budget period. The progress report will serve as your non-competing continuation application, and must contain the following elements:

a. Current Budget Period Activities Objectives.

b. Current Budget Period Financial Progress.

c. New Budget Period Program Proposed Activity Objectives.

d. Detailed Line-Item Budget and Justification.

e. Additional Requested Information.

2. Financial status report, no more than 90 days after the end of the budget period.

3. Final financial and performance reports, no more than 90 days after the end of the project period.

Send all reports to the Grants Management Specialist identified in the ''Where to Obtain Additional Information'' section of this announcement.

Additional Requirements

The following additional requirements are applicable to this program. For a complete description of each, *see* Attachment I of the program announcement as posted on the CDC Web site.

AR–1—Human Subjects.
AR–2—Requirements for Inclusion of Women and Racial and Ethnic Minorities in Research.
AR–7—Executive Order 12372 Review.
AR–9—Paperwork Reduction Act Requirements.
AR–10—Smoke-Free Workplace Requirements.
AR–11—Healthy People 2010.
AR–12—Lobbying Restrictions.
AR–17—Peer and Technical Reviews of Final Reports of Health Studies—ATSDR.
AR–18—Cost Recovery—ATSDR.
AR–19—Third Party Agreements—ATSDR.
AR–22—Research Integrity.

J. Where To Obtain Additional Information

This and other CDC announcements, the necessary applications, and associated forms can be found on the CDC Web site, Internet address: *http://www.cdc.gov.*

Click on ''Funding'' then ''Grants and Cooperative Agreements''.

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

For business management and budget assistance, contact: Edna Green, Grants Management Specialist, Procurement and Grants Office, Centers for Disease Control and Prevention, 2920 Brandywine Road, Room 3000, Atlanta, GA 30341–4146, Telephone: (770) 488–2743, E-mail address: *ecg4@cdc.gov.*

For business management and budget assistance in the territories, contact: Jamie Legier, Contract Specialist, Procurement and Grants Office, Centers for Disease Control and Prevention, 2920 Brandywine Rd., Atlanta, GA 30341–4146, Telephone: (770) 488–2635, E-mail address: *bzl3@cdc.gov.*

For program technical assistance, contact:

Dr. Vikas Kapil, Senior Medical Officer, Division of Health Studies, Agency for Toxic Substances and Disease Registry, 1600 Clifton Rd., NE., MS E–31, Atlanta, GA 30333, Telephone: (404) 498–0545, E-mail address: *vck3@cdc.gov.*

0r:

Maggie Warren, Public Health Advisor, Division of Health Studies, Agency for Toxic Substances, 1600 Clifton Rd., NE., MS E–31, Atlanta, GA 30303, Telephone: (404) 498–0546, E-mail address: *mcs9@cdc.gov.*

Dated: April 30, 2003.

Sandra R. Manning,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–03–64]

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: Evaluation Of Educational Materials Promoting Informed Decision-Making About Prostate Cancer Screening—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Prostate cancer is the second most commonly diagnosed cancer among men in the United States. An estimated 220,900 new cases of prostate cancer will be diagnosed, and 28,900 men will die from the disease in 2003. The effectiveness of prostate cancer screening has not been established. A number of clinical guidelines recommend that the potential risks and benefits of prostate cancer screening be explained to patients so that they may make an informed decision about screening. The purpose of this project is to evaluate the effectiveness of an informed-decision making booklet about prostate cancer screening developed by CDC.

The proposed study will consist of 3 tasks. In Task 1, the reliability and validity of a measurement instrument assessing prostate cancer knowledge and related variables will be tested. Two hundred men of all races aged 50 to 70 years and 200 African-American men aged 40 to 70 years will read the CDC booklet and complete the measurement instrument. In Task 2, 250 primary care physicians will complete a survey measuring their prostate cancer screening practices. The survey will be administered once and then again several months later. In Task 3, 600 men aged 50–70 years will take part in a randomized controlled trial. Men in the intervention group will be asked to read the CDC booklet and complete the measurement instrument tested in Task 1, and men in the control group will complete the measurement instrument without reading the CDC booklet. There is no cost to respondent except for their time.

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Men, all races aged 50–70 years (validation study)	200	1	90/60	300
African-American men aged 40–70 years (validation study)	200	1	90/60	300
Primary care physicians	250	2	15/60	125
Men, all races aged 50–70 years (intervention group)	300	1	90/60	450
Men, all races aged 50–70 years (control group)	300	1	1	300
Total				1,475

Dated: April 29, 2003.

Thomas Bartenfeld,

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

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BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 03120]

Applied Research on Antimicrobial Resistance: Characterization of Strains of Community-Associated Methicillin-Resistant Staphylococcus Aureus; Notice of Availability of Funds

Application Deadline: June 19, 2003.

A. Authority and Catalog of Federal Domestic Assistance Number

This program is authorized under section 301(a) and 317(k)(2) of the Public Health Service Act, [42 U.S.C. Sections 241(a) and 247b(k)(2)], as amended. The Catalog of Federal Domestic Assistance number is 93.283.

B. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 2003 funds for a grant program for Applied Research on Antimicrobial Resistance (AR): Characterization of Strains of Community-Associated Methicillin-Resistant Staphylococcus Aureus (MRSA). This program addresses the ''Healthy People 2010'' focus area of immunization and infectious diseases.

The purpose of the program is to provide assistance for applied research aimed at prevention and control of the emergence and spread of AR in the United States. This grant will focus on characterization of strains of community-associated MRSA.

This program's design will implement Part 1 of ''A Public Health Action Plan to Combat Antimicrobial Resistance, Domestic Issues.'' Visit the internet site: *http://www.cdc.gov/drugresistance/actionplan/index.htm* for more information on the Action Plan. See Attachments II and III on the CDC Web site (*http://www.cdc.gov*) for information related to this grant.

This research includes three components that will provide information needed to prevent and control AR: (1) Identification and access to a defined population of persons within which community-associated MRSA disease and data appear to be sufficiently prevalent to allow appropriate analyses; (2) obtaining strains of Staphylococcus aureus (S. aureus) causing disease in this population with appropriate, linked epidemiologic and clinical data; and (3) characterizing MRSA strains using a variety of molecular and biochemical techniques.

Measurable outcomes of the program will be in alignment with one or more of the following performance goals for the National Center for Infectious Diseases (NCID): Reduce the spread of AR, and protect Americans from infectious diseases.

C. Eligible Applicants

Applications may be submitted by public and private nonprofit organizations and by governments and their agencies; that is:

- Universities
- Colleges
- Technical schools
- Research Institutions
- Hospitals
- Community-based organizations
- Faith-based organizations
- Federally recognized Indian tribal governments
- Indian Tribes
- Indian tribal organizations
- State and local governments or their bona fide agents (this includes the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau)
- Political subdivisions of States (in consultation with States)

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. Funding

Availability of Funds

Approximately $600,000 is available in FY 2003 to fund approximately three awards. It is expected that the average award will be $200,000, ranging from $150,000 to $250,000. It is expected that the awards will begin on or about August 30, 2003, and will be made for a 12-month budget period within a project period of up to three years. Funding estimates may change.

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.

Recipient Financial Participation

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 all of the following activities:

1. Assemble a network of partners (a consortium) to accomplish the objectives of the program announcement, including identification and access to a defined population of persons within which there is community-associated MRSA disease and data sufficiently prevalent to allow appropriate analyses.

2. Obtain strains of *S. aureus* causing disease in this population with appropriate epidemiologic and clinical data to make findings generalizable to similar populations from diverse geographic areas. Ensure that the variety and quantity of distinguishable strain types included allow for valid comparisons between strain types.