment; (9) assists in monitoring the impact of HIV/AIDS of health care systems in GAP countries, including monitoring the clinical spectrum of disease, response to treatment, and emerging antiretroviral